



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

Issued by the Chief Inspector

Name of designated centre:	Laurel Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	25 November 2020
Centre ID:	OSV-0004462
Fieldwork ID:	MON-0031116

About the designated centre

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

Laurel Services is a service run by Brothers of Charity Services, Ireland. The centre provides a service for up to nine male and female adults. The centre comprises of four houses which are located in County Roscommon. One house provides day services Monday to Friday and some weekend respite to one adult. The second house can provide respite to two adults, however; is only providing some weekend respite to one female adult presently. The third house can support four male or female adults and the fourth house is being used as an isolation area for up to two residents who may be suspected or confirmed of having COVID-19. Staff are on duty at night on a sleep over basis and during the day to cater for the needs of residents. While availing of respite residents are supported to do activities they enjoy and are interested in.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 25 November 2020	09:40hrs to 14:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

In line with current public health restrictions, the inspector only visited one of the houses in this designated centre. At the time of this inspection only one other respite house was providing a service to one resident every second weekend. The home visited provided both a day service and some respite services to one resident.

The inspector met this resident during the inspection and the resident showed the inspector around some areas of the house. The resident was observed to be very happy and staff were observed interacting in a warm, friendly and professional manner. It was evident that the staff knew the resident very well and they supported the resident with talking to the inspector about what they liked to do in the centre.

The resident had numerous hobbies and interests which included horse riding, swimming, music and looking after their chickens. Since the public health restrictions some of these activities were stopped and the resident was supported with other activities instead. For example; on the day of the inspection they went to feed some horses. The resident had also done some painting with staff in the centre and mowed the lawn. They had enjoyed a trip on a plane to the Aran Islands earlier in the year and the resident showed the inspector photographs of themselves on the plane. The resident loved music and liked to watch music videos on their computer. They also had a keen interest in hairdressing and a hair salon had been created at the back of the property to develop and practice their skills in this area.

There were no complaints recorded in the centre over the last year.

Capacity and capability

Overall the resident was receiving individualised supports specific to their needs and wishes. The centre was resourced in line with the services provided. Some improvements were required in the premises, personal plans and the annual review for the centre to ensure that residents' views were taken into consideration.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by a team of social care workers and intensive support report workers. Up to recently the person in charge had been responsible for two other designated centres, however; this had recently been reduced to one other centre. The person in charge felt this arrangement was better to ensure oversight of their centres. The person in charge was a qualified nurse, and staff felt supported by the. The inspector also observed that the person in charge was

responsive to the inspection process and aware of their remit and responsibilities under the regulations.

From a sample of rosters viewed, there was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. The provider also had contingencies in place to cover planned and unplanned leave in relation to the management of COVID-19. This meant that residents were ensured consistency of care during these times. Staff said that on-call was also provided 24/7 in the event that staff required support to manage and mitigate COVID-19 risks.

Staff felt supported in their role and were able to raise concerns, if needed, to the person in charge on a daily basis but also through staff meetings and supervision. Since earlier this year, and in response to public health restrictions, supervision was primarily carried out over the phone. Staff said that this was very helpful to them.

From a sample of files viewed, the inspector also observed that staff were appropriately trained and had the required skills to provide a responsive service to the residents. For example, staff had undertaken a number of in-service training sessions which included; safeguarding adults, fire safety, manual handling, positive behavioural support and infection prevention and control. Some staff had also completed training in supported decision making and risk management. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner. Some refresher training was due for one staff, however; there were plans in place to complete this and to also deliver risk management training to all staff once the public health restrictions had been lifted.

The centre was also being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre. However, this did not include feedback from the residents. This required improvements going forward.

Six-monthly auditing reports had also been completed. Some actions were not completed at the time of the inspection relating to fire safety and personal plans. However, there were time frames allocated to have these addressed. For example; fire doors were required in three of the community homes. This was due to be completed by 31st December 2020. The person in charge confirmed that this work was scheduled to take place.

Other audits were also completed in areas like infection control and medication management. Overall the findings from these audits were, for the most part, compliant. However; where areas of improvement had been identified they had been addressed. For example; a medication audit found that a resident's medication administration record needed to be updated and this had been completed.

Regulation 14: Persons in charge

The person in charge worked on a full-time basis in the organisation. They were supported in their role by a team of social care workers and intensive support report workers. The person in charge was a qualified nurse, and staff felt they were supported by the person in charge. The inspector also observed that they were responsive to the inspection process and aware of their remit and responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

From a sample of rosters viewed, there was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. The provider also had contingencies in place to cover planned and unplanned leave in relation to the management of COVID-19. This meant that residents were ensured consistency of care during these times. Staff said that on-call was also provided 24/7 in the event that staff required support to manage and mitigate COVID-19 risks.

Staff felt supported in their role and were able to raise concerns, if needed, to the person in charge on a daily basis but also through staff meetings and supervision. Since earlier this year and in response to public health restrictions supervision was primarily carried out over the phone and staff felt that this was very helpful.

A sample of staff personnel files viewed were found to contain the requirements of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of files viewed, the inspector also observed that staff were appropriately trained and had the required skills to provide a responsive service to the residents. For example, staff had undertaken a number of in-service training sessions which included; safeguarding adults, fire safety, manual handling, positive behavioural support and infection prevention and control. Some staff had also completed training in supported decision making and risk management. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner. Some refresher training was due for one staff, however; there were plans in place to complete this and to also deliver risk management training to all staff once the public health restrictions had been lifted.

Judgment: Compliant

Regulation 23: Governance and management

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre.

However, this did not include feedback from the residents. This required improvements going forward.

Six-monthly auditing reports had also been completed. Some actions were not completed at the time of the inspection relating to fire safety and personal plans. However, there were time frames allocated to have these addressed. For example; fire doors were required in three of the community homes. This was due to be completed by 31st December 2020. The person in charge confirmed that this work was scheduled to take place.

Other audits were also completed in areas in infection control and medication management. Overall the findings from these audits were, for the most part, compliant. However, where areas of improvement had been identified they had been addressed. For example; a medication audit found that a residents medication administration record needed to be updated and this had been completed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of any adverse incidents that had occurred in the centre where required.

Judgment: Compliant

Quality and safety

From meeting one resident and reviewing a sample of personal plans and records in the centre the inspector found that residents were supported to have meaningful and active lives while availing of respite care. Some improvements were required

to the premises and to residents' personal plans.

The house visited was homely and clean. However, as identified by the person in charge, some modernisation was required and the house needed to be insulated. The person in charge confirmed that the provider has resources to complete this work and is currently planning for this.

A sample of personal plans viewed found that residents were supported to enjoy an active life and that where health care needs were identified, support plans were in place to guide staff practice. However, two support plans needed improvements to provide more details on how the residents should be supported. For example; an intimate care plan needed more detail to include the residents' preferences on how they would like to be supported with all of their needs.

An annual review had also been completed which had been attended by residents and their representatives to review the care being provided. Residents were supported to develop goals and increase independent living skills. Some residents were learning new skills to be able to prepare their own meals. Activities were also planned around their interests. For example; one resident loved the beach and there were pictures of them enjoying this.

Residents were supported with their health care needs and had access to allied health care professionals provided through residents' day services which included; speech and language therapy and a social worker. Some residents were being supported through social stories to allay some anxieties around certain health care procedures. Residents were also supported to enjoy their best possible mental health and where required, had access to behavioural support specialists.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. A sample viewed were found to contain controls to mitigate and manage risks. For example; one resident had a risk assessment in place around road safety, which listed the controls in place to keep the resident safe. Staff were aware of these risks. Risk management was also discussed at staff meetings where incidents were reviewed.

Infection control measures were in place to manage/mitigate an outbreak of COVID-19. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained.

A staff member had also been appointed as the lead worker representative in the house to ensure that measures were being adhered to. This person had been provided with specific training and completed a weekly checklist to ensure ongoing compliance in the centre. There were adequate hand-washing facilities and hand sanitising gels available throughout the house and there were enhanced cleaning schedules in place. The person in charge had identified that improvements were required to cleaning schedules as the manner in which they were recorded was

not comprehensive. They intended to address this going forward. Staff were knowledgeable about what to do in the event that a staff member or resident was suspected of having COVID-19. There were also measures in place to ensure that residents were monitored for possible symptoms on a daily basis as well as prior to coming into respite care from their homes.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Residents were supported by staff to make decisions in the centre and there were photographs to support how residents were involved in the running of the centre. For example; residents were making simple meals and painting. It was evident from personal plans that activities were based on their personal preferences. The resident met was also observed to be listened to by staff and they were directing the staff about what they were doing next as opposed to the other way around. This assured the inspector that those rights were being respected.

Regulation 17: Premises

The house visited was homely and clean. However, as identified by the person in charge, some modernisation was required and the house needed to be insulated. The person in charge confirmed that the provider has resources to complete this work and is currently planning for it be completed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. A sample viewed were found to contain controls to mitigate and manage risks. For example; one resident had a risk assessment in place around road safety which listed the controls in place to keep the resident safe. Risk management was also discussed at staff meetings where incidents were reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control measures were in place to manage/mitigate an outbreak of COVID-19. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained.

A staff member had also been appointed as the lead worker representative in the house to ensure that measures were being adhered to. This person had been provided with specific training and completed a weekly checklist to ensure ongoing compliance in the centre. There were adequate hand-washing facilities and hand sanitising gels available throughout the house and there were enhanced cleaning schedules in place. The person in charge had identified that improvements were required to cleaning schedules as the manner in which they were recorded was not comprehensive. The intended to address this going forward. Staff were knowledgeable about what to do in the event that a staff member or resident was suspected of having COVID-19. There were also measures in place to ensure that residents were monitored for possible symptoms on a daily basis as well as prior to coming into respite care from their homes.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of personal plans viewed found that residents were supported to enjoy an active live and that where healthcare needs were identified, support plans were in place to guide staff practice.

However, two support plans needed improvements to provide more details on how the residents should be supported. For example; an intimate care plan needed more detail to include the residents' preferences on how they would like to be supported with all of their needs.

An annual review had also been completed where residents and their representatives had attended to review the care being provided. Residents were supported to develop goals and increase independent living skills. Some residents were learning new skills to be able to prepare their own meals. Activities were also planned around their interests. For example; one resident loved the beach and there were pictures of them enjoying this.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported with their health care needs and had access to allied health care professionals provided through residents' day services which included; speech and language therapy and a social worker. Some residents were being supported through social stories to allay some anxieties around certain health care procedures. Residents were also supported to enjoy best possible mental health and where required had access to behavioural support specialists.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported by staff to make decisions in the centre and there were photographs to support how residents were involved in the running of the centre. For example; residents were making simple meals and painting. It was evident from personal plans that activities were based on their personal preferences. The resident met was also observed to be listened to by staff and they were directing the staff about what they were doing next as opposed to the other way around. This assured the inspector that those rights were being respected.

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
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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Laurel Services OSV-0004462

Inspection ID: MON-0031116

Date of inspection: 25/11/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A formal monthly meeting with the person supported has commenced to access feedback from them in relation to the service provided. This will be included in future annual reviews as well as the person’s personal plan.</p> <p>All fire doors have now been installed in Laurel Services (in all three houses). Pictorial evidence/certificates for these works are being submitted to regulator.</p> <p>The personal planning for people supported in this centre is being reviewed and updated. Planning meetings have been set for the first quarter of 2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Ownership of this house will officially transfer to the BOC West Region in early 2021 and modernization is planned. A new boiler has already been fitted since inspection and re insulating the property has been costed and is scheduled to take place in February 2021. Thereafter painting and modernization in relation to furniture and bedding will follow. A landscape gardener has been secured to maintain the outside areas. The outside of the property will also be painted.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A review of the intimate care plan highlighted has taken place with the input of SLT and Behaviour Support, MDT. This has involved the utilizing of communication aids and social stories to gain more information about the person’s preferences in relation to how they would like to be supported.</p> <p>This work has resulted in a more comprehensive choice board for the person supported to choose all aspects of support in relation to intimate care. An updated intimate care plan is now in place.</p> <p>Staff will receive training in Intimate and Personal Care.</p> <p>A formal monthly meeting with person supported has commenced to access feedback from them in relation to the service provided. This will be included in future annual reviews as well as in personal plans going forward.</p>	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	01/03/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required	Substantially Compliant	Yellow	01/03/2021

	to maximise the resident's personal development in accordance with his or her wishes.			
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