



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

## Issued by the Chief Inspector

Name of designated centre:	Oran Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	10 December 2020
Centre ID:	OSV-0005023
Fieldwork ID:	MON-0030872

## About the designated centre

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

Oran Services provides both a residential and respite service to male and female adults over the age of 18. Residents of this service have a moderate to severe learning disability. Some residents may also use services offered by the mental health team and behavioural support specialists. The centre comprised of two houses which were in close proximity to each other. The centre was located in a residential neighbourhood of a city where public transport links such as trains, taxis and buses were available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Appropriate cooking and kitchen facilities are available in each house and reception rooms are warm and comfortably furnished. One house in the centre also has a sensory room for residents to relax and enjoy. A social care model is offered to residents in this centre and a combination of registered nurses and health care assistants make up the staff team. Some residents attended day services and some residents are offered an integrated model of care where both day and residential supports were provided in the designated centre. One staff member supports residents in each house during night time hours and up to three staff members support residents in each house during the day.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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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
Thursday 10 December 2020	09:40hrs to 15:40hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

The designated centre comprised two houses within close proximity to each other on the outskirts of a city. During this time of the COVID-19 pandemic the inspector visited one house only, where they met briefly with the resident who lived there. The inspector based themselves in this house for the day, and spent time reviewing documentation and meeting with the person in charge and staff members while adhering to the public health guidelines of wearing a face mask and physical distancing.

There were six residents living in the designated centre at the time of inspection, with two vacancies in one of the houses. The inspector got the opportunity to meet briefly with three residents throughout the day. On arrival to the centre, the inspector met with one resident who lived there. The resident communicated briefly with the inspector on their own terms. The resident was preparing to go to their day service programme, and was observed to be supported by staff who appeared familiar with their support needs. The resident appeared relaxed and content in their environment and with the staff supporting them.

Later in the day the inspector got the opportunity to meet with two residents who were on an outing on the centre's transport, and who called to the house that the inspector was in. The inspector went out to the bus to meet with residents and spoke with them briefly while maintaining physical distancing. The residents did not communicate verbally with the inspector, but communicated in their own way by smiling and acknowledging the inspector. Residents appeared relaxed and content, and staff supporting them told the inspector that they were going for a drive to a local amenity and may go for a walk also.

A review of documentation, which included photographs that were in place in personal plans, indicated that residents led active lives prior to the COVID-19 pandemic and had enjoyed a range of activities. These included; going on holidays abroad, going on day trips, staying in hotels, attending discos and going to music concerts. The inspector noted that alternative activities were available at this time during the pandemic; such as going for drives, taking part in walking challenges, baking and using technology.

The inspector got the opportunity to meet with two staff members who were supporting residents on the day of inspection. Staff were observed to be knowledgeable about residents and their needs, and the inspector observed warm and respectful interactions between staff and residents. Furthermore, it was evident that residents knew staff well and were comfortable around them. One staff member spoken with talked about the activities that residents were taking part in at this time; including drives, local walks and maintaining contact with family members through telephone and video calls.

## Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection of the centre in November 2018. Overall, the provider and person in charge demonstrated that they had the capacity and capability to manage the centre. However, some areas for improvement were identified on this inspection which would further enhance the quality of care and support provided to residents. These included arrangements for resident's personal planning, risk management documentation, the maintenance of an accurate staff roster and improvements in the oversight and monitoring systems. These will be discussed further throughout the report.

The centre was found to be adequately resourced to meet the needs of residents on the day of inspection. The skill mix of staff consisted of nursing staff, social care workers and support workers. There were waking night staff available in each house to support residents with their needs. There was also an out-of hours on-call system in place to provide support, should this be required. Staff members who the inspector spoke with said that they felt well supported in their role and could contact the management team if they had any concerns. A review of team meeting records demonstrated that staff were consulted about the running of the centre and could raise issues for discussion if required. The inspector reviewed the roster as part of the documentation review and found that the maintenance of the roster required improvements, as the planned rota included staffing arrangements for another designated centre. In addition, there was no explanation of abbreviations and colour codes used, which made it difficult to review what the planned and actual staffing arrangements in the designated centre were.

Staff received training as part of their continuous professional development and a review of the training records demonstrated that staff were provided with mandatory and refresher training opportunities required to ensure a safe and quality service. This included training in fire safety, behaviour management, safeguarding, infection prevention and control, including hand hygiene and the safe use of personal protective equipment (PPE). Two staff members had yet to complete the behaviour management training which had been suspended due to COVID-19, and the inspector was informed that they were scheduled to complete this training at the next opportunity. The inspector found that there were arrangements in place to ensure that the staff members had the knowledge and skills to support residents with behaviours of concern while waiting for this training to resume. This included a one hour bespoke training session with a member of the multidisciplinary team.

The inspector found that there was a good governance and management structure in place in the centre which included a team leader, a person in charge and two persons participating in management. The person in charge ensured that internal audits were carried out in areas such as fire safety, finances, medication management and health and safety issues. In addition, quarterly reviews of incidents took place by the person in charge where actions required to minimise future such incidents were identified and followed up. The provider also had systems

in place to review the quality and safety of the centre including unannounced audits and an annual review of the quality and safety of care and support of residents. The annual review of the service provided for consultation with residents and families by use of questionnaires, and feedback received from families was used to inform quality improvements actions to improve the service.

Although the inspector found that there was a good organisational structure in place, the oversight and monitoring systems by the management team required strengthening to ensure that actions to improve the quality of service and ensure full compliance with the regulations were appropriately identified. Specific improvements were required in the management and documentation of risks, the maintenance of the staff roster and residents' personal planning.

### Regulation 15: Staffing

There appeared to be a suitable skill mix and numbers of staff in place for the assessed needs of residents. The planned rota in place required review to ensure that it was accurately maintained, as it contained staff members from another designated centre and did not include an explanation for what the colour codes and abbreviations meant. Staff files were not reviewed as part of the inspection.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff received mandatory and refresher training as part of their continuous professional development. Where face-to-face training programmes had been suspended during COVID-19, the provider ensured alternatives were available to staff to support them in carrying out their role.

Judgment: Compliant

### Regulation 23: Governance and management

The oversight and monitoring systems in place required improvements, as the provider and person in charge did not identify actions required to ensure full compliance with the regulations. These related to risk management systems, staff rosters and ensuring that personal plans were completed for new residents within the time frames as required by regulation.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that residents were provided with a good quality and person-centred service. Some improvements were required in the personal planning process and risk management systems, which would further enhance the quality of service provided.

A sample of resident files were reviewed and demonstrated that residents' health and personal needs were assessed, and support plans were developed where required. Residents had personal profiles in place which included information regarding their individual likes, dislikes, routines and support needs. However, the inspector found that a resident who had been admitted to the centre in August did not have their personal plan completed until two months after they moved in. In addition, there was no evidence that the personal plan that was developed ensured the maximum participation of the resident. For example, there was no evidence that consultation had occurred with the resident's family member who the resident was in regular contact with. This consultation would ensure that those who know the resident well could advocate for the resident as part of the planning process, and contribute to ideas for what meaningful goals the resident could strive for.

Residents were supported to achieve the best possible health, by being facilitated to access a range of allied healthcare services such as psychiatry, chiropody, dental and general practitioners where this was required. In addition, residents had access to multidisciplinary supports including behaviour support, occupational therapy, physiotherapy and speech and language therapy. The inspector found that residents were kept informed of COVID-19 public health guidance through discussion at house meetings and the use of social stories.

The inspector found that residents' rights were kept under regular review and residents were supported to be as independent as possible through task analysis identification and progress reviews. Residents were consulted in the running of their home with regular house meetings taking place, where residents were offered choices in meals and activities. In addition, there was a range of easy-to-read documents and social stories to support residents to understand about COVID-19 and the public health measures that were in place. Residents were supported to attend online advocacy sessions and to keep up-to-date with developments with their local advocacy group through easy-to-read newsletters. A review of residents' individual notes demonstrated that residents were supported with choices in their daily lives, including their personal preferences with regard to their religious beliefs.

A sample of restrictive practices were reviewed, which showed that restrictions that were in place were kept under regular review by the person in charge and the multidisciplinary team. Residents who required support with behaviours of concern had plans in place which had a multidisciplinary input, and which were under regular



review and updated as required. The support plans listed behaviours of concern and outlined the proactive and low arousal strategies that were required to support residents, and which aimed to minimise any potential interactions that could impact on other residents' safety and quiet enjoyment of their home.

Staff received training in safeguarding and staff spoken with demonstrated awareness about what the procedure was in the event of abuse occurring. The inspector found that where incidents regarding possible safeguarding concerns that occurred between residents were recorded, the person in charge followed up with the designated officer for safeguarding. In addition, where supports were required, for example with behaviours of concern that may impact other residents, this was followed up with the relevant multidisciplinary team member. The inspector noted in documents, and the person in charge stated, that the two vacancies were being currently reviewed in terms of compatibility with existing residents to ensure a safe service for all.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19 and for infection prevention and control. This included staff and resident symptom monitoring, hand hygiene equipment, posters, personal protective equipment (PPE), staff training and discussion with residents about COVID-19. There was a folder in place for COVID-19 that included plans in the event of an outbreak. This included preventative measures and measures to reduce the risk of transmission of infection. The provider had ensured that there was 24 hour support and an outbreak control team to support in the management of an outbreak, should this occur. The person in charge had completed the Health Information and Quality Authority's tool for preparedness and contingency planning and was planning to commence the self-assessment tool for infection prevention and control assurance framework.

There were systems in place for the management of risk, including an up-to-date organisational risk management procedure. Emergency plans were developed and in place for a range of adverse events. However, the inspector found that risk management and oversight of the systems by the management team required improvements, as the risk register documentation and various risk assessments that were in place were not risk rated appropriately or managed in accordance with the organisational procedure. For example, some risks were rated as 'high' risks, and on discussion with the person in charge she indicated that the risk ratings were not an accurate reflection of the actual risks in the centre. In addition, the inspector found gaps in the documentation of risks recorded on the centre risk register. For example, when the inspector requested to review some risk assessments that were on the risk register, these assessments could not be located. This required improving to ensure that the procedure in place was adhered to, that the risk management documentation was appropriately maintained and that it was an accurate reflection of the actual risks in the centre.

## Regulation 26: Risk management procedures

Risk management required improvements to ensure that the systems in place were in line with the organisation's policy and procedures; including the maintenance of an accurate risk register, the completion of risk assessments where risks were identified and the assignment of risk ratings that were reflective of the actual risks in the centre.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider ensured that there were systems in place for the prevention, management and control of infection, including COVID-19 infection. Contingency and outbreak plans that were in place were found to be under regular review and updated where required.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that improvements were required to the personal planning process for residents to ensure that new admissions had their plans completed within 28 days as required by the regulations. In addition, the personal planning process needed to ensure that the maximum participation of residents was achieved, including consultation with families or advocates as appropriate.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported to achieve the best possible health care by being facilitated to attend a range of allied healthcare professionals and appointments as required and where the need was identified. Residents who had health related needs had comprehensive plans in place to guide staff in the supports required to ensure optimum health.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which were developed with a multidisciplinary input, and were reviewed as to their effectiveness. A sample of restrictive practices that were in place in the centre were reviewed and indicated that they were kept under regular review to ensure that they were the least restrictive option.

Judgment: Compliant

## Regulation 8: Protection

Staff received training in safeguarding and staff spoken with were aware of what to do in the event of abuse. The person in charge followed up any incidents recorded that could potentially be a safeguarding concern. Residents had intimate and personal care plans in place which outlined details on the supports required.

Judgment: Compliant

## Regulation 9: Residents' rights

A review of documentation and residents' individual notes indicated that residents were supported to make decisions about their lives and were consulted in the running of the centre. Residents' choices about how they live their lives and religious beliefs were respected and supported.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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 Oran Services OSV-0005023

Inspection ID: MON-0030872

Date of inspection: 10/12/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have reviewed and amended the planned staff roster in place to reflect staff working within the designated centre, while making the addition of an abbreviation summary index for ease of reference.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have reviewed the current risk management procedures within the designated centre to accurately identify the risk ratings. This was achieved by reviewing all associated risk assessments and a review of the scoring matrix to accurately identify both the actual and residual risk rating.  We have reviewed and amended the planned staff roster in place to reflect staff working within the designated centre, while making the addition of an abbreviation summary box for ease of reference.  Going forward, we shall ensure that all personal plans are completed for all new residents within the timeframes as required by the regulation.	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>We have reviewed the current risk management procedures within the designated centre to accurately identify the risk ratings in line with the organisation's policy and procedures. This was achieved by reviewing all associated and individual risk assessments along a review of the scoring matrix to accurately identify both the actual and residual risk rating.</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>Going forward, we shall ensure that all personal plans will be completed for all new residents within the correct timeframe as required by the regulation, while ensuring maximum participation and consultation from residents, their families and the wider multi-disciplinary team.</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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/12/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/12/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Substantially Compliant	Yellow	21/12/2020



	management and ongoing review of risk, including a system for responding to emergencies.			
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	10/12/2020
Regulation 05(4)(c)	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 is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	10/12/2020