



Office of the Chief Inspector

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

Name of designated centre:	Dunkellin Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	23 July 2019
Centre ID:	OSV-0005037
Fieldwork ID:	MON-0024093

About the designated centre

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

Dunkellin Services can provide a home-based residential service to three adults with intellectual disabilities, who may present with complex needs such as physical, medical, mental health, autism, mobility, communication and or sensory needs. The service can be provided to people from the age of 18 years to end-of-life. The centre comprises of a spacious detached house with gardens in a rural area. Residents at Dunkellin Services are supported by a staff team that includes, nurses and social care staff. Staff are based in the centre at all times, and are on waking duty at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
23 July 2019	10:15hrs to 18:20hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with all three residents who lived in this centre. Although they did not discuss their views about living there, it appeared that they enjoyed living at the centre, trusted the staff, and had enjoyable social outings and activities. The inspector observed that residents were comfortable and relaxed in the company of staff and in their surroundings, that they had choice, and that they were involved in activities that they enjoyed.

Capacity and capability

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

There was a clearly defined management structure, and there were systems in place, such as audits, staff training, and management meetings 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, review and development. This had resulted in a high standard of care and support 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 either been addressed or were in the process of being addressed. For example, it was found during this inspection that some of the information in the statement of purpose was not up-to-date. However, this had already been identified at the provider's audit, and had been scheduled for completion within the coming week. Annual reviews of the care and support provided at the centre were also being carried out.

There was a person in charge responsible for the overall management of the centre. The person in charge visited the centre frequently and was well known to the residents and staff. 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. There were adequate numbers of staff available to support residents' activity choices. These staff had received training relevant to their roles and were knowledgeable about residents care and support needs. During the

inspection, the inspector observed that residents' needs and preferences were supported in a person-centred way.

A wide range of operational policies, including those required by the regulations, were also available to guide staff. However, the health and safety policy that was in use at the time of inspection required some further development, as it did not cover all the information specified in schedule 5 of the regulations.

Since the last inspection, the provider had made improvements to the service. For example, external areas had been upgraded, fire doors had been provided, the kitchen had been redecorated which included the removal of a restrictive structure, and an emergency exit door had been fitted in one bedroom. These works increased the levels of safety and comfort for residents.

The provider had ensured that the records and documentation required by the regulations, such as service agreements, a statement of purpose, health and safety records, and risk management documentation, were being maintained and were available in the centre.

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.

Judgment: Compliant

Regulation 15: Staffing

Throughout the inspection it was evident that there were sufficient staff on duty to support the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

All 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 such as medication management and feeding, eating and

drinking.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up-to-date. Records were maintained in a clear and orderly fashion and were suitably stored.

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations. However, while the statement of purpose was being reviewed annually by the person in charge, some of the information in the statement was not up-to-date and required further review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents
The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the chief inspector, and these had been suitably submitted.
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
The provider was aware of the requirement to notify the chief inspector of absence of a person in charge, and suitable notification had been made as required.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The provider was aware of the requirement to notify the chief inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge. This information had been supplied in respect of an absence of the person in charge and suitable arrangements had been implemented.
Judgment: Compliant
Regulation 4: Written policies and procedures
The policies specified in schedule 5 of the regulations were available to guide staff and were up to date. However, the health and safety policy did not include food safety guidance as required by the regulations.
Judgment: Substantially compliant
Quality and safety

The provider ensured that residents living at this centre received person-centred care and support, which allowed them to enjoy activities and lifestyles of their choice.

The inspector observed, that residents were out and about in the community and were involved in a range of activities such as community involvement, household tasks, developing independent living skills, visiting and socialising with family and friends and entertainment events. Residents indicated that they enjoyed these events and it was evident that they were happy with the activities that they were involved in. During the inspection, residents attended a music session in the local community, went for a walk and to the local supermarket, helped with household chores, and one attended a cooking class. Staff were based in the centre daily and therefore, residents had the choice of having of a home-based service, or attending day service activities whenever they liked to.

Residents had good access to information relating to the service and information relating to their safety and rights such as safeguarding, fire safety and advocacy. This information was supplied to residents in appropriate easy-to-read formats.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished. All residents had their own bedrooms which were decorated to each person's' liking.

The provider had measures in place to safeguard residents from risk, including risks associated with fire. These included risk identification and management, development of individualised risk profiles and 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, and completion of fire evacuation drills.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were discussed and planned. The provider's personal planning arrangements ensured that residents' social, health and developmental needs were identified and suitable supports were in place to meet them.

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 attended annual medical checks. Healthcare services accessed by residents included speech and language therapy, physiotherapy, psychology and occupational therapy which were supplied directly by the provider. Reports and information from healthcare professionals was available to guide staff in the delivery of appropriate care. Residents also had access to national health screening programmes.

Residents' nutritional needs were well met. Residents who wished to had involvement in choosing, shopping for, and preparing their own food. Furthermore,

residents' weights were being monitored and suitable foods were provided to meet any assessed nutritional needs.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

Regulation 10: Communication

Arrangements were in place to support residents to communicate in accordance with each person's needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

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 day services and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. Overall, the centre was well maintained, suitably decorated, and comfortably furnished. However, some parts of both bathrooms in the centre were not maintained in a clean and hygienic condition.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Assessments were carried out as required, and suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in user friendly format, about issues important to residents' daily lives, such as fire safety, residents' rights, how to make complaints, and meal plans. There was also a residents' guide that met most of the requirements of the regulations. This was made available to residents in a suitable, easy-to-read format. However, some aspects of the required information were not clearly stated in the guide.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had suitable arrangements in place for the identification and management of risk in the centre.

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 access to a range of healthcare services, such as general practitioners, healthcare professionals, consultants and national screening programmes.

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

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially 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

Compliance Plan for Dunkellin Services OSV-0005037

Inspection ID: MON-0024093

Date of inspection: 23/07/2019

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>In order to come into compliance with Regulation 3(2) the Statement and Purpose for this Designated Centre has been reviewed and updated and a copy is available for residents and their families.</p>	
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>In order to come into compliance with Regulation 4 (15) A Food Safety Protocol has been developed which provides information on hand hygiene, food storage, cooking and safe temperature of foods, storage of foods, and use by dates. This protocol has been sent to the Designated Centre for staff to read. In addition we will discuss this protocol also with staff at their next team meeting.</p> <p>Furthermore The BOCSI Galway and Roscommon Regions have merged this year to form the BOCSI West Region. We are in the process of aligning all our policies and procedures and the National Health & Safety Policy is currently under review and when complete will include a section on food safety. It is expected a revised National Policy & Procedure will be completed by the end of the year.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In order to come into compliance with Regulation 17(8) the Person in Charge is arranging for an external cleaning agency to undertake a deep steam cleaning of the tiles in both bathrooms.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: In order to come into compliance with Regulation 20(2 A,D,)The Residents guide for the Designated Centre will be updated. Once updated each keyworker will go through the contents of it with each Resident currently residing in the Designated Centre.</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)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	02/09/2019
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	02/09/2019
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	02/09/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/08/2019

Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	20/12/2019
------------------	--	-------------------------	--------	------------