



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

Issued by the Chief Inspector

Name of designated centre:	Acorn Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	05 August 2020
Centre ID:	OSV-0005041
Fieldwork ID:	MON-0030066

About the designated centre

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

Acorn services provide both full-time residential and respite care and support to adults with a disability. Acorn services comprises of two premises, which include a two-storey house located in a town and a bungalow located outside the same town in a nearby village. Both premises include a one bed self-contained apartment with its own bathroom, kitchen/dining room and living room. Residents in the main part of each premises have their own bedrooms and access to a communal kitchen/dining room and sitting room, along with bathroom and laundry facilities. The design and layout of each premises is fully accessible, with additional aids and adaptations such as overhead hoists being provided to meet residents' assessed needs where required. Residents are supported by a team of social care workers in each of the centre's premises. Staffing levels are flexible in nature and dependent on residents' assessed needs and occupancy levels during the week. In one premises, residents are supported by either one to two staff members during the day, with this increasing to two to three in the centre's second premises due to residents' assessed needs. At night, residents in both premises are supported by overnight sleeping staff, who are available to provide assistance if required. In addition, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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 5 August 2020	11:00hrs to 16:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Due to COVID-19 restrictions, and to reduce risk, the inspector carried out the inspection in an office adjacent to the designated centre and visited one house in the centre as a sample of the service being provided. The inspector met with one resident who used this service. This resident did not discuss life in the centre with the inspector, but it was evident that the resident was comfortable and relaxed in the company of staff and in the living environment.

Capacity and capability

There was a good level of compliance with regulations relating to the governance and management of the centre and the governance arrangements ensured that a good quality and safe service was provided to residents.

In depth six-monthly unannounced audits of the service were being carried out on behalf of the provider. These audits identified any areas where improvement was required, and action plans were developed to address these issues. These audits indicated a high level of compliance and any actions arising had been addressed.

There was a variety of training and operational policies and procedures to guide and inform staff. 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 safe administration of medication, infection control, falls awareness and first aid. A range of policies, including schedule 5 policies, were available to guide staff, and were accessible in both hard and soft versions. Although most policies were up to date and informative, one policy had not been reviewed within the past three years as required by the regulations. The person in charge and staff who spoke with the inspector demonstrated a strong knowledge of residents' care and support needs.

The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre, and also for the management of the infection should an outbreak occur. This included training in hand hygiene, infection control, use of personal protective equipment (PPE) and provision of up-to-date information and guidance. The inspector viewed the contingency plan and found it to be comprehensive and relevant.

Overall, the provider had ensured that records were well managed. Records viewed were maintained in a clear and orderly fashion, were up to date and were readily available to view when requested. However, improvement was required to the recording of some fire evacuation drills. While it was evident that fire drills were

being carried out in a timely manner, details of how the drills were carried were not consistently recorded for learning. In addition records of food being provided to residents in one part of the centre were not being suitably recorded as required by the regulations.

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 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. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

Regulation 21: Records

Overall, the provider had ensured that records required under the regulations were being maintained and kept up to date. A sample of records viewed were informative and were maintained in a clear and orderly fashion. However, a small quantity of the documents viewed were not suitably recorded.

Judgment: Substantially 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 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff. Most policies were up to date, although one policy had not been reviewed within the time frame required by the regulations.

Judgment: Substantially compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted and that residents were kept safe.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures and health symptoms.

The provider had made arrangements to identify and manage risk. These included risk identification and management, a health and safety statement and risk management policy. The centre's risk register included a range of environmental risks such as violence and aggression, self harm and slips, trips and falls, in addition to individualised risks specific to individuals. The risk register had also been updated to include risks associated with COVID-19.

The provider had ensured that there were effective measures to protect residents and staff from the risk of fire. These included internal fire safety checks, servicing of alarms and fire fighting equipment and fire safety training. Fire drills involving staff and residents had been carried out and all evacuations had been carried out in a timely manner.

Contact between residents and their families and friends was supported. The provider had protocols in place for the return of visiting to and from the centre in line with national public health guidance. Residents had resumed personal contact with family subject to risk assessment and adherence with the required protocols. Staff had arranged for residents to keep contact with their families through phone calls, social media and technology when personal visiting had not been possible during COVID-19 restrictions.

The provider had ensured that suitable measures were in place to respond to

behaviour that is challenging. There were procedures, such as behaviour support plans and involvement of a psychologist, psychiatrist and behaviour support specialist, to support residents to manage behaviours of concern.

There were arrangements to support residents to communicate in accordance with their needs and wishes. These included an up-to-date communication policy to guide practice, involvement of a speech and language therapist and development of communication support plans as required. The provider had also ensured that information was provided to residents in a suitable to support them to understand the impact of COVID-19 on their lives.

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

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

The provider had protocols in place for the return of visiting to and from the centre in line with national public health guidance.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Wholesome and varied meals were supplied to residents, and suitable foods were provided to suit any special dietary needs.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information relating to COVID-19 and how it would impact on their lives had been supplied to residents in a user friendly format.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice.

Judgment: Compliant

Regulation 27: Protection against infection

There were strong measure in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

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 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 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Acorn Services OSV-0005041

Inspection ID: MON-0030066

Date of inspection: 05/08/2020

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: More specific detail will be added to the information recorded following the completion of each fire drill. This will assist with learning and ongoing review of current procedures. The Person in Charge will review this information quarterly.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All policies had been reviewed by the organization as per regulation however one was not made available to the inspector on the day. This policy has since been added to the Policy Folder and a new process has been put in place by the Person in Charge to ensure that policies requiring review are identified and reviewed as per regulation.	

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 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/08/2020
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	31/08/2020