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

Name of designated centre: Oran Services
Name of provider: Brothers of Charity Services Ireland
Address of centre: Galway
Type of inspection: Announced
Date of inspection: 28 November 2018
Centre ID: OSV-0005023
Fieldwork ID: MON-0021993
About the designated centre

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

Oran Services provides both a residential and respite service to male and female adults over the age of 18. Residents of this service have a moderate to severe learning disability. Some residents may also use services offered by the mental health team and behavioural support specialists. The centre comprised of two houses which were in close proximity to each other. A respite service was offered in one of these houses. There was no emergency respite offered in this service. The centre was located in a residential neighbourhood of a city where public transport links such as trains, taxis and buses were available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Appropriate cooking and kitchen facilities are available in each house and reception rooms are warm and comfortably furnished. One house in the centre also has a sensory room for residents to relax and enjoy. A social care model is offered to residents in this centre and a combination of registered nurses and health care assistants make up the staff team. Some residents attended day services and some residents are offered an integrated model of care where both day and residential supports were provided in the designated centre. One staff member supports residents in each house during night time hours and up to three staff members support residents in each house during the day.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 5 |
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:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 November 2018</td>
<td>09:00hrs to 17:00hrs</td>
<td>Ivan Cormican</td>
<td>Lead</td>
</tr>
</tbody>
</table>
Views of people who use the service

The inspector met with five residents on the day of inspection. Each resident appeared relaxed in their surroundings and appeared to enjoy the company of staff members. The residents interacted with the inspector on their own terms and were supported by staff members to engage in activities which were meaningful to them. The inspector also observed that residents were consulted throughout the inspection in terms of the care which was provided.

Capacity and capability

The provider had effectively implemented the compliance plan to address the issues which were found on the last inspection of this centre which positively impacted on the quality and safety of care which was provided to residents.

The centre had a management structure in place which ensured that residents received a good quality of care. Additional oversight arrangements had also been introduced since the last inspection which monitored for trends which may impact on the safety of care which residents received. In addition, the provider had also conducted all required audits and reviews as stated in the regulations. The inspector found that these management and oversight arrangements ensured that residents received a good quality of service.

The provider was assured that residents were supported by competent staff by ensuring that all prescribed information was received for each staff member prior to them supporting residents in the centre. The person in charge also met with staff members on a regular basis through scheduled one-to-one supervision and regular team meetings. These arrangements ensured that staff were kept up-to-date with residents’ needs and on-going developments within the provider's organisation.

The person in charge had completed a statement of purpose which clearly outlined the care needs that the provider could support and the services and facilities which would be implemented to meet those care needs. There were improvements in this document since the last inspection and further adjustments were made subsequent to the inspection which clearly outlined the diverse needs which this centre could accommodate. The provider had also produced an easy to read format of the centre's statement of purpose which was aimed at keeping the residents in this centre informed of the service and facilities which were provided.

Regulation 14: Persons in charge

The person in charge attended the centre on a regular basis and had a good understanding of the service and of the residents' care needs. The person in charge
was also appropriately qualified and experienced.

Judgment: Compliant

**Regulation 15: Staffing**

A sample of staff files demonstrated that all requirements of Schedule 2 had been sought and received for staff members in the centre. A review of the staff rota also indicated that residents were supported by familiar staff members.

Judgment: Compliant

**Regulation 23: Governance and management**

The governance arrangements in this centre ensured that residents received a good quality service. The provider had also completed all audits and reviews as required by the regulations.

Judgment: Compliant

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

A sample of written agreements were reviewed which outlined the services which the resident would receive in the centre; however, these agreements were not accurate in terms of the fees the resident would have to pay and the frequency of payments.

Judgment: Substantially compliant

**Regulation 3: Statement of purpose**

The person in charge had completed a statement of purpose which clearly outlined the care needs that the provider could support and the services and facilities which would be implemented to meet those care needs.

Judgment: Compliant
### Regulation 30: Volunteers

There were no volunteers in place in the centre on the day of inspection.

**Judgment:** Compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place which was clearly displayed and there were two people nominated to manage all received complaints. There were no recent or active complaints on the day of inspection.

**Judgment:** Compliant

### Quality and safety

Overall the inspector found that residents of this centre received a service which was safe and effectively run. Residents enjoyed a good quality of life and were supported to engage in meaningful activities in their local community.

Suitable governance arrangements were in place to ensure that all adverse events were effectively monitored and reviewed. The person in charge was also monitoring adverse events in line with a safeguarding plan in the centre to ensure that all residents were safeguarded from potential abuse. There was good oversight of all identified risks in the centre and a comprehensive review of these risks had occurred since the last inspection to ensure that effective management plans were in place. The inspector found that these processes demonstrated that the provider was proactive in ensuring that the safety of residents was maintained at all times.

There were positive behavioural support plans and guidance in place which were regularly reviewed to ensure that residents’ received consistency of care in this area of support. The person in charge also had a good understanding of the residents’ behavioural support needs. There were some restrictive practices in place but there was sufficient oversight arrangements in place to ensure that these practices were regularly reviewed and were implemented as the least restrictive practice possible.

The centre appeared to be a pleasant place to live and each resident had their own bedroom which was decorated in-line with their individual preferences. One of the houses in the centre was also adapted to meet the needs of residents with reduced mobility, with wide doorways and hoists available throughout. There was some
additional painting and decoration required in communal areas of one of the houses; however, the person in charge was aware of this and a maintenance request had been sent to the provider.

Residents required additional supports with communication and comprehensive communication passports and systems were in place to support these residents to communicate. The person in charge also indicated that some of these plans were to be reviewed subsequent to the inspection. Residents were unable to communicate verbally with the inspector; however, the inspector observed that residents appeared very relaxed and happy in their home and that staff supported them in a personalised and caring manner.

An assessment of residents' wishes to access further education, training and employment had been completed and a sample of these assessments indicated that some residents wished to complete some further personal development. A task analysis was completed for each area of personal development and good progress was made in supporting residents with their individual wishes.

### Regulation 10: Communication

Residents required additional supports with communication and comprehensive communication passports and systems were in place to support these residents to communicate.

**Judgment:** Compliant

### Regulation 11: Visits

A log of family contact was maintained which indicated that residents were supported to have regular contact with their families both in the centre and in the community.

**Judgment:** Compliant

### Regulation 13: General welfare and development

Residents were supported in the area of personal development and an integrated service was provided for some residents. Other residents in the centre were supported to attend their day service in line with their individual wishes.

**Judgment:** Compliant
### Regulation 17: Premises

Both houses in the centre appeared warm and cosy. There was ample communal and private areas and one house in the centre was adapted to meet the needs of residents with reduced mobility. All equipment in place to support residents with reduced mobility was serviced as required.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were supported to prepare and cook their own food in line with their individual preferences with one resident supported to bake some cookies on the day of inspection. There was also fresh fruit, snacks and refreshments readily available for all residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was good oversight of all identified risks in the centre and a comprehensive review of these risks had occurred since the last inspection to ensure that effective management plans were in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Appropriate medication storage facilities were in place and residents' independence was promoted in regards to managing their own medications.

Judgment: Compliant

### Regulation 7: Positive behavioural support
There were positive behavioural support plans and guidance in place which was regularly reviewed to ensure that residents' received consistency of care in this area of support.

Judgment: Compliant

**Regulation 8: Protection**

There was one safeguarding plan in place which was regularly updated and reviewed to ensure that residents were safeguarded in the centre.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents' meetings were occurring and the inspector observed that residents were consulted in regards to care which was provided to them in the centre.

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

<table>
<thead>
<tr>
<th>Regulation Title</th>
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<td>Compliant</td>
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<td>Substantially compliant</td>
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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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td>Regulation 24: Admissions and contract for the provision of services</td>
<td>Substantially Compliant</td>
</tr>
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

We will continue to follow the Brothers of Charity Services Ireland policy in relation to all admissions to the Designated Centre. The criteria for admission is also set out within the Statement of Purpose for Oran Services for all prospective residents.

We have also reviewed and amended the Designated Centre’s Individual Service Agreements, to ensure that the fees referred to in paragraph 3 are clearly highlighted.

Following on from recent inspection these agreements have now been updated and signed by the individual’s/family members.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
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<tbody>
<tr>
<td>Regulation 24(4)(a)</td>
<td>The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>06/12/2018</td>
</tr>
</tbody>
</table>