



## Office of the Chief Inspector

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

Name of designated centre:	Shalom
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	19 February 2019
Centre ID:	OSV-0004873
Fieldwork ID:	MON-0022581

## About the designated centre

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

Shalom is a residential service which is run by Brothers of Charity Services Ireland. The centre is located on the outskirts of a town in Co. Clare and provides care for up to four adults with a mild to profound intellectual disability. The centre comprises of one bungalow dwelling with residents having their own bedroom, along with access to communal bathrooms, some en-suite facilities, utility room, kitchen and dining area, sitting rooms and a large garden area. Staff are on duty both day and night to support residents who avail of this service.

**The following information outlines some additional data on this centre.**

Current registration end date:	18/09/2019
Number of residents on the date of inspection:	3

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
19 February 2019	09:30hrs to 14:40hrs	Anne Marie Byrne	Lead

## Views of people who use the service

The inspector met with two residents who lived at the centre. However, although the residents were unable to talk about the care and support they received, the inspector observed staff to interacting respectfully with them. Furthermore, staff were observed providing support to residents in-line with their assessed needs which included getting ready to go to their day service and a local swimming pool, as well as preparing meals at the centre.

In advance of this inspection, residents and their families were invited to complete a satisfaction questionnaire. A review of completed questionnaires showed that both residents and their representatives were satisfied with the service they received in areas such as their living environment, visiting arrangements, food and mealtimes as well as support provided by staff to meet their assessed needs.

## Capacity and capability

The inspector found this was a well managed and well-run centre, which provided residents with a good quality of service. Since the last inspection in July 2017, the provider had made a number of improvements to the service in areas such as social care, safeguarding and risk management.

Adequate staffing arrangements ensured that residents had access to the number of staff they required to meet their assessed needs. Staff who met with the inspector were found to have a strong knowledge of each resident's preferred routine, assessed needs and of the level of support they required on a daily basis. The provider had ensured all staff had received up-to-date training and staff also had access to a refresher training programme, as required. Staff were also appropriately supported to carry out the duties associated with their roles through regular supervision from their line manager. There was a planned and actual roster in place, however; it required review to ensure it clearly identified the staff who were rostered to work in the designated centre.

The person in charge held the overall responsibility for the service and they were present in the centre regularly to meet with staff and residents. The person in charge facilitated regular staff and management team meetings at the centre which ensured that all staff had up-to-date knowledge of changes at the centre and within the provider's organisation . Furthermore, where actions were recommended as an outcome of the team meetings, documents showed that they were acted upon and if required reviewed in relation to their effectiveness at the next scheduled meeting. The annual review of care and support provided was completed at the centre and

the provider further ensured that six monthly provider-led visits had occurred in-line with the requirements of the regulations. The provider's internal audit arrangements ensured that all aspects of the centre were subject to regular monitoring into their effectiveness, with any areas requiring improvement being addressed within agreed set time frames.

The provider had ensured that residents were aware of the services and facilities provided at the centre through written agreements being in place. Furthermore, the provider had systems in place to ensure that all required documentation under the regulations was maintained at the centre. However, although the provider kept a directory of residents living at the centre, it required further review to ensure that it contained all information as described in the regulations. In addition, the provider had not ensured that the centre's statement of purpose fully described the services and facilities provided at the centre to residents, as it did not full contain all required information as outlined in Schedule 1 of the regulations.

#### Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience required by the regulations. In addition, the person in charge was actively involved in the centre's operational management and the provider had ensured that adequate supports were available to enable them to fulfil their roles and responsibilities as described in the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

Suitable staffing arrangements were in place to meet the needs of residents. However, some improvement was required to the roster to ensure it clearly identified the start and finish times of staff who worked in the designated centre.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

The provider ensured that staff had received up-to-date training to ensure their knowledge was up-to-date and reflected current developments in health and social care. Furthermore, staff knowledge was kept up-to-date through access to regular supervision from their line manager.

Judgment: Compliant

### Regulation 19: Directory of residents

Although there was a directory of residents in place, it did not contain all information as required by Schedule 3 of the regulations.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider's governance arrangements at the centre ensured that clear lines of accountability and authority were in place at the centre . Furthermore, regular staff and management meetings ensured that any areas of concern at the centre were identified, discussed and addressed. Furthermore, internal audit arrangements such as the provider's annual review of the service and six monthly provider-led visits ensured the effectiveness of the centre was regularly monitored to ensure it met residents' assessed needs.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

A signed written agreement was in place for each resident, which clearly informed them about the service they would receive at the centre to meet their assessed needs.

Judgment: Compliant

### Regulation 3: Statement of purpose

Although there was a statement of purpose in place, it required further review to ensure it contained all information as required by the regulations.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Arrangements were in place which ensured that accidents and incidents involving residents were recorded, responded to and reviewed at the centre, as well as being notified to the chief inspector as required under the regulations.

Judgment: Compliant

## Quality and safety

Residents had multiple opportunities to access the community, participate in activities of their choice and to access educational opportunities, if they wished to do so. The provider had ensured adequate staffing and transport arrangements were in place, which had a positive impact on residents' quality of life.

The centre comprised of one bungalow dwelling located on the outskirts of a town in Co. Clare, where residents had access to their own bedroom; some en-suite facilities, shared bathrooms, kitchen, dining area, sitting rooms and a garden area. The layout and design of the centre was also suitable to meet the mobility needs of residents who were wheelchair users. The centre was well-maintained and provided residents with a comfortable place to live in.

Residents' needs were regularly assessed and clear personal plans were put in place to guide staff on how to care for each resident. Residents were supported to develop and achieve their own personal goals at the centre. The provider's internal monitoring systems had identified that some improvement was required in the recording of residents' progress in achieving their goal, however the provider had developed a time bound action plan to address this. Residents with assessed health care needs received appropriate support from staff and were subject to regular multi-disciplinary review to ensure care and support effectively met their needs.

Residents had regular access to activities in the local community and in response to one resident's request, additional opportunities to engage in social engagements in the evening time had been facilitated by staff. Residents' general welfare and development was very much promoted at the centre, with staff supporting residents to go access a range of activities of their choice such as swimming, attending day services, overnight trips away, dining out and accessing the local town.

Where residents required behavioural support, the provider had developed comprehensive behaviour support plans which clearly guided staff on how to support their assessed needs. Furthermore, staff were knowledgeable on residents' assessed needs with their skills being kept up-to-date through access to training in the management of behaviours that challenge. Furthermore, the



effectiveness of the supports provided was overseen by the centre's access to a behavioural specialist. Some physical restraints were recommended to support the assessed needs of residents at the centre. The person in charge ensured that both risk assessments and protocols were in place for each restriction to clearly guide staff on how, why and when they should be used in support of residents' needs .However, the inspector found that some doors at the centre were intermittently locked and consideration had not been given to the review of this practice in-line with the provider's restrictive practice policy.

Regular fire drills ensured that both residents and staff were aware of how to evacuate the centre in the event of a fire. Staff knowledge was further reinforced by their access to the provider's fire safety training. Fire safety arrangements also included regular fire equipment checks, a zoned fire alarm and additional night-time fire safety measures. However, although the provider had fire containment measures in place, some of the doors with self-closing devices required maintenance to ensure they were in full working order and effective in the event of a fire. In addition, the displayed fire procedure at the centre required further review to ensure it clearly guided staff on actions to take in response to an outbreak of fire at the centre.

The provider had made improvements to the risk management arrangements at the centre following the last inspection. The revised arrangements ensured that risks were clearly identified, assessed and responded to with appropriate risk control measures being implemented to safeguard residents from harm. Furthermore, where risk management interventions had been introduced they were subject to regular review to ensure they were effective and appropriate to the assessed needs of residents. In addition, the provider ensured that all accidents and incidents at the centre were appropriately reported by staff, with any trends or patterns in events being used to inform changes in care and support provided to residents.

### Regulation 13: General welfare and development

Residents were supported to have opportunities for recreation and education, as they wished. Residents regularly participated in activities of their choice and the provider had ensured that adequate staffing and transport arrangements were in place at all times to support them to do so.

Judgment: Compliant

### Regulation 17: Premises

The premises was found to be well-maintained, clean and provided residents with a

comfortable environment to live in.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a system in place to ensure risks were identified, assessed, responded to and reviewed on a regular basis. Where residents presented with specific risks, risk assessments were in place to guide staff on the measures required to support them.

Judgment: Compliant

### Regulation 28: Fire precautions

Although the provider had fire safety precautions in place which included up-to-date fire safety training, regular fire equipment checks and fire detection systems, some improvement was required to self-closing fire doors to ensure their effectiveness in the event of a fire. Further improvements were also required to the fire procedure to ensure it adequately guided staff on how to respond in the event of a fire in the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs were assessed and clear personal plans put in place to guide staff on how to care for each resident including supports to develop and achieve their goals.

Judgment: Compliant

### Regulation 6: Health care

Residents with assessed health care needs were subject to regular assessment and multi-disciplinary review, as required. Personal plans were in place to guide staff and residents had access to a variety of allied health care professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Behaviour support plans were in place to guide staff and ensure a consistency of approach where residents had assessed behaviour support needs. Where residents required recommended restrictive practices to support their needs, clear protocols were in place to guide staff on their appropriate use. However, the provider had not considered the use of intermittently locking doors in the centre in- line with its restrictive practice policy.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no safeguarding concerns in this centre at the time of inspection. However, the provider had ensured that residents were protect from harm through measures such as up-to-date staff training in safeguarding and clear reporting arrangements for the identification and responding to safety and welfare concerns.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Shalom OSV-0004873

Inspection ID: MON-0022581

Date of inspection: 19/02/2019

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC will ensure that the planned and actual rosters will clearly identify the start and finish times of the staff rostered to work in the designated centre.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: All outstanding information required by Schedule 3 of the Regulations will be added to the Directory of Residents by the PIC.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The PIC will prepare in writing a statement of purpose containing the information set out in Schedule 1.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 28 (3)(a)The PIC will make adequate arrangements for containing fires by improving the existing self-closing doors to ensure their effectiveness in the event of a fire.  28(5) :The PIC shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The PIC will ensure that, where restrictive procedures including environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	

## 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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	15/03/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	15/03/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	29/03/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a	Substantially Compliant	Yellow	29/03/2019



	prominent place and/or are readily available as appropriate in the designated centre.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/03/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	15/03/2019