



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Corrib Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	24 July 2018
Centre ID:	OSV-0004858
Fieldwork ID:	MON-0021988

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Corrib Services is a designated centre which supports residents with a low to moderate intellectual disability. The centre can also support residents with mental health needs and residents who require some medical interventions. A registered nurse also attends the service on a regular basis to provide guidance and assistance in regards to the residents' medical needs. A social care model of care is provided in the centre and residents are supported by both social care workers and care attendants. Additional staffing is deployed during the week day evenings to facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours.

The centre comprises two large houses, both of which are of two storey construction. Both houses are located on the outskirts of a large city and the houses are in close proximity to each other. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is transport available for residents to access the community and public transport services are located within walking distance of the centre.

The following information outlines some additional data on this centre.

Current registration end date:	03/01/2019
Number of residents on the date of inspection:	12

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
24 July 2018	09:00hrs to 16:00hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with four residents on the day of inspection. Each resident appeared comfortable in their surroundings and they also interacted with staff members in a relaxed manner. Residents were happy to show the inspector their home and individual bedrooms which were decorated with pictures of family and friends. Each bedroom was also decorated with items of personal interest such as posters of football teams and country and western music personalities.

It appeared to the inspector that residents enjoyed a good quality of life and that their views and thoughts were sought on a daily basis in regards to all aspects of their care. Residents attended weekly resident meetings and their opinion was sought on the care provided prior to the completion of the annual review of the centre.

A number of questionnaires had been distributed to residents and their representatives prior to the inspection occurring; however, these had not been returned prior to the completion of the inspection.

Capacity and capability

The inspector found that a good quality service was provided in this centre and that residents were supported to be valued members of their local community.

The inspector found that the governance arrangements in this centre ensured that residents were safe and enjoyed a good quality of care and support. The provider had conducted an unannounced audit of the care provided in the centre which identified some minor areas for improvement. There was a continuous system of audits in place which gathered data on various elements of the care provided such as medications, adverse events and health and safety.

The annual review of the service was completed following a consultation process with residents' representatives and a quality improvement plan was developed to address any identified issues. Inspectors found that actions generated from all internal audits had been addressed by the person in charge in a prompt manner which resulted in continuous improvements in the quality of care provided to residents.

The provider had a suitable management structure in place which incorporated an appropriately qualified and experienced person in charge of the centre. The person in charge was found to have a good understanding of the service which was

provided to the residents and of their care needs.

The provider had robust recruitment practices in place which ensured that the safeguarding of residents was promoted in the designated centre. The provider had sought vetting disclosures, employment histories and appropriate references prior to any staff member supporting residents in the centre. The person in charge ensured that staff members were facilitated to raise concerns in regards to care practices in the centre by holding regular staff meetings, a schedule of formal support and supervision was also due to commence subsequent to the inspection.

A review of the staff rota indicated that the number and skill mix of staff in the centre supported the residents to enjoy a good quality of life and that continuity of care was provided to residents by staff members who were familiar to them. Staff were up-to-date with all training needs in relation to safeguarding, fire safety and supporting residents with behaviours of concern. A schedule of refresher training was available to all those employed in the centre.

Regulation 14: Persons in charge

The person in charge was in a full time role and was appropriately qualified and experienced to carry out the duties and functions of the person in charge. The person in charge attended the service on a regular basis and also had a good understanding of the residents and of their care needs.

Judgment: Compliant

Regulation 15: Staffing

Staff who met with the inspector had a good understanding of the residents' care needs and residents stated that they could go to any staff member if they had a concern. The person in charge maintained an accurate staff rota and all prescribed information as stated in Schedule 2 of the regulations was available for review.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with training needs and scheduled support and supervision was due to commence subsequent to the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a management structure in place which promoted the quality and safety of care provided to residents. All internal audits and reviews had been completed as required and the findings of these audits were used to drive improvements to the care that was provided in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a written agreement in place which was signed and included the fees the resident would be charged and any additional charges which they may incur.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which outlines the aims and objectives of the centre. This document was also reviewed on a regular basis.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge maintained an accurate record of all incidents which were notified to the chief inspector.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of the service provided to residents was maintained to a good standard.

The centre appeared to be a pleasant place to live and the premises was clean and well-maintained. Each resident had their own bedroom which was individually decorated and communal areas were cosy and welcoming in nature.

Each resident had a personal plan in place which was reflective of their health, social and personal needs. There was good evidence that residents were supported to be valued members of the local community and residents stated that they enjoyed going into the local town to have a look around the shops and going to the local public house for a drink. A resident was also supported to volunteer in a local centre and some residents were members of a local womens club. Residents were also supported to identify and to achieve goals which assisted them in living a fulfilled life.

The health of residents was promoted in the centre and residents had regular access to their general practitioner and to allied health professionals. A medical history was maintained for each resident and an associated healthcare plan was formulised to ensure that residents received consistency of care. A registered nurse also attended the centre on a regular basis to ensure that residents' healthcare was maintained to a good standard. There was also clear guidance in place to support the administration of high risk medications such as insulin. The inspector found that staff had a good understanding of this guidance and of associated emergency responses required should blood sugar levels fall outside of recommended ranges.

The person in charge maintained a record of all identified risks in the centre and a risk management plan was in place to address these issues. There was also evidence that residents were supported by positive risk taking and some residents were supported to to use public transport and attend the local community independently.

There were appropriate medication storage facilities in place and a review of medication administration records indicated that all medications were administered as prescribed. Residents' independence was promoted through assessments which were conducted in the centre, with some residents deemed as suitable to manage their own medications with some minor assistance from staff. However, the inspector found that an appropriate risk assessment was not in place to ensure that adequate controls were implemented at all times.

Fire precautions were taken seriously by the provider and a review of fire drill records indicated that all residents could be safely evacuated from the designated centre in a prompt manner. There were suitable fire precautions in place and these precautions were regularly reviewed by staff members and serviced by competent persons.

Regulation 17: Premises

Both premises in the centre were warm and comfortably furnished. Each resident's bedroom was decorated with areas of personal interest and there was adequate communal areas for residents to relax.

Judgment: Compliant

Regulation 20: Information for residents

There was information available throughout the centre in a user friendly format and the the provider had produced a guide to assist residents in understanding the services which were provided in the centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Some residents had identified their wishes to move to a new home through the goal setting process within the centre. These residents were supported to visit their proposed new home and they had assisted in choosing their own furniture colour schemes for the house. This process was supported by appropriate transition plans which highlighted each resident's involvement in the process.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had good oversight of identified risks in the centre with each identified risks having an appropriate management plan in place to ensure that the safety of residents was promoted at all times.

Judgment: Compliant

Regulation 28: Fire precautions

Fire precautions were taken seriously by the provider and appropriate fire safety systems were employed in the centre. These systems were regularly serviced by competent persons and checked by the staff team to ensure that residents' safety was maintained to a good standard.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate storage facilities in place for all medications and a review of medication records indicated that all medications were administered as prescribed. Each resident had been assessed to manage their own medications, with some residents deemed as suitable to do so. However, the inspector found that this practice was not supported by an associated risk assessment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The social care needs of residents was maintained to a good standard and residents stated that they had good access to their local community. Each resident had an accessible plan in place which was reviewed on a regular basis by the staff team. Each resident attended an annual review of their plan and residents were supported to identify and achieve personal goals throughout the year.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to enjoy a good quality of healthcare and they regularly attended their general practitioner of choice.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff members had a good understanding of behavioural support plans which were in place and could clearly account for the proactive actions which were taken to

support residents. There were some restrictive practices in place which were reviewed on an ongoing basis to ensure that the rights of the residents was promoted at all times.

Judgment: Compliant

Regulation 8: Protection

Residents were supported to understand the safeguarding procedures within the organisation and residents who met with the inspector stated that they felt safe in the centre. There was one safeguarding plan in the centre which proved effective since its inception, as no further safeguarding issues had been reported.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Corrib Services OSV-0004858

Inspection ID: MON-0021988

Date of inspection: 24/07/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none">1. The person in charge will continue to ensure that a pharmacist of the resident's choice is available to each resident.2. The person in charge will continue to facilitate the pharmacist in meeting his obligations to the resident with regard to any legislation or guidance issued by the Pharmaceutical Society of Ireland, and will continue to support each resident in their dealings with the pharmacist.3. The person in charge will continue to ensure that records regarding medication related interventions provided by the pharmacist in respect of each resident, are kept in a safe and accessible place within the designated centre.4. The person in charge will continue to ensure that the designated centre maintains appropriate and suitable practices relating to ordering, receipt, prescribing, storing, disposal, and administration of medicines to ensure that: any medicine kept in the designated centre is stored securely, medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident, out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance, and storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.5. The person in charge will now ensure that a risk assessment is completed in addition to an assessment of capacity, to ensure that each resident is encouraged to take responsibility for his or her own medication, in accordance with his or hers own wishes and preferences and in line with his or her age and the nature of their disability.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	20/08/2018