



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

Issued by the Chief Inspector

Name of designated centre:	Nagle Adult Residential Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	02 February 2022
Centre ID:	OSV-0004475
Fieldwork ID:	MON-0027407

About the designated centre

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

Nagle Adult Residential Service is a designated centre operated by Brothers of Charity Services Ireland. The designated centre provides community residential services to up to 13 adults with a disability. The designated centre consists of three residential units, located close to another in the outskirts of urban areas in Co. Tipperary. Of the three units, two are detached two-storey houses and one is a detached bungalow with an adjacent single apartment. Each resident has their own bedroom and other facilities in their homes including kitchens, sitting rooms, bathroom facilities and garden areas. The centre is staffed by the person in charge, social care workers, care assistants and a staff nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 2 February 2022	09:00hrs to 18:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector ensured both physical distancing measures and use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

The inspector visited the three units of the designated centre and had the opportunity to meet and spend time with nine of the 12 residents as they went about their day, albeit this time was limited.

On arrival to the first unit of the designated centre, the inspector was welcomed to the house by two residents who were preparing for the day. One resident was staying with family at the time of the inspection. The residents showed the inspector their bedrooms and told the inspector that they liked their bedrooms. One resident spoke of people important in their lives and how they keep in contact with them on their mobile phone. Both residents then left to attend day services. Positive interactions were observed between the residents and members of the staff team.

In the afternoon, the inspector visited the second unit and met with three of the four residents. One resident was attending day services at the time of the inspection. The residents were having lunch and spoke positively about their life in their centre. The residents told the inspector that they had recently changed their routine and did not attend day services on Wednesdays and were planning to attend bocce in the afternoon. The residents showed the inspector around their home and proudly showed the inspector their bedrooms which contained items important to them including DVDs, TVs and pictures of family members. One resident noted the upgrading works being completed on main bathroom to make the shower more accessible. The inspector observed a trades person present on the day carrying out the upgrade.

In the third unit, the inspector met with four residents. One resident was in hospital at the time of the inspection. On arrival, the inspector observed one resident listening to music and engaging in table top activities while two residents returned from day services. One resident showed the inspector their visual schedule of activities and appeared content in their home. Positive interactions were observed between residents and members of the staff team. The inspector met with the resident in the attached apartment. The resident showed the inspector around their apartment and said they liked living in the centre.

As noted the designated centre consists of three units located within a short drive of each other in Tipperary. The houses varied in design and location. Two units are detached two-storey houses and one unit is a detached bungalow with an adjacent single apartment. Overall, the houses were decorated in a homely manner with

residents' personal possessions and pictures throughout the centre. The residents spoken with said that they liked their homes.

In addition, 10 of the residents completed questionnaires describing their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported them. However, a number of residents in one unit highlighted the need for a private space for visitors. The inspector also reviewed the designated centre's annual review which contained positive feedback from families of the care and support their family members received.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. However, improvement was required staffing arrangements, staff training and development, governance, oversight of restrictive practices and fire safety.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, improvements were required in the staffing arrangements, staff training and development and governance and management.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response. However, some improvement was required in the timeliness of the six monthly audits.

The previous inspection found that the staffing arrangements required review to ensure they were appropriate to the residents changing needs. Since the last inspection, it was evident that staffing arrangements had been reviewed. The centre had also undergone a planned reconfiguration where a number of residents were supported to transition to more appropriate placements and one unit removed from the designated centre.

On the day of inspection, there were appropriate staffing levels in place to meet the

assessed needs of residents. From a review of the roster, there was an established staff team and a regular relief panel in place. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner. However, at the time of the inspection, the staffing arrangements required further improvement to ensure they were in line with the changing needs of residents in one unit. This had been self-identified by the provider and plans were in place to address same.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced. The person in charge demonstrated a good understanding of residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate staffing levels in place to meet the assessed needs of residents. The person in charge maintained a planned and actual roster. From a review of the roster, there was an established staff team and a regular relief panel in place. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

However, the staffing arrangements required further improvement to ensure they were appropriate to the needs of all residents and the size and layout of the centre. For example, the staffing levels had been self-identified by the provider as an area for improvement in the provider's last two six monthly audits. A business case for additional staffing had been submitted to the provider's funder due to the changing needs of residents in one unit. The inspector was informed that the provider had plans in place to redeploy staff from another designated centre in order to meet the changing needs of residents and ensure consistency of care and support. In addition, at the time of the inspection, the designated centre was operating with two whole time equivalent vacancies. The provider was in the process of actively

recruiting to fill the vacancies.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. However, some improvement was required in ensuring all staff received up-to-date refresher training in de-escalation and intervention techniques. The inspector was informed that COVID-19 had impacted on the ability to attend refresher training.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received supervision in line with the provider's policy. Staff members spoken with noted that they felt supported by the management team.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to Nagle Services Manager, who reports to the Regional Services Manager, who in turn reports to the Director of Services. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

However, the timeliness of the six monthly audits required improvement. For example, the last two six monthly audits were undertaken in March 2021 and November 2021.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider prepared and maintained a statement of purpose which accurately described the service provided and contained all of the information as required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a homely environment. However, improvement was required in the identification of restrictive practices, personal plans and fire safety.

The inspector reviewed a sample of residents' personal files. Each resident had an up to date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team in supporting the resident with their needs. The residents were supported to access health and social care professionals as appropriate which included General Practitioners (GPs), speech and language therapy, psychology and psychiatry.

There were effective systems in place for safeguarding the residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. However, the

inspector observed one fire door wedged open and a cover on a smoke detector due to painting works which had been recently completed. This was identified to the person in charge and removed on the day of inspection.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-maintained. The designated centre consisted of two detached two-storey houses and one is a detached bungalow with an adjacent single apartment. The designated centre was located close to urban areas in County Tipperary. The centre was decorated with residents' personal possessions and pictures throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. The inspector reviewed the provider's risk management systems. The risk register was up-to-date and outlined the controls in place to mitigate the risks. Each resident had a number of individual risk assessments on file, where required, which were up-to-date and guided the staff team.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was clean and cleaning schedules were in place. There was sufficient access to hand sanitising gels. All staff had adequate access to a range of personal protective equipment (PPE) as required and were observed wearing PPE as appropriate. The centre had access to support from Public Health.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre.

However, improvement was required in the fire safety arrangements. The inspector observed one fire door wedged open. This practice negated the purpose and function of the fire door. In addition, the inspector observed a cover on a smoke alarm in a resident's bedroom. The inspector was informed that this was due to recent painting works.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need which appropriately identified resident's health, personal and social care needs. The assessments informed the resident's personal support plans which were up-to-date and guided the staff team in supporting the resident with their assessed needs. However, one medication plan was not available on the day for review. In addition, one resident was referred for an Occupational Therapy assessment in 2019. While it was evident the provider made efforts for the resident to be assessed and had put in place systems to support the resident, this assessment remained outstanding.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents.

There was an established system in place for the review of restrictive practices. However, some improvement was required in the identification of restrictive practices. For example, the inspector identified one restrictive practice in use on the day of inspection which had not been identified as restrictive.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The inspector reviewed a sample of incidents and accidents occurring in the designated centre. There was evidence that incidents were appropriately managed and responded to. The residents were observed to appear content in their home and spoke positively about living in the designated centre. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting concerns.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Nagle Adult Residential Service OSV-0004475

Inspection ID: MON-0027407

Date of inspection: 02/02/2022

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: At time of Inspection a review of the staffing arrangements in the designated centre had been undertaken by the Person in Charge in consultation with the Management Team. This review identified the support needs of those using the services. Draft rosters had been compiled and interim arrangements had been put in place to address the specific risks identified, these arrangements include temporary additional staffing until the redeployment of staff from another designated centre. The process of transferring these staff is now underway.</p> <p>Interviews for the recruitment of staff to fill the vacancies identified took place on 01/02/2022 and the successful candidates are in the process of being appointed. In the interim these vacant lines are being filled by suitably qualified and competent locum staff who are familiar with the residents.</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: Staff requiring refresher training in de-escalation and intervention techniques have been booked for same with an expected completion date of 11/05/2022. The Person in Charge henceforth shall ensure that staff receive refresher training within the specified timeframe.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Henceforth, the Person in Charge shall ensure that six monthly audits are conducted within a six month timeframe.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Person in Charge shall ensure that alarm-activated door closers are put in place where they are required. Door wedges have been removed from all houses and staff members and residents have been reminded not to use wedges or other items to keep fire doors ajar.</p> <p>The cover found on one fire sensor was removed during inspection. The Person in Charge shall ensure a full visual check of the area is completed following painting or maintenance works to prevent a recurrence.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge will engage a private Occupational Therapist to complete the environmental assessment to address the resident's needs.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	
A referral to the Human Rights Committee for the identified restriction was completed on 08/03/2022.	

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	31/05/2022
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	11/05/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall	Substantially Compliant	Yellow	01/05/2022

	carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/04/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental	Substantially Compliant	Yellow	08/03/2022

	restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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