



Office of the Chief Inspector

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

Name of designated centre:	Sunville
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	02 July 2019
Centre ID:	OSV-0005874
Fieldwork ID:	MON-0026359

About the designated centre

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

Sunville is a centre run by Brothers of Charity Services Ireland. The centre provides residential care for up to two male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre is located on the outskirts of a town in Co. Clare and comprises of two self-contained apartments giving each resident access to their own en-suite bedroom, bathroom, staff room and open plan kitchen dining and living area. The centre is close to transport services and a variety of local amenities, some of which are within walking distance of the centre. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
02 July 2019	08:50hrs to 13:50hrs	Anne Marie Byrne	Lead
02 July 2019	08:50hrs to 13:50hrs	Mairead Murphy	Support

What residents told us and what inspectors observed

The inspectors met with both residents who live at this centre and both residents spoke directly with the inspectors about the care and support they receive.

One resident said they were very happy living in their own apartment and that it met their current needs. They spoke of the staff support available to them to access the community and to take part in activities of interest to them. They held employment in the local community and spoke of the positive impact this had on them in terms of community engagement. This resident was also a member of a local advocacy group and could regularly attend group meeting due to the consistency in the staff support available to them. They also spoke of their love for gardening and of how they were looking to access community gardens available in the local town.

The other resident brought both inspectors around their apartment and talked through various family photographs that were displayed in their bedroom. They informed the inspectors that they were in the process of completing an educational programme, which they hoped would support them in progressing towards securing employment in the future. This resident took part in some positive risk-taking and confidently spoke of the safety measures that were available to them.

Both residents completed a satisfaction questionnaire prior to the inspection, where they both voiced their satisfaction with all areas of the service delivered to them, including, staffing arrangements, visits, social care, complaints management and with their environment. Staff who were on duty on the day of inspection were observed to interact with residents in a very respectful manner and residents appeared very comfortable in the company of staff who were on duty.

Capacity and capability

The purpose of this inspection was to assess the provider's overall compliance with the regulations since the centre's registration in January 2019. The inspectors found this was a well-resourced and well-run service that ensured residents received a safe and good quality service.

The person in charge held the overall responsibility for the centre and she was supported by a team of staff and people participating in management in the running and management of the service. She was found to have strong knowledge of each resident's needs and of the operational needs of the service delivered to them. She was regularly present at the centre to meet with staff and residents, which had a

positive impact on the effective oversight of care and also ensured staff and residents had regular opportunities to meet with her. She had responsibility for other services operated by the provider and told the inspectors that she was appropriately supported by the provider, which gave her the capacity to fulfill her duties associated with this role. Meeting structures ensured all staff were regularly made aware of changes occurring within the organisation and ensured staff had an opportunity to raise any concerns they had relating to the safety and welfare of residents. Plans were in place to conduct the annual review and six monthly provider audits and in the interim, the provider put additional auditing systems in place to monitor the service delivered to residents.

The number and skill-mix of staff working in the centre was subject to regular review by the person in charge, ensuring adequate staff were at all times on duty to meet the assessed needs of the residents. Staff who spoke with the inspector were found to be very knowledgeable of each resident's assessed needs and they had access to regular training and refresher training programmes. They were also subject to regular supervision from their line manager, which had a positive impact on ensuring that staff were appropriately supported to carry out the duties associated with their roles. A well-maintained roster was in place, which clearly identified the names of staff and their start and finish times worked at the centre.

The person in charge also had a system in place to ensure all incidents were notified to the Chief Inspector of Social Services, as required by the regulations. A copy of the statement of purpose was maintained at the centre and it was subject to review, as required.

Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience required by the regulations. She was regularly present at the centre and the provider had ensured systems were in place which gave her the capacity to fulfil the duties associated with her role.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured adequate staffing arrangements were in place to meet the needs of residents. A planned and actual roster was in place which identified the names of staff and their start and finish times worked at the centre. The person in charge had ensured all information was maintained for staff as required by Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff received training, as required. Staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 19: Directory of residents

All information as required by Schedule 3 of the regulations was maintained for each resident who resided in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that suitable people were appointed to manage and oversee the service delivered to residents. Plans were in place to complete the annual review and six monthly provider audits, as required by the regulations. In the interim, a number of audits were being conducted to further oversee and monitor the service delivered to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured the statement of purpose for the centre was available and subject to regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place which ensured all incidents were recorded and reported to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

Effective staffing and transport arrangements ensured that both residents living at this centre were provided with a very individualised service, which facilitated them to have access to the resources they required for regular community engagement. Overall, residents enjoyed a good quality of life and were supported to access educational opportunities, some held employment and both residents were supported to participate in activities of their choice. Both residents spoke with the inspectors about their involvement in education to date and one resident spoke specifically about the support they received from staff to progress towards employment in the future. The other resident spoke to the inspectors about their involvement in a local advocacy group, of their interest in gardening and intention to explore their options with regards to accessing local community gardens.

The centre comprised of two self-contained apartments located on the outskirts of a town in Co. Clare. Each apartment provided residents with their own en-suite bedroom, bathroom, staff room and open plan kitchen, dining and living area. One resident brought the inspectors for a walk around their apartment which was observed to be tastefully decorated and well-maintained. Residents were supported to decorate their apartments as they wished and staff told the inspectors that one resident was awaiting a new wardrobe to be fitted to their bedroom. Overall, both premises were found to be clean, well-maintained and provided residents with a homely environment to live in.

At the time of inspection, no residents presented with assessed health care or behavioural support needs. However, the provider had systems in place to ensure residents were subject to regular assessment and review and also had access to a wide variety of allied health care professionals, as and when required. There were some restrictive practices in use and the provider had ensured these were reviewed and managed in accordance with the centre's restrictive practice procedure. However, on the day of inspection, the inspectors identified that some improvement was required to ensure the use of restrictive practices were accurately risk assessed. This was brought to the attention of the person in charge who addressed this issue prior to the conclusion of the inspection.

The provider had a risk management system in place to ensure risks were identified, assessed, responded to and regularly reviewed. In response to a recent incident, the provider put additional measures in place which had a positive impact on ensuring the safety of residents at all times. Positive risk-taking was very much

promoted at the centre, with some residents remaining on their own in their apartment for identified periods of time. The provider put a number of effective measures to ensure this resident's safety while doing so and this resident explained to the inspectors how they would effectively raise the alarm with staff, if they needed to. On the day of inspection, the inspectors observed some improvement was required to some risk assessments to ensure clarity on the specific controls in place to mitigate against identified risks at the centre. The person in charge was in the process of rectifying this by close of the inspection.

Effective fire precautions ensured that systems were in place for the detection, containment and response to fire in the centre. The fire procedure was prominently displayed and accurately guided staff on the procedure to follow in the event of a fire. Regular fire drills were occurring at the centre, demonstrating that residents could be evacuated in a timely manner. Residents who met with the inspectors spoke of their involvement in fire drills to date and effectively demonstrated their understanding of the procedure to follow in the event of a fire at the centre.

Regulation 13: General welfare and development

The provider had ensured that adequate arrangements were in place to provide residents with the supports they required to engage in education and employment, to access the community and to regularly take part in activities of interest to them.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two self-contained apartments where residents had access to their own en-suite bedroom, bathroom, staff room and open plan kitchen, sitting and dining area. Both apartments were found to be well-maintained, in a good state of repair and provided residents with a clean and comfortable environment to live in.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place which ensured risk was effectively identified, responded to and regularly monitored. On the day of inspection, some improvement was required to some risk assessments to ensure clarity on the specific controls in place to mitigate against identified risks at the centre. The person in charge was in

the process of rectifying this by close of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured adequate fire precautions were in place, including, fire detection and containment systems, adequate emergency lighting, clear fire exits, maintained fire-fighting equipment and staff had received up-to-date training in fire safety. The fire procedure was prominently displayed and accurately guided staff on the procedure to follow in the event of a fire. Regular fire drills were occurring at the centre, demonstrating that residents could be evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured adequate systems were in place to assess residents' needs and plans were in place to guide staff on the level of support each resident required. Documentation reviewed by inspectors, demonstrated residents were regularly involved in the planning of their own care.

Judgment: Compliant

Regulation 6: Health care

The provider had suitable arrangements in place to ensure residents' health care needs were subject to regular assessment and review and that residents had access to a variety of allied health care professionals, as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured systems were in place to assess for and support residents requiring behavioural support. Furthermore, all staff had received up-to-date training in the management of behaviours that challenge. Where restrictive practices were in place, the provider had ensured these were reviewed and managed in line

with the centre's own restrictive practice procedure. On the day of inspection, some improvement was required to ensure the use of restrictive practices were accurately risk assessed. The person in charge addressed this issue by close of the inspection.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured procedures were in place to support all staff in the identification, response and management of any concerns to the safety and welfare of residents. Staff also regularly supported resident to understand these procedures. All staff had received up-to-date training in safeguarding.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
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