



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

Issued by the Chief Inspector

Name of designated centre:	Dun Aoibhinn Services Cahir
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	09 December 2019
Centre ID:	OSV-0005066
Fieldwork ID:	MON-0022589

About the designated centre

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

Dun Aoibhinn Services Cahir provides residential care for up to four adult males with a primary diagnosis of intellectual disability in the moderate to severe/profound range. The service caters for those with additional support needs such as mental health diagnoses, Autism Spectrum Disorder and associated behaviour support needs. The service is located in a rural setting within driving distance of local towns. The service is a full time residential service and is open 24 hours a day, 365 days of the year. It is located in a six-bedroomed house and is registered to accommodate four persons, who could be either male or female. Each resident is supported to positively engage in the social, economic and community life in their local towns and villages. People are supported to access and take part in social events and activities of their choice. These will be community based, integrated, age appropriate and reflect the goals residents have chosen themselves as part of the person-centred planning process. Care is provided on a social care model. A full time nurse is also on staff to support residents with any clinical needs they may have. Multi-disciplinary reviews are available and residents are supported to access services in the community as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
------------------------------------------------	---

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
09 December 2019	09:30hrs to 18:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with three residents living in the centre on the inspection day. Some residents used non verbal methods to communicate. The inspector gauged the residents satisfaction with the service that was provided through observation, speaking with staff supporting residents, and reviewing residents notes. Three questionnaires had also been completed by the residents representatives and these detailed satisfaction levels around the premises, staffing, activities, goal setting, support provided and meal times. In general, the residents appeared to be enjoying living in the centre and were benefiting from the support and care being provided by management and staff. One questionnaire completed reported that the resident liked their bedroom and bed and enjoyed taking part in activities including horse riding, swimming, basketball and feeding the ducks. Another questionnaires detailed high levels of satisfaction with meal times. The inspector had the opportunity to speak with one resident one to one during the inspection day. They reported, when asked, that they liked staff and liked the centre they lived in.

Familiar and friendly interactions were observed between staff and residents. The inspector observed one meal time during the inspection day and this appeared to be a relaxed and enjoyable experience. The inspector observed one resident heading out on an activity during the day and another resident relaxing in their individualised seating and chatting with staff.

Staff spoken with were familiar with the residents and their individual complex needs. Care and support provided was conducive and in line with residents personal plans and positive behavioural support plans. Residents had access to service vehicles and these were used daily by residents to attend person centred activities including going out for drives, walks, horse riding and meals out. A therapeutic dog was also used by one resident two days every week and the resident appeared to enjoy this.

One resident was assessed by the provider as needing an individualised service in a single occupancy house. This was secondary to their complex behavioural needs and diagnosis. Management and staff were implementing an individualised service when possible in the designated centre but at times this was not possible due to the resident living with three other individuals. This affected the other residents at times as activities were sometimes scheduled to suit this residents needs.

Capacity and capability

The purpose of this inspection was to inform the renewal of the registration of the

designated centre. The inspector found residents appeared happy living in the designated centre and management and staff were providing support in line with the residents needs. The provider had submitted a statement of purpose to the Office of the Chief inspector as required by the registration renewal process and this was accurately describing the service being provided and contained all items set out in Schedule 1. All actions from the centres most previous inspection had been addressed.

There was a clear management structure in place in the designated centre. There was a person in charge (PIC) who had a full time position. This person met all the requirements of the regulation and had good oversight and knowledge of the designated centre and the residents individual needs. This person was supported by a regional services manager. The service provided was regularly reviewed and audited by the person in charge and members of management. These audits included an annual review of the service provided and 6 monthly unannounced audits which were carried out by a person nominated by the provider. Regulations were used as a tool for making judgments in these audits. Appropriate actions were identified following these audits and the person in charge was responsible for addressing these actions.

The staff team consisted of social care workers, care assistants and one staff nurse. Staff training was provided in areas including medication management, behaviour management, fire safety, first aid, manual handling, communication, epilepsy, risk management, safeguarding, children's first, and autism. The person in charge regularly completed a training needs analysis which identified any staff training needs in the designated centre. The inspector reviewed staff training records and found that one new staff member had not received any training with the service before working in the centre and one staff member needed refresher training in the safeguarding and protection of vulnerable adults.

A system was in place for the induction of new staff where the new staff member would always be on duty with a senior staff member. There was a staff rota in place that was appropriately maintained and accurately reflected staff on duty. An induction checklist was in place to ensure the new staff member was appropriately orientated to the centre and introduced to the residents and their needs. Staff supervisions took place on a six monthly basis and were completed by line managers. A template was used which considered performance, challenges, training needs, ongoing issues and agreed actions. In general, the staffing levels in place were in line with the whole time equivalent outlined in the centres statement of purpose. However, one resident living in the designated centre had been assessed by the service as needing two to one support at all times. This was secondary to their complex needs and behaviours that challenge. These staffing levels were not in place for this resident, who received one to one care in the designated centre.

No complaints were communicated with the inspector on the day of inspection. There was a complaints process in place and a designated person to manage any complaints made about the service. Complaints were managed in a timely and appropriate manner. Details of advocacy services were prominently displayed in the designated centre and details of the complaints procedure were also displayed.

Residents had the opportunity to submit complaints and comments regarding the service being provided and the views of the residents who could not communicate verbally were also considered and recorded. Staff spoken with, were aware of some non verbal signs that residents used to express their dissatisfaction.

Regulation 14: Persons in charge

There was a person in charge (PIC) who had a full time position. This person met all the requirements of the regulation and had good oversight and knowledge of the designated centre and the residents individual needs.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels in place were in line with the centres whole time equivalent outlined on the centres statement of purpose. However, one resident had been assessed by the service as needing two to one support at all times. These staffing levels were not in place for this resident, who was receiving one to one care in the designated centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and found that one new staff member had not received any training with the service yet. Another staff member needed refresher training in the safeguarding and protection of vulnerable adults.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents in place that contained all requirements set out in Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place in the designated centre. The service provided was regularly reviewed and audited by the person in charge and members of management. Regulations were used as a tool for making judgments in these audits and appropriate actions were identified and addressed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose to the Office of the Chief inspector as required by the registration renewal process and this was accurately describing the service being provided and contained all items set out in Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

No complaints were communicated with the inspector on the day of inspection. There was a complaints process in place and a designated person to manage any complaints made about the service. Complaints were managed in a timely and appropriate manner.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider, management team and staff were endeavouring to provide and promote a safe service to the residents. Management and staff spoken with were familiar with the residents individual needs and preferences.

The premises was maintained in an appropriate state of repair internally and externally. The premises was designed and laid out to meet the assessed needs of

the residents living there. The premises was a two-storey detached, six -bedroomed house located in a rural area. The premises was surrounded by front and rear facing garden areas. Residents had individual bedrooms and some rooms had been adapted to suit residents behavioural needs. Residents had access to a sensory room in the house which suited some residents needs and also had access to a communal kitchen-living area and another separate living area. Staff cleaning schedules were in place that were adhered to and the centre was visibly clean on the day of inspection.

All residents had a comprehensive assessment of need completed. These guided the residents personal plans and the care that was provided by staff. These were subject to regular review. Social goals were in place that were appropriate to the residents complex needs. An annual personal centred planning meeting was held where a full review of residents needs and goals took place. Some goals set for one resident included spending more time with a family member, going bowling, and improving their fitness levels. Steps were in place to support the resident to achieve these goals. All residents had a full assessment of need in place which determined the level of support they needed on a daily basis in areas including personal care, eating and drinking, mobilising, toileting and activities of daily living. Residents had access to appropriate multi-disciplinary services to support their needs. Communication care plans were in place for residents and these guided staff to support residents who use non verbal communication methods.

Overall, the inspector found that there were appropriate systems in place for the management of risk. There was a risk register in place and a matrix utilised to assess the level of the potential or actual risk. All identified risks were appropriately mitigated when possible and individually assessed. There was a regular analysis of falls in the designated centre and risk management procedures were considered following this analysis. Support plans were in place to guide staff in the event that a resident would go missing or abscond. Residents also had access to service vehicles and these were suitably insured and road worthy. A system was in place for the recording of an incidents of concern. Following a review of these records, the inspector found the response to any incidents of concern was appropriate.

In general, the registered provider had ensured there were effective fire management systems in place for detecting and extinguishing fires. Fire fighting equipment was observed around the designated centre and this was subject to regular servicing with a fire specialist. A schedule was in place to ensure that all staff and residents were completing fire evacuation drills and these were completed regularly in a timely manner. The evacuation procedure was prominently displayed in the designated centre and residents had individualised personal emergency evacuation plans in place that were subject to review. However, while some containment measures had been implemented in the majority of the centre since the previous inspection, there were no containment measures in place in some areas of the designated centre. Plans were in place for further measures to be installed later this year.

In general, appropriate systems were in place for the prescribing, receipt, and administration of medication. All staff had received training in

medication management and administration and residents had access to a local pharmacist. Medication prescriptions were in place which were signed by the residents general practitioner and guided administration of medicines. Monthly audits of medication were completed. Protocols were in place for the administration of medication used as needed (PRN). However, following discussion with staff and the person in charge there was one incident where practice around the transcribing of a medication prescription was not appropriate and posed a risk to a resident. This prescription was no longer in place on the inspection day. Furthermore, it was identified that storage systems in place for the residents medication were not always secure as the key to the medication press was easily accessible.

Residents were appropriately supported to manage their behaviours. All staff had received training in the management of behaviours that challenge. Residents had positive behavioural support plans in place to support them to manage their behaviours. These were subject to regular review. Residents had access to multi-disciplinary services including psychiatry and psychology and these services regularly had an input into the residents behavioural support plans. Some environmental restrictive practices were used in the centre to support residents. These were in place due to an identified risk and had been risk assessed appropriately. All restrictive practices had been notified to the Office of the Chief Inspector as required by the regulations.

All staff had completed training in the safeguarding and protection of vulnerable adults. Any safeguarding concerns were investigated appropriately and addressed in line with the service policy and national policy. A serious allegation was being investigated on the day of inspection. This was being managed in line with national policy and appropriate mitigating factors had been put in place to safeguard the resident and reduce potential risk. This incident had been notified to the Office of the Chief Inspector, as required by the regulations and a safeguarding plan was in place for the resident at risk. All staff had up-to-date Garda vetting completed. The inspector observed guidance in place regarding safeguarding for staff to access in the centre. All residents had money management competency assessments completed with them and were supported to manage their finances safely.

In general, residents rights and choice were being considered and the centre was operated in a way that respected the residents age, gender and disabilities. Residents privacy and dignity was promoted on a daily basis by staff and residents had access to advocacy services should the need arise. One resident was assessed by the provider as needing an individualised service in a single occupancy house. This was secondary to their complex behavioural needs and diagnosis. Positive behavioural support plans in place highlighted the need for a quiet environment with only two people present at all times, this was not always supported in the designated centre. Management and staff were implementing an individualised service where possible in the designated centre. However, at times this was not possible due to the resident living with three other individuals in the centre. This affected the other residents living in the centre at times. Activities of daily living were sometimes scheduled to suit one residents needs. For example lunch time in the house needed to finish at a specific time for some residents so that this

resident could access the kitchen with just two staff members present as per their behavioural support plan. Staff and management communicated on the day of inspection that this resident was awaiting approval of funding for a move to an individual single occupancy designated centre.

Regulation 17: Premises

The premises was maintained in an appropriate state of repair internally and externally. The premises was designed and laid out to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place and a matrix utilised to assess the severity of the potential or actual risk. All identified risks were appropriately mitigated when possible and individually assessed.

Judgment: Compliant

Regulation 28: Fire precautions

In general, the registered provider had ensured there were effective fire management systems in place for detecting and extinguishing fires. However, there were no containment measures in place in some areas of the designated centre. Plans were in place for further measures to be installed this year.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

In general, appropriate systems were in place for the prescribing, receipt, and administration of medication. All staff had received training in medication management and administration and residents had access to a local

pharmacist.

However, following discussion with staff and the person in charge there was one incident where practice around the transcribing of medication was not appropriate and posed a risk to a resident. Furthermore, storage systems in place were not always secure with access to the key for the medication press in an open area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had a comprehensive assessment of need completed by appropriate staff. This guided the residents personal plans and the care that was provided. These were subject to regular review.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behavioural support plans in place to support them to manage their behaviours. These were subject to regular review. Residents had access to multi-disciplinary services including psychiatry and psychology.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in the safeguarding and protection of vulnerable adults. Any safeguarding concerns were addressed appropriately and in line with the service policy and national policy.

Judgment: Compliant

Regulation 9: Residents' rights

One resident was assessed by the provider as needing an individualised service in a single occupancy house. This was secondary to their complex behavioural needs and diagnosis. Management and staff were implementing an individualised service when

possible in the designated centre but at times this was not possible due to the resident living with three other individuals. This affected the other residents at times as activities were sometimes scheduled to suit this residents needs.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dun Aoibhinn Services Cahir OSV-0005066

Inspection ID: MON-0022589

Date of inspection: 09/12/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Services have submitted a case to the funder, the HSE, for additional staffing resources for this individual. In the interim risk assessments are in place and the staffing resource is deployed such as to ensure this resource need does not impact on the safety and quality of care provided, including the deployment of additional supports at critical times in this individuals planned week.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The new staff member has been booked for all required trainings. The staff member with out of date safeguarding training has been booked into same.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire doors are in the process of being installed in the identified areas at the time of submission of this report.</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The processes in place for the transcribing medication have been reviewed within the house and addressed the relevant personnel. The staff team has been reminded of the arrangements for the appropriate storage of the medication press key when not in use.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Services continue to work with the local council to identify a suitable accommodation for this individual. In the interim the individual is provided with intensive levels of support from Psychology and Psychiatry disciplines to ensure their best possible health and well-being.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/08/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/06/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	28/02/2020

	containing and extinguishing fires.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	09/12/2019
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	01/08/2020