



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

Issued by the Chief Inspector

Name of designated centre:	Ford Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	03 March 2021
Centre ID:	OSV-0004940
Fieldwork ID:	MON-0031732

About the designated centre

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

Ford Services provides a full-time residential service to four residents who are over 18 years of age. The centre is comprised of four self-contained apartments in a rural town, close to amenities such as public transport, shops, restaurants, churches, post office and bank. Three of the four apartments are at ground floor level and could accommodate people who have a physical disability. The fourth apartment is located at first floor level within the same compact development. Residents have access to a nearby facility with a garden where they engage in a range of activities supported by staff. The person in charge is a registered nurse but the model of care is social and is based on the process of individualised assessment. A staffing presence is maintained at all times and the night-time arrangement is a staff on sleepover duty in one of the apartments. The person on charge is based in an adjacent office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 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 3 March 2021	10:30hrs to 16:15hrs	Mary Moore	Lead

What residents told us and what inspectors observed

The inspector found that this was a good quality service where the support provided was designed to meet in an individualised manner, the needs and requirements of each resident. Each resident was supported to safely enjoy independence, choice and privacy but they also had the support from staff that they needed.

The inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. Changes have been made as to how inspections are undertaken so that centres can be inspected in a way that is safe for residents, staff and inspectors. For example the use of face masks, physical distancing and time-limited encounters with residents and staff. The inspector met separately with the person in charge and the team leader and reviewed records in a spacious nearby office that was made available by the provider. The inspector met with one resident in their own apartment, met with two residents at the door of the apartments and greeted one resident at the window of their sitting-room. The inspector did not meet with any resident representative but noted that, feedback that had been provided to the provider by representatives was positive and complimentary of the service and how it had benefited their family member.

The location of the centre facilitated easy access for residents to a wide range of services. For example residents spoke of going to the local butcher and having access to the nearby railway station that allowed them to travel to visit family. Each resident had their own apartment and this arrangement gave them space, independence and privacy but they could also meet up with their peers if and when they choose to do so. For example in response to COVID-19 restrictions staff arranged movie nights in the nearby resource centre and, while each resident made their own arrangements for meals, there were times when they choose to eat with one of their peers.

In addition to the access mentioned above, there was evidence of further community inclusion and integration. For example residents had access to an outdoor space donated for their use. Here residents and staff had created a garden where they grew produce such as herbs that was pre COVID-19, enjoyed by the local community. Staff reported that other residents of the complex were welcoming, inclusive and respectful of the residents.

The engagement with residents was relatively brief but informative. While infection prevention and control measures influenced this, residents also decided on the amount of engagement that occurred. All of the four residents were gracious in the welcome given to the inspector. For example one resident was described as quite private by staff but greeted the inspector at the window of their apartment and concluded the engagement at that. The inspector saw that residents looked well and two residents were delighted to be complimented on their appearance and confirmed their love of shopping and choosing their own personal items. A resident

spoke of his personal music choice and as he lived on his own the inspector noted that he had a blue-tooth speaker and could play his music as and when he pleased. A resident showed the inspector items that they had purchased for their kitchen and described how they were experimenting with new and different food-choices. There was easy conversation and banter as the next choice of meal to be explored was discussed and the resident assured the inspector that he was getting the washing-machine to work anyway. One resident thought that Cork might be a good choice for their next holiday when they discovered that the inspector was from Cork.

It was evident that life for residents was not without its struggles and challenges as they managed life transitions and the change brought about by COVID-19. The conversations with staff and between staff and residents were noted to be respectful and equitable and framed within the themes of ability, potential and hope. For example a resident and a staff had recently travelled to see a new workshop that was soon to be available and where the resident hoped to learn new skills and generate an income. Three residents had transferred to this centre from a large congregated setting. Residents had evidently been supported to develop the skills they needed to live and enjoy a more independent way of life, in their own home, where they had choice and control in their daily routines. The level of support provided by staff reflected the individuality and diversity of residents and was supported by a very streamlined and purposeful approach to risk management. This culture of positive risk enablement meant that residents had the freedom to live on their own and, make their own choices with minimal restrictions. Any restrictions that were in place were well supported and rationalised by the provider.

Visits were currently suspended in line with public health guidance but staff confirmed that residents used a range of media to maintain contact with family and, residents continued to safely access their local community. The inspector saw that residents were informed and had the ability to maintain a safe physical distance, used a face mask and sanitised their hands on entering their apartments. These observations reflected the overall effective measures that the provider had in place to protect residents and staff from the risk of COVID-19.

In summary, this was a well managed service where residents enjoyed a good quality of life, in their own comfortable home, supported by a staff team that respected their individuality, ability and choices. Overall a high level of compliance with the regulations was found. Some improvement was needed to the personal plans as they did not in parts, adequately reflect the consistent support and care that residents received. Assurance was also required from the provider that each apartment had adequate fire containment measures. This will be discussed in the main body of the report as the next two sections of this report present the findings of this inspection, in relation to the governance and management arrangements in place, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an effectively managed service where there were structured and streamlined systems for managing risk and, for maintaining oversight of each residents' welfare and well-being. Some minimal improvement was needed in the process of personal planning and, further assurance was needed in relation to the adequacy of the providers' fire safety arrangements.

The person in charge was not based in the centre but had an office nearby; the person in charge also had other areas of responsibility. However, it was evident on speaking with the person in charge that they were actively and consistently involved in the management and oversight of this centre. The person in charge had practical support from the team leader, they worked collaboratively together and had a shared commitment to providing each resident with a safe, quality service. This oversight and commitment was evident for example in the regular multi-disciplinary (MDT) reviews that took place of the care and support provided to residents and, in the review of each accident and incident as they occurred and, collectively on a regular basis. The person in charge clearly described how the learning and actions taken in response were informed by the level of risk that presented to resident safety and quality of life. Responsive action was taken as soon as it was needed. The person in charge described plans that were progressing to develop the wider governance structure in response to the ongoing expansion of services. This demonstrated the providers' understanding of the importance of good and effective governance to the delivery of safe and effective services.

In addition to the daily monitoring by staff, the daily update provided to the person in charge, the MDT reviews and the review of accidents and incidents, the provider was also completing the internal reviews required by the regulations. The inspector reviewed the findings and actions of the most recent internal review completed in November 2020 and saw that the auditor followed up on the actions from the previous review. This indicated that the reviews were completed at the required six-monthly intervals, that feedback was sought from residents and representatives and, good practice and compliance was consistently found.

The centre presented as adequately resourced, for example staffing levels and arrangements were based on the assessed need for support that each resident had and, any associated risks. There was always a staffing presence on site and staff were based by day and night in, or in close proximity to, the apartment where the resident with the highest need for support lived. The person in charge confirmed that there were two staff on site each day with flexibility of staffing to reflect any planned specific activity or need. The team leader confirmed that this additional support most often supported community access for residents rather than a need for support in their own apartment. These staffing arrangements and this flexibility were evident in the well-maintained staff rota. Overall the inspector was assured that the assessment of needs validated the staffing arrangements, gave residents independence but also ensured that they were safe and had the support that they needed.

Staff attendance at mandatory, required and desired training was monitored. Based on the records seen by the inspector there were no training deficits and, where refresher training was due this was scheduled. The training programme was

responsive to new risks and the requirement for updated knowledge and skills such as in response to the risk posed by COVID-19. All staff had completed training that included hand-hygiene, the correct use of personal protective equipment and how to break the chain the infection.

Regulation 14: Persons in charge

The person in charge had the required skills, experience and qualifications for the role. The person in charge was evidently actively involved in the management and oversight of the service and, was satisfied that the governance structure supported them in their role.

Judgment: Compliant

Regulation 15: Staffing

The assessment of needs and any associated risks validated the staffing arrangements. Staffing levels and arrangements gave residents independence but also ensured that they were safe and had the support that they needed. Residents received continuity of support from a regular staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a responsive programme of education and training. Based on the records seen there were no deficits in staff attendance at training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the required information such as each residents' name, address and date of birth.

Judgment: Compliant

Regulation 21: Records

The inspector found that any of the records requested to inform and validate the inspection findings were available, well-maintained and contained the required information.

Judgment: Compliant

Regulation 23: Governance and management

This was an effectively managed service where there were structured and streamlined systems for managing risk and, for maintaining oversight of each residents' welfare and well-being.

Judgment: Compliant

Quality and safety

The inspector found that this was an individualised service where the support and care provided reflected the assessed needs, abilities and choices of each resident. Effective risk management procedures ensured that residents had independence, choice and privacy but were also safe. The operation of this service ensured that residents enjoyed a good quality of life in their own home closely connected to their local community. Further assurance was needed from the provider that there were adequate fire containment measures in each apartment.

The inspector reviewed two personal plans and saw that they supported the practice that was observed and described. For example the assessment of each residents' ability, needs and support requirements validated the staffing levels and arrangements in place. Residents received an integrated type service where staff provided both residential and day service support. Residents had access to a resource centre and an adjoining garden that was within easy walking distance of the centre. Both of these facilities were evidently used by residents and, staff described how having access to this facility had gone some way to easing the impact of COVID-19 restrictions on residents. Each resident had the opportunity to pursue achievable goals and objectives such as attending sporting and musical events, swimming and going on holidays. Obviously what could be enjoyed and achieved had changed as a consequence of COVID-19 but residents continued to access their local community. This was supported by an assessment of any associated risk and the development of resident understanding of how to stay safe. Residents were

seen to use a face mask and to complete hand-hygiene.

The personal plan included the assessment of residents' healthcare requirements and, details of the care that was needed to ensure that residents enjoyed good health. Staff monitored resident well-being and this included monitoring for any signs of COVID-19 illness. Staff ensured that residents had access to the services that they needed including their General Practitioner (GP), psychology, psychiatry, physiotherapy, occupational therapy, dental and optical care. There was a health promoting ethos to the care provided with residents supported to make good-lifestyle choices in relation to their diet and exercise.

Records seen indicated that the review of the personal plan was completed in consultation with the MDT and, consultation with and the participation of the resident. There was a phased plan for progression and development so that residents were not overly challenged in a way that could result in disengagement or failure. The person in charge described positive outcomes that had been achieved such as residents doing their own shopping, collecting their own medicines and having greater control over their personal finances. However, the inspector found that the personal plan was a little disjointed in places and it was difficult at times to track the progress of recommendations that issued from reviews. These documentary findings did not reflect the knowledge and practice discussed with the inspector.

Balancing resident safety and independence was supported by a streamlined and purposeful approach to risk identification, management and review. There was a direct co-relation between the assessed needs of each resident and the risks that were being actively managed in the centre. Controls identified to manage each risk were specific to the needs of the resident, for example plans to prevent and manage falls were specific to the matters that create the risk for falls for that resident. Risks and their control were reviewed in response to any incident or accident with responsive action taken such as further clinical review and advice. Controls in use included an interlinked alarm system so that residents could summon staff and, the provision of a falls alert device. Residents also received a check-in phone call each morning from staff.

The assessment and management of risks was also directly associated with the use of any restrictive practice. Their use, the rationale for them, the MDT review of their ongoing requirement, discussion and agreement of their use with residents was well supported by records seen by the inspector. It was evident that alternatives were tried and did not succeed before progressing with interventions that had a restrictive dimension. There was no evidence that these restrictions unduly impacted on resident rights and decisions. It was evidenced that without these restrictions, such as unrestricted access to certain foods, resident safety and well-being would have been compromised.

The provider had implemented effective measures to reduce the risk of the accidental introduction and onward transmission of COVID-19. These measures were set out in records such as the centres' contingency and outbreak plans for any suspected or confirmed COVID-19. The inspector saw these protective measures, for

example staff were diligent in ascertaining inspector well-being and there was ready access to hand-sanitising products for staff and residents. Staff had completed relevant training as discussed in the first section of this report and had access to PPE. Staff when seen were wearing a face-mask. The person in charge and the team leader were clear on the outbreak plan, that each resident would isolate in their own apartment supported by designated staff. This plan was practicable as residents were described as having a good understanding of COVID-19.

Overall there was evidence of good fire safety arrangements but there was a lack of clarity as to the extent and adequacy of measures designed to contain fire and its products in each apartment. Records seen demonstrated that staff and residents participated in regular simulated evacuation drills. This included a drill completed following admission to the centre so that the resident was familiarised with their escape routes and what to do if the alarm sounded. There were no reported obstacles to safe and effective evacuation and each apartment had an identified alternative escape route. Other records confirmed that the emergency lighting, fire detection and alarm system and, fire-fighting equipment were inspected and tested at the required intervals. However, further to discussions with the person in charge during the inspection, further assurance was requested in relation to the measures in place in each apartment to contain fire and protect escape routes from the effects of fire. Furthermore, the drawings held on file for registration were inconclusive in relation to the provision of fire rated doors. The provider was required to arrange a review by a competent person, submit the findings and plan to address any identified deficits.

Regulation 11: Visits

Visits to the centre were suspended in line with current public health guidance. The person in charge was aware that risk assessed visits could be facilitated on critical or compassionate arrangements but this had not arisen. Residents had continued access to family by phone, messaging or video calls.

Judgment: Compliant

Regulation 13: General welfare and development

Residents received an integrated type service and had ready access to a resource hub with adjoining garden where, with the support of staff they had opportunities to be meaningfully engaged such as growing produce or creating bedding for pet beds that were supplied to the local community. Residents were also occupied daily with the normal routines of life such as shopping, preparing meals and managing their personal laundry. Residents also described how they liked to relax in their own apartments, listen to their favoured music and watch streaming services. Residents

had the support that they needed as established by the assessment of their needs and wishes. Residents had regular access to their local community and could meet and join their peers as they choose. When speaking with staff there were evident themes of supporting resident ability, potential and ongoing development.

Judgment: Compliant

Regulation 18: Food and nutrition

Staff described how residents were supported to make healthy lifestyle choices in relation to diet and exercise and how this had benefited their overall well-being. Residents who were able were supported to buy, prepare and cook their own meals. A resident discussed their enjoyment of exploring new and different foods and was evidently proud of their emerging domestic skills. Staff safely supported independence for a resident with higher needs by providing a thermos flask so that the resident had access to refreshments at times of their choosing.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a structured approach to the identification, management and review of risks that was directly related to the assessed needs of each resident and any incident or accident that occurred.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had implemented effective procedures to reduce the risk of the accidental introduction and onward transmission of COVID-19. These procedures and plans were the subject of review, for example during the most recent internal provider review.

Judgment: Compliant

Regulation 28: Fire precautions

Further assurance was requested to confirm that each apartment had adequate fire containment measures that offered adequate protection of all escape routes.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The personal plan was a little disjointed in places and it was difficult at times to track the progress of recommendations that issued from reviews.

Judgment: Substantially compliant

Regulation 6: Health care

Staff monitored resident well-being and ensured that residents had access to the services and clinicians that they needed for their continued health and well-being.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff described how moving to this designated centre had achieved very positive outcomes for residents in regulating their emotional and psychological needs. The individualised living arrangements supported this as residents had space, privacy and could exercise choice without impacting on peers. Residents continued to have access to the clinical support they needed. The rationale for and the ongoing use of any restrictive practice was well supported by records seen.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures. All staff had completed safeguarding training. All grades of staff were formally supervised. Residents presented as relaxed and confident in their environment and with the staff on duty. The person in charge confirmed that there were no active safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

This centre was operated in a way that respected the age, background, disability, ability and individuality of each resident. This was reflected in the differing levels of support that was provided with residents living as independently as possible in their own home while having the support from staff that they needed. Staff described how they spoke and explained to residents the care and support that was needed, for example a recent change in GP services that was reported to be working well for the resident.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ford Services OSV-0004940

Inspection ID: MON-0031732

Date of inspection: 03/03/2021

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have fully reviewed the Fire precautions within the designated centre. Containment measures will be put in place to meet the requirements for a designated centre ensuring that there is full compliance with Regulation 28.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: We have put a review process in place to ensure that Personal Profiles and plans are easier to navigate and to ensure that all information is updated in a timely fashion as required. This will ensure compliance with Regulation 5.	

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 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/06/2021
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	28/05/2021