



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

Issued by the Chief Inspector

Name of designated centre:	Seirbhis Radharc an Chlair
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	04 February 2021
Centre ID:	OSV-0005026
Fieldwork ID:	MON-0030939

About the designated centre

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

Seirbhís Radharc an Chláir provides a full-time residential service for up to eleven individuals of mixed gender who are over 18 years of age and have an intellectual disability and or autism. Residents may also present with complex needs such as physical, medical, mental health, mobility and or sensory needs and may require assistance with communication. Residents have the choice of a home based day service which includes linking with their local community, or attending day programmes in the area. Residents are supported by a staff team that includes social care leaders, social care workers and care assistants. Staff are based in the centre when residents are present. At night there is a staff member on waking duty in one house, and a staff member sleeps in the other house to support residents. Seirbhís Radharc an Chláir is made up of two houses in a rural area close to the coast. Both houses are spacious with large gardens, and in each house there is also self-contained accommodation for one person. All residents have their own bedrooms. The centre has transport available at each house, to facilitate residents to access the community in line with their wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 4 February 2021	10:05hrs to 16:10hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the health and wellbeing of residents who lived at the designated centre was actively promoted, and that care was provided in a person-centred manner. Residents who the inspector met and spoke with during the day of inspection appeared happy and content with the supports that they were provided with.

The designated centre comprised two houses within close proximity to each other. During this time of the COVID-19 pandemic, the inspector spent time reviewing documentation and meeting with the person in charge in an office that was located in one house. The inspector got the opportunity to meet briefly with three residents who lived at this house at the latter part of the day, while adhering to the public health guidelines of the wearing of face masks and social distancing. The inspector was informed that there was one vacancy in this house, and two residents were reported to be at home with their families. The inspector did not visit the second house at this time, but got the opportunity to have telephone conversations with two residents who lived there.

Residents who the inspector met with communicated in their own terms. Residents appeared to be relaxed while watching television programmes in individual areas of the house. One resident was observed to be sitting on an armchair playing with sensory items, and there were relaxing images on display on a smart television in the background. Other residents were observed to be supported to put on television programmes of choice, with one resident choosing to watch a music video and another resident requesting that staff help them to put on a movie of choice. Staff were observed to be supporting residents in a respectful and dignified manner, and were responsive to residents' communications.

The inspector also spoke on the telephone with two residents who lived in the other location of the centre. One resident was reported to speak both Irish and English language, and responded to the inspector's communications in Irish. When asked, the resident said that they were getting on well at this time, and that they felt safe. Another resident spoke with the inspector and talked about interests that they had at this time; including listening to 'rock n roll' music and baking buns.

In addition, the inspector spoke with staff members who were working on the day. Staff were observed to be knowledgeable about residents and their needs, and the inspector observed warm and caring interactions between staff and residents. Staff said that overall residents were getting on well at this time; but that some residents were missing their day services and community based activities. The inspector was informed that at times there could be increased irritability between residents in one house since the COVID-19 pandemic, as residents spend a lot of time together and have been missing out on their community based classes and activities due to the public health restrictions. Residents were reported to be very active in this house and the inspector was informed that they were given individual 1:1 times to carry

out some day programmes, and also enjoyed going for walks to the local beach. Each location had their own transport which facilitated residents to go for drives in the community if they so chose to. Staff also said some residents in the other house appeared to enjoy the slower pace of life as a result of the public health restrictions. During this time residents were supported to contact their families via technology, and the inspector was informed that three residents had purchased smart phones and were learning how to use them to make video calls and maintain contact with their families.

A review of care notes and questionnaires completed with residents indicated that residents were involved in a range of activities in line with their wishes including; baking, arts and crafts, sensory activities, online music and yoga classes and gardening. Questionnaires reviewed indicated that residents were happy in the centre and with the supports given.

Overall residents appeared to live a person-centred life, where their individual needs, wishes and choices were respected and promoted. The COVID-19 pandemic was reported to have a negative effect on some residents in one house, but there was evidence that the staff team were supporting residents to seek alternative suitable activities at this time. Some improvements were required in the auditing and monitoring systems by the management team but this did not appear to have a medium to high impact on residents' care.

Capacity and capability

Overall, the inspector found that there was a good governance and management structure in place in the centre which ensured that the care delivered to residents was of a good quality and met their needs. However, some improvements were required in the monitoring systems by the management team, to include a strengthening of the oversight of regulatory notifications, staff training and risk management.

The person in charge worked full-time and had responsibility for two other designated centres in the locality. She was supported in her role by a service co-ordinator and person participating in management. In addition, there were team leaders based in each location, who carried out some areas of responsibility and who also worked as part of the front-line staff supporting residents. The provider ensured that there was an out-of-hours management on-call system in place for staff, should this be required.

The centre was found to be adequately resourced on the day of inspection, and a review of the roster demonstrated that there was a consistent staff team in place to ensure continuity of care. One location had waking night staff and the other location had sleep over staff to support residents at night. A concern regarding disturbed sleep in the house that provided sleep over cover, had recently been identified and a risk assessment was in place which identified some risks associated with a resident

not sleeping well at night, and the impact this may have. As a result, a two week trial of waking nights had recently been completed to assess supports required for residents in that house. The data gathered from this trial was under review at this time. This required ongoing review to ensure that the staffing arrangements in place at night continued to support residents' needs, and to ensure that staff were adequately supported to get sufficient rest during sleep over shifts, as a review of the roster indicated that the working hours following a sleepover period could include up to fifteen hours the following day and involve a second sleepover shift the next night.

There was a schedule in place for staff supervision to occur three times per year, and staff who the inspector spoke with said that they felt supported in their role and could raise issues of concern with management, if required. Staff received training as part of their continuous professional development and a review of the training matrix demonstrated that staff were provided with training required to ensure a safe and quality service. This included training in fire safety, behaviour management training, safeguarding and hand hygiene training. However, it was identified on the training matrix that one staff who worked alone at night, had yet to complete safeguarding training. The person in charge followed up on this immediately when it was brought to her attention, with assurances given that the staff member would complete this by the end of the week. In addition, one newly recruited staff required fire safety training and the inspector was informed that this would be completed when the next course was available. In the meantime, staff had been provided with information regarding fire safety as part of their induction, and were noted to be working alongside other staff while on induction.

There were systems in place for regular auditing in areas such; incidents, health and safety and fire management systems. In addition, audits were completed for infection prevention and control practices associated with COVID-19. The provider ensured that unannounced audits and an annual review of the quality and safety of care and support of residents were completed as required by regulations. The annual review of the service provided for consultation with residents and families by use of questionnaires and discussion with residents. The findings from audits identified areas of priorities for the centre, and an action plan had been developed where progress was kept under review for completion. For example; one priority that had been identified in the most recent provider audit and annual review included a plan for increasing the size of one of the houses to ensure that there would be increased space and facilities for residents who lived there. The inspector noted that this action was currently in progress and was informed that the facilities department had recently been out to review this possibility. However, the inspector found that in other areas the oversight and monitoring systems required strengthening, as the auditing systems in place did not pick up on issues that the inspector found. For example, the inspector found that one notification relating to a safeguarding incident that was required to be submitted to the Chief Inspector of Social Services had not been completed, however the person in charge addressed this on the day. In addition, the systems in place were not effective in ensuring that outstanding training in safeguarding as noted on the training matrix had been completed, and that documentation in relation to risks were complete and had

accurate risk ratings.

Regulation 15: Staffing

There was a planned and actual rota in place which demonstrated that the service was staffed by a consistent staff team in order to provide continuity of care to residents. Staffing arrangements in one house required ongoing review to ensure that the arrangements at night met the needs of all residents. Staff files were not reviewed at this time.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training as part of their continuous professional development and to ensure that they had the required skills and knowledge to fulfil their role in supporting residents. Where one gap in mandatory training in safeguarding was identified, the person in charge followed up on this immediately and provided assurances that this would be completed that week. Assurances were given to the inspector subsequent to the inspection that this was completed.

Judgment: Compliant

Regulation 23: Governance and management

The oversight and monitoring systems required strengthening as some gaps in documentation were found. While the gaps identified did not pose a medium or high risk to residents, the monitoring systems in place failed to identify these and improvements were required. These included gaps in risk documentation, staff training and notifications that are required to be submitted to the Chief Inspector.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents received a good quality, person-centred service where choices, rights and individuality were respected. Residents' rights and

independence were promoted through regular residents' meetings and consultation as part of the personal planning process.

A sample of resident files were reviewed and demonstrated that residents' health, personal and social care needs were assessed regularly. Residents had personal profiles in place which included comprehensive information regarding their likes, dislikes, routines, communication preferences and support needs. Residents were supported to identify personal goals through the personal planning process, and these were regularly reviewed and updated with progress notes. Where families could not attend the annual review meetings, consultation was achieved through telephone calls with notes documented.

Residents were supported to maintain the best possible health by being facilitated to attend a range of medical and health care services where this need was identified and required. This included attending appointments with dentists, opticians, chiropodists and included ongoing access to multidisciplinary supports such as psychiatry, behaviour support services, speech and language therapy and psychology services. Support plans were developed, where the need was identified.

The inspector found that residents' rights were kept under regular review and residents were supported to be as independent as possible by learning new skills that had been identified with them through assessments of needs. Residents were consulted in the running of their home with regular house meetings taking place. The inspector found that residents were kept informed of COVID-19 public health guidance through posters, easy-to read leaflets, information received from advocacy groups and discussion at resident meetings. Residents were supported to keep up-to-date with developments by the local advocacy group through easy-to-read newsletters. A review of residents' individual notes demonstrated that residents were supported to make with choices in their day-to-day lives.

Staff had received training in managing behaviours of concern and staff spoken with appeared knowledgeable on how to best support residents at times of increased anxiety. The inspector found that that residents who required support with behaviours of concern had plans in place which had a multidisciplinary input. These plans detailed possible triggers to behaviours and outlined proactive and reactive strategies to support residents. For example, a concern regarding a resident's sleep pattern which was noted to be occurring for several years, was under regular review with the multidisciplinary team regarding the effects this may have and reviewing how they could be supported to have a better sleep pattern. It was noted in meeting notes, that this was reviewed in the context of trying to identify possible causes for this, the potential impact on others and identification of supports required.

The inspector found that safeguarding of residents was promoted in the centre by staff training in safeguarding, discussion at staff meetings about safeguarding and review of incidents that arose in the centre. Where patterns of negative interactions occurred between residents, there was evidence of multidisciplinary input and ongoing monitoring systems were put in place to assess the impact of behaviours displayed on residents residing together. Staff spoken with demonstrated knowledge

about what to do in the event of abuse. Residents were supported to understand abuse and how to protect themselves through discussions with key staff as part of the personal outcomes process. When asked, residents spoken with said that they felt safe in the centre.

The provider had ensured that systems were in place for the prevention and management of risks of infection, including risks associated with COVID-19. This included staff training in hand hygiene and the use of personal protective equipment (PPE), enhanced cleaning schedules, staff and resident symptom checking and availability of PPE and alcohol hand gels. The provider had completed the Health Information and Quality Authority (HIQA) self-assessment tool for preparedness planning and infection prevention and control assurance framework, and an action plan had been developed where improvements were noted. There was a folder in place with up-to-date information about COVID-19 that included plans in the event of an outbreak of COVID-19.

The provider ensured that there were systems in place for the identification, assessment and management of risk. Risk assessments were completed for service and individual residents' risks where they had been identified, with control measures identified to reduce the risk. However, the inspector found that the risk assessment documentation required review and improved oversight by the management team. For example, while there were risk assessments in place to reflect risks during COVID-19, the inspector found that some residents' risk assessments relating to visits home required updating to reflect up-to-date guidance from public health. The person in charge addressed this by the end of the inspection. In addition, a risk that had been identified and noted on a risk assessment document regarding sleep disturbances in one house, required further review to ensure that all risks and control measures relating to staff working long hours and having disturbed sleep were assessed. Furthermore, some risk assessments were not accurate with regard to the risk ratings assigned and were not in line with organisation's policy and procedure regarding intolerable risks.

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and management of risk. Risk assessments were completed for identified risks, and risks were escalated to senior management where required. However, some documentation of risks required review to ensure that the ratings applied were in line with the procedure and reflective of the actual risk posed, and some risks required review and updating to include all risks and control measures associated with the hazard identified.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that there were systems in place for infection prevention and control of infection including a system for the ongoing assessment of the measures that were in place in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed, and under regular review. Annual review meetings took place with residents and their representatives, where residents were supported to identify personal and meaningful goals.

Judgment: Compliant

Regulation 6: Health care

Residents were supported and facilitated to achieve the best possible health outcomes, with timely access to allied healthcare professionals where required. Up-to-date care plans were developed for residents' healthcare and wellbeing related needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place, which were under ongoing review and had a multidisciplinary input. There was evidence that efforts were made to understand the causes, and support residents who were displaying anxiety type behaviours. Restrictive practices were not reviewed at this time; however notifications that were submitted to the Chief Inspector indicated that these were reviewed by the organisation's Human rights committee and were in place for health and safety reasons.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was supported through staff training, review of incidents that were reported and discussion at staff and resident meetings. Residents had intimate and personal care plans in place which detailed their preferences and supports required in this regard.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence in care notes, and the inspector observed on the day, that residents had choice in their daily lives and were treated with dignity and respect by staff supporting them. In addition, residents' rights to advocacy and to practice their faith were respected and regular meetings took place with residents which discussed the running of the house.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Seirbhis Radharc an Chlair OSV-0005026

Inspection ID: MON-0030939

Date of inspection: 04/02/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In accordance with Regulation 23 1 (c) the Person in Charge has reviewed the training matrix for the Designated Centre and all training is up to date. Going forward, the Person in Charge in conjunction with Team Leaders will be reviewing training on a quarterly basis as part of audits. In relation to risk management documentation, training is being explored for all managers including Team Leaders and Persons in Charge. The current risk assessments in the Designated Centre have been reviewed in line with the risk management policy. Risk management was discussed with all team leaders within the Designated Centre at a management meeting on 25/02/2021. On the day of inspection the Person in Charge submitted an identified notification. The Person in Charge will ensure that any future requirements for notification of incidents are submitted within the timeframe outlined within the regulations.</p>	
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>In accordance with Regulation 26 (2) the Person in Charge and the teams within the Designated Centre have reviewed the risk assessments in place and identified all of the identified risks and the control measures that are in place. The risk ratings have also been reviewed in line with the organizational risk management policy and procedures.</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 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	26/02/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	26/02/2021