



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

Issued by the Chief Inspector

Name of designated centre:	Aoibhneas/Suaimhneas
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	28 July 2020
Centre ID:	OSV-0004782
Fieldwork ID:	MON-0030065

About the designated centre

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

In this centre the provider provides accommodation, care and support to a maximum of 13 residents; 12 residents live in the centre on a long-term basis and respite supports are provided to a further one resident. The centre is staffed full-time and the staff team is comprised of nursing staff and care assistants. A 24 hour nursing presence is maintained and the service provided is designed to meet the needs of residents with complex medical needs including end of life care needs. The provider aims through the care and support provided to promote independence, well-being and quality of life. The premises are purpose built to meet the needs of residents with high complex needs in terms of its design and layout and the equipment provided. The centre is comprised of two separate buildings while there is a third building where residents can access day-services and where the person in charge has an administration office. The centre is located in the heart of the local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Tuesday 28 July 2020	09:30hrs to 16:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

The inspector met with seven residents during the course of the inspection. Some residents were able to converse fully with the inspector and were able to give their opinions and views. Others were not able to verbally communicate but by their demeanour, facial expressions and some vocalisations they were able to indicate their satisfaction with the service provided. One resident with whom the inspector spoke stated very clearly that the staff were very good and kind to them. This resident chatted and joked with the staff throughout the day, their interactions were very relaxed and there was a lovely atmosphere in the centre. This resident told the inspector that they felt safe in the centre and that if they had a problem they could talk to staff. The resident said they were somewhat lonely during the COVID-19 restrictions as it prevented them going to mass and other places including a trip to Knock that was discussed. The resident talked proudly about their religion along with how the staff encouraged them to participate in the weekly mass in house and say the final prayer for the group.

During the inspection it was noted how well the staff knew each resident. They were familiar with their communication methods and interests while staff also maximised each resident's independence. One resident spoke with staff while they were knitting and talked about missing their weekly knitting group in the local town. They also spoke very positively about the staff and during the day the resident was seen getting up to dance with staff when their favourite music came on the TV. Another resident vocalised at one point and the staff member knew immediately that they wanted to have a rest in their room and change from their wheelchair to a comfort bed to stretch out their legs.

Some residents invited the inspector to see their bedrooms which were bright and decorated to the residents' tastes with family photographs and personal items displayed. One resident felt comfortable in saying they did not want the inspector to go into their room but just to look in from the door. The staff communicated this to the inspector and this was respected. The centre was well maintained, clean and warm. Overall it was a very homely place to live.

Capacity and capability

Overall, the inspector found effective governance systems were in place and the centre was adequately resourced to meet the needs of the residents. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role. The person in charge had ensured all the requested documentation was available for the inspector to review

during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the residents. The person in charge demonstrated relevant experience in management and was effective in the role. The inspector reviewed the actual and planned staff rota which indicated continuity of care from a core staff team. It was noted on the unannounced audit report that there had been previous issues with staffing. In response the person in charge had completed a risk assessment and escalated the risk to the provider who subsequently recruited more staff.

The staff members with whom the inspector spoke with were very knowledgeable around the residents' assessed needs and their individual methods of communication. However one resident required further support from staff to communicate as per their assessment of need.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training while refresher training was also available as part of a continuous professional development programme.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the centre on a six monthly basis with an annual review of the quality and safety of service was carried out for 2019. These audits resulted in action plans being developed for quality improvement and actions identified had either been completed or were in the process of being completed.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

The inspector reviewed complaints and noted two closed complaints from 2019. The formal complaints process was used appropriately to the satisfaction of the complainants.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Office of the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had a planned and actual roster in place and had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents and the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix in place for the inspector to view and the inspector noted that all staff had received mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were carried out. The provider had also undertaken unannounced inspections of the centre on a six monthly basis while an annual review of the quality and safety of service was carried out for 2019.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Two closed complaints were reviewed from 2019 and it was noted that the complaints process was used appropriately in the resolution of the complaints.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care and support in the designated centre and found that overall the quality of services provided to residents was of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary. For example, user friendly information was displayed in the hallway with visuals to support the residents' understanding of COVID-19.

The registered provider had ensured that appropriate health care was provided for each resident, having regard to individual personal plans and supports required during the COVID-19 pandemic. However one resident had recommendations from a speech and language therapist for visuals to be used with them however these recommendations had not been implemented. One recommendation was to develop a visual chat book for home visits to support the resident to communicate with their family. This resident practiced LAMH as a method of communication as outlined by the speech and language therapist however none of the staff members had training in this method of communication and the resident could become frustrated as a result. The person in charge was committed to having staff trained as per the resident's assessment of need. Each resident had access to a general practitioner and other health care professionals. Appointments with the general practitioner (GP) or other medical practitioners were carried out either over the phone or video call. These were noted to be effective methods of maintaining the health and well being of the residents. One resident was diagnosed with a mental health issue and required a mental health support plan, the person in charge committed to addressing this immediately.

Visits from family members recommenced with infection control measures in place. A risk assessment was completed which outlined clearly the control measures to be undertaken by family members such as prearranging visits, temperature checks on

arrival and wearing a mask, all of which were in line with public health guidance.

The provider had ensured that the premises was suitable for the assessed needs of the residents. The centre was warm and homely with lots of personal items such as photos throughout the centre. It was well maintained and clean while the necessary hoists and safety equipment for the residents were in place. The centre was inviting and comfortable for the residents and they very clearly enjoyed living there.

The registered provider had provided opportunities for residents to participate in activities in accordance with their interests and needs. There were limitations to the activities the residents could engage in due to the COVID-19 restrictions, however the residents went on regular walks and drives, did baking and proudly showed photos of them making cakes and apple tarts. While goals were set for the residents they were required to be more specific and for their progress to be tracked in more detail. The goals were very general for example 'integration' and 'socialisation' without stating how this was to be achieved and the inspector could not see how these goals were being progressed or achieved.

There were systems in place and supports available to manage behaviour that challenge in the centre. The inspector noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenge. Residents were supported with behaviours that challenge by the psychologist and on the day of inspection one resident was receiving support from the psychologist to develop strategies for their expression of emotions. There was one safeguarding plan in place in the centre. All staff, who had undergone relevant safeguarding training, were aware of this plan which was reviewed regularly.

The provider had reviewed the risk management register when the COVID-19 pandemic began and a risk assessment regarding COVID-19 had been carried out. The assessment was centre specific and included a contingency plan in the event that any of the residents required to be isolated if they contracted the illness. This risk assessment was updated regularly in line with public health guidelines and included infection prevention control training for staff and cleaning regimes. The inspector noted the good practice employed by staff while on inspection, including sanitising frequently touched surfaces and regular hand sanitising.

A hand sanitising station was present in the centre and was in a good location just inside the front door so people could not continue without cleaning their hands. The staff wore face masks throughout the day and were observed to use them correctly and disposed of them in a separate clinical waste bin as outlined in the risk assessment. The registered provider had ensured that staff had received appropriate training in relation to infection, prevention and control. The inspector noted that the provider had taken actions to ensure the safety of all residents during the pandemic with appropriate user friendly information provided to the residents to support their understanding of COVID-19 and the restrictions in place.

On a previous inspection the centre was found not to be fire compliant. This was due to a respite bedroom being an inner room which had no direct exit in the event of a fire. Since then the provider had undergone works to make the building fire

compliant. The provider showed the inspector a letter from a competent person stating that the centre was now compliant. The provider had an L1 alarm system and had ensured all fire equipment was serviced regularly including extinguishers. The provider had a number of fire safety precautions in place, including regular fire drills, regular fire checks, emergency lighting and evacuation plans for residents.

Regulation 10: Communication

One resident required further support from staff to communicate as per assessment of need.

Judgment: Substantially compliant

Regulation 11: Visits

Visits from family members had recommenced with infection control measures in place.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises was well maintained, homely and suitable for the assessed needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks associated with COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

On a previous inspection, a non-compliance was found in fire due to an inner room having no safe exit in the event of fire. It was noted on this inspection that this issue had been addressed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were clear and comprehensive outlining supports resulting from the assessment of need. However one resident was diagnosed with a mental health issue and required a mental health support plan. While goals were set for the residents they were required to be more specific and for their progress to be tracked in more detail.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them. However clinical recommendations from the speech and language therapist had not been implemented.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

All staff were trained in positive behaviour support and the psychologist was working with one resident to develop strategies to support them with their mental health.

Judgment: Compliant

Regulation 8: Protection

There was one safeguarding plan in place, all staff were aware of same and it was reviewed regularly.

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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Aoibhneas/Suaimhneas OSV-0004782

Inspection ID: MON-0030065

Date of inspection: 28/07/2020

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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ul style="list-style-type: none"> • PIC liaised with SALT on 09/08/2020 re communication and training for staff to support residents with communication. • Communication and training was discussed at Individual's MDT on 12/08/20 • It was recommended to look at between 10 and 20 familiar and most meaningful words that the individual would use. SALT will print out pictures of the relevant lamh signs for the resident and staff to use. • It was recommended that two words each week will be decided on by the CNM1/Keyworker for both the resident and staff • Keyworker commenced session with small group of staff on 21/08/20 and went through 7 signs initially with staff and resident • Signs and pictures are on both the board in the dayroom and in the residents bedroom. • This will be reviewed after three weeks to see if this has been a positive exercise and further meaningful signs will be introduced. 	
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> <ul style="list-style-type: none"> • Mental health support plan has been added to the resident's age related care plan for all staff to adhere to and to support residents needs as a proactive strategy. • The focus of this mental health is to support the resident in ensuring consistency, routine and proactive strategies for all staff to follow. 	

- The residents person centred plan (PCP) will be reviewed. Goals in future will be concise and "smart".
- Once each goal is achieved the keyworker will move on to the next identified goal.
- A PCP tracker has been developed by the PIC and will be used for each goal to ensure that the goal has been met and this evidenced.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Keyworker is now currently implementing recommendations from the speech and language therapist,

- Training has commenced in relation to communication.
- Communication board has been expanded in more detail in the residents bedroom.
- The resident can now see his signs and pictures that staff are working on with him to support improved communication.
- Pictures of the staff on duty are also displayed on the board.
- The resident's routine for the day is also on display here once it is decided in consultation with the resident.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/11/2020
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	15/09/2020
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to	Substantially Compliant	Yellow	30/09/2020

	paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/10/2020