



## Office of the Chief Inspector

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

Name of designated centre:	Ford Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	25 September 2019
Centre ID:	OSV-0004940
Fieldwork ID:	MON-0024213

## About the designated centre

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

Ford Services provides a full-time residential service to four male and female residents who are over 18 years of age and have a moderate intellectual disability and or physical disability. The centre is comprised of four self-contained apartments in a rural town, close to amenities such as public transport, shops, restaurants, churches, post offices and banks. Three of the four apartments are at ground floor level and could accommodate people who have a physical disability. The apartments are warm, clean, comfortable and well furnished, and have separate gardens. Residents are supported by a staff team which includes a social care leader and care assistants, and a staff member sleeps in the centre at night to support residents. The person on charge is based in an adjacent office.

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

Number of residents on the date of inspection:	3
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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
25 September 2019	10:00hrs to 18:40hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector met with all three people who resided in the centre, two of whom discussed what it was like living there. Both residents told the inspector that they felt well cared for and safe while in the centre, that they trusted the staff, and that they had good access to activities of their choice. They knew who was in charge, and stated that they could confide in staff if they had any concerns or worries, and they felt confident that their concerns would be addressed. Residents talked about having active lives, and being involved in meaningful activities that they enjoyed, such as going on holidays, meeting up with family and friends, housekeeping, cooking their meals, shopping, socialising, community activities, work projects, and dining out. They also confirmed that they were very comfortable and happy in their apartments, and also enjoyed spending time with staff. Another resident did not wish to speak with the inspector, but it was very evident that this resident was happy and comfortable being in the centre, and was enjoying the activities that were taking place.

## Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for residents in this centre.

There was a clearly defined management structure, and there were systems in place, such as audits and staff training, to ensure that the service was provided in line with residents' needs and that residents were safe. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider ensured that the service was subject to ongoing monitoring and review, which had resulted in a high standard of care and a safe service being provided to residents. Unannounced audits of the centre's practices were being carried out twice each year by members of the management team. Audit records showed a high level of compliance with the regulations. Any required improvements had been identified, and had been addressed. There had been no regulatory breaches highlighted in recent audits, with issues recorded relating to the overall improvement and development of the service. Annual reviews of the care and support provided at the centre were also being carried out.

The person in charge worked closely with a team leader, who was responsible for the overall management of the centre. Both were well known to the residents, and were very familiar with their care and support needs. There were management cover arrangements in place to ensure that staff were adequately supported when

the person in charge was off duty.

The provider had allocated sufficient staff to the centre to support residents' assessed needs and activity choices. These staff had received training relevant to their roles. During the inspection, staff demonstrated a strong knowledge of residents' preferences and care needs and these were being supported in a person-centred way.

There was a suitable process to manage complaints. There had been a low level of complaints in the centre, although there were suitable practices to ensure that any complaints would be suitably recorded, investigated and resolved. The provider had also ensured, through the use of a user-friendly complaints process, that residents knew that they could make a complaint about any issues of concern to them. Residents knew who to talk to if they had any concerns or complaints and they were confident that these would be addressed.

The provider had ensured that the records and documentation required by the regulations, such as service agreements, personal profiles and fire safety records, were being maintained and were available in the centre. However, while the required policies had been developed for the centre, staff did not have ready access to the most up-to-date versions of some of these policies. Some improvement to the overall emergency evacuation plan was also required to ensure that it fully reflected up-to-date evacuation arrangements.

Overall, there was a high level of compliance with regulations relating to the governance and management of the centre.

#### Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge visited the centre frequently and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed and were found to be accurate.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding - in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

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

There were written agreements in place for the provision of service to residents. These agreements included the required information about the service to be provided, and had been signed by either residents and or their representatives.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints, although there had been no complaints in the centre for a long time.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff. However, some of the policies and procedures in the centre had not been reviewed within three years as required by the regulations, and the most up-to-date versions of some policies and procedures were not accessible to staff.

Judgment: Substantially compliant

## Quality and safety

Residents' well-being was promoted at all times. Residents received person centred care that supported them to be involved in activities that they enjoyed. The provider also had practices and procedures in place to ensure that residents were kept safe.

The centre suited the needs of residents, and the apartments were clean, comfortable, and suitably furnished and equipped. There was adequate furniture in which residents could store their clothing and belongings.

Personal plans had been developed for all residents and were based on each resident's assessed needs. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were planned. These meetings were attended by residents, their families, day service staff, and staff from the designated centre. The personal planning process ensured that residents' social, health and developmental needs were identified, and that supports were put in place to ensure that these were met.

There were measures in place to safeguard residents from risks. These included, development of personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, staff training and completion of fire evacuation drills. The person in charge scheduled fire drills to ensure that all staff and residents attended fire drills at least once each year. Records showed that all fire drills were completed in a timely manner. Staff and residents who spoke with the inspector were clear on fire evacuation procedures.

The management team had also taken measures to protect residents from harm and to keep them safe. There was a safeguarding policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise any signs of harm and or neglect. The service of a designated safeguarding officer was also available. In addition, the provider also had suitable measures in place for the support and management of behaviour that challenges. These included training, behaviour support planning, and involvement of psychology and psychiatry services. These plans were being implemented effectively and there had been a significant decrease in incidents arising from behaviour that challenges. There was limited use

of restrictive practices in the centre and there was evidence that where any restrictive interventions were being used for safety, that these had been suitably risk assessed and were of the least restrictive nature.

Arrangements were in place in the centre to ensure that residents' rights were being respected and supported. These included rights to live their lives as they wished, and to have access to information, choice, religious and civil involvement, and advocacy. Furthermore residents had control their own money and property as appropriate, and there were robust arrangements in place to ensure that these were managed safely.

The provider and person in charge had introduced measures to assess, assist and support communication with residents in accordance with their needs and wishes. These included the use of communication techniques, such as picture cues and signage, development of communication passports to guide staff, and involvement of communication specialists. Residents had good access to information relating to the service and their safety and rights, such as safeguarding, fire safety and advocacy.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and appointments were arranged as required. Healthcare services supplied by the provider included psychiatry, psychology, and speech and language therapy. Overall, residents in this centre enjoyed a good level of general health, with minimal healthcare interventions required. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. Most residents were not currently eligible to partake in national health screening programmes. However, options to participate in these programmes were explored by eligible residents and their GPs.

The inspector observed that staff supported residents to do things that they enjoyed in the centre, in the community and in a nearby resource centre. Residents were involved in a range of activities such as developing independent living skills, gardening projects, visiting and socialising with family and friends and entertainment events. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way, and that residents were out and about in the local community. The provider and staff were particularly focused on developing and enhancing residents' living skills and social integration, and there was evidence that this was being achieved.

Throughout the inspection, staff interaction with residents was seen to be person-centred and respectful, and there was a high level of compliance with regulations relating to the quality and safety of resident care.

## Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and the layout of the apartments facilitated them to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

### Regulation 12: Personal possessions

The provider had measures in place to support residents to retain control of their personal property and finances and arrangements were in place to ensure that these were managed securely. Residents had access to suitable furniture and storage space for their personal belongings and clothing. Residents also had access to laundry facilities in each apartment.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at a nearby resource service, and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The design, layout, and location of the centre met the aims and objectives of the service, and the needs of residents. All apartments in the centre were well maintained, clean and suitably decorated.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of

behaviour that challenges.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre was operated in a manner that respected the rights of residents. Residents had choice and control around how they lived their lives, and civil and religious rights were being supported.

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>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ford Services OSV-0004940

Inspection ID: MON-0024213

Date of inspection: 25/09/2019

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All Policies and Procedures related to schedule 5 of HIQA Regulations 2013 are now available for all staff to access on a Share Drive on BOCSIDO (our Organisations internal computer system). Three Policies need to be reviewed and these will be completed by 31-12-2019.</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 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	01/10/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2019