



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

Issued by the Chief Inspector

Name of designated centre:	Acorn Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	07 September 2021
Centre ID:	OSV-0005041
Fieldwork ID:	MON-0034009

About the designated centre

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

Acorn Services provides residential services to 6 individuals with moderate to severe Intellectual Disability and/or dual diagnosis and autism some of whom may have associated mobility issues. The services can be provided to male and female individuals ranging in age from ranging in age from 18 years to end of life. Acorn services comprises of two premises, which include a two-storey house located in a town and a bungalow located outside the same town in a nearby village. Both premises include a one bed self-contained apartment with its own bathroom, kitchen/dining room and living room. Residents in the main part of each premises have their own bedrooms and access to a communal kitchen/dining room and sitting room, along with bathroom and laundry facilities. The design and layout of each premises is fully accessible, with additional aids and adaptations such as overhead hoists being provided to meet residents' assessed needs where required. Residents are supported by a team of social care staff in each of the centre's houses. At night, residents in both houses are supported by overnight sleeping staff, who are available to provide assistance if required. In addition, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 7 September 2021	11:30hrs to 17:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed.

The inspector met with three residents who lived in the centre, one of whom talked briefly with the inspector about living there. The resident who spoke with the inspector was very happy living in the centre and enjoyed life there. The resident said that they liked being out and about in the local community and referred to some of the social and leisure activities that they took part in and enjoyed. These included going out in the community for meals, coffee, outings, family visits, sports and walks. Some of the residents were currently taking part in a walking challenge for September and were out walking with staff every day and keeping records of their steps.

The resident told the inspector that they had good relationships with staff and with each other, and this was evident during the times the inspector spent in the company of residents. They also said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. The inspector saw residents eating nutritious home cooked food that they clearly enjoyed. Feedback from residents' families gathered by an annual survey also indicated a high level of satisfaction with the service.

All residents were observed to be at ease and comfortable in the company of staff. Residents were relaxed and were clearly happy in the centre. Staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were being met.

One house in the centre was in a busy town and close to amenities such as public transport, shops, restaurants and a church, while the other house was in a nearby village. Both houses had self-contained separate living space in addition to the main dwellings so that residents could avail of maximum privacy. Both buildings were configured and laid out to best suit each individual's assessed needs. There were vehicles available so that residents can go out for drives and to access the local amenities.

The centre was clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access, television, games, and music choices available for residents. There was adequate communal and private space, a well equipped kitchen and sufficient bathrooms. Residents had their own bedrooms and those that the inspector saw were comfortably decorated, suitably furnished and personalised. One resident was in the process of having the bedroom redecorated as part of a personal goal. The resident had recently been to Dublin to buy household furnishing from a large store, and had chosen the paint colour for the

bedroom.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the well being and quality of life of residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

Overall, the provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this. Some improvement was required to the ongoing review of operational policies and to an aspect of record keeping.

The service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. Unannounced audits were being carried out twice each year on behalf of the provider. The two most recent audits showed a high level of compliance and did not identify any regulatory breaches. Audits of the centre's practices were also being carried out by the person in charge and staff. These included audits of medication management and finances by both internal and external persons, and quarterly reviews of the service by the person in charge. Records showed a high level of compliance in all audits and that any identified issues had been addressed.

A review of the quality and safety of care and support of residents was being carried out annually. There was evidence that consultation with residents and or their representatives was taking place and these outcomes were recorded in the annual review.

There was a suitably qualified and experienced person in charge who knew the residents and their support needs. The person in charge was not based in the centre, but called frequently to meet with residents and staff. It was clear that residents knew, and got on well with, the person in charge. Team leaders were based in each house in the centre, and supported the person in charge and the wider staff team. The person in charge also worked closely with the wider management team and attended monthly meetings with other persons in charge and the senior management team. The management structure supporting the centre had recently been reviewed and changes were in progress to strengthen the

management arrangements. The planned restructuring was designed to increase the presence of a person in charge in the centre and was due to commence in the near future.

The arrangements to support staff during the absence of the person in charge were effective. There were clear arrangements in place to support staff at night time and weekends when a senior manager was on call.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included, appropriate staffing levels, ongoing maintenance and upgrade of the centre as required, and accessible transport.

There were sufficient, suitably trained staff on duty to support residents' assessed needs. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred. Staff had received training relevant to their roles, such as training in medication management and epilepsy care in addition to up-to-date mandatory training in fire safety, behaviour management and safeguarding. Staff had also attended additional training in various aspects of infection control in response to the COVID-19 pandemic.

Overall, records viewed during the inspection, such as staff training records, personal plans, healthcare plans, COVID-19 and infection control systems, and audits were comprehensive, informative and up to date. There was a statement of purpose which described the service currently being provided and met the requirements of the regulations. The person in charge confirmed that the statement of purpose would be updated to reflect the new management structure when this commenced. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

Improvement was required to the recording of some healthcare information. While staff were very clear on the required healthcare interventions for each resident, a small number of healthcare plans had not been reviewed to include up-to-date guidance. This presented a risk that the correct information might not be available to staff who were new or infrequent in the centre. Improvement to the system for reviewing operational policies was also required. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. Although most policies were up to date, two policies had not been reviewed within the past three years as required by the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The role of the person in charge was full-time and the person who filled this role had the required qualifications and experience.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 21: Records

Overall, the provider had ensured that records required under the regulations were being maintained and kept up to date. However, a small number of healthcare plans did not reflect up-to-date information in relation to some residents' healthcare requirements.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.
Judgment: Compliant
Regulation 23: Governance and management
There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
There were written agreements, which included the required information about the service to be provided, in place for all residents.
Judgment: Compliant
Regulation 3: Statement of purpose
There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and up to date copies were readily available in the centre.
Judgment: Compliant
Regulation 4: Written policies and procedures
Policies required by schedule 5 of the regulations were available to guide staff. Most policies were up to date, although there were two which had not been reviewed within a three year time frame as required by the regulations.
Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that supported them to be involved in activities that they enjoyed. This ensured that each resident's well being was promoted at all times and that residents were kept safe. Some minor improvement was required, however, to the garden in one house in the centre.

Review meetings took place annually, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met.

The centre consisted of two houses, one of which was in a rural town, while the other was in a nearby village. Both houses were spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. Both had well equipped kitchens, laundry facilities, adequate communal and private space and secure gardens. However, in one house there was no seating or facilities for the occupation of residents while outside in the garden.

The provider was focused on improving the quality and safety of the service. For example, fire doors throughout the centre had recently been replaced and upgraded, and self closing devices were in the process of being fitted to the new doors.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre was close to the amenities and facilities in the nearby town. The centre had its own dedicated vehicles, which could be used for residents' outings or activities. During the inspection residents spent time going places that they enjoyed. Residents had identified several developmental goals and were working with staff to achieve these. Samples of these goals that were in progress or had been achieved included getting a passport, increased involvement in personal banking, having a holiday break, developing household tasks such as cooking, and learning to shave independently with a razor.

Residents also enjoyed sporting, leisure and social activities such as, going out for drives in the vehicle, going out for refreshments, shopping, swimming, cinema and taking walks in the local area.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. Residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff. Some of the healthcare visits arranged for residents included annual medical checks by the general practitioner (GP), and appointments with healthcare professionals, such as chiropodists, speech and

language therapists and dentists. None of the residents were eligible to attend healthcare checks covered by national screening programmes.

Residents' nutritional needs were well met. Residents chose, and or took part in shopping for, their own food. Suitable foods were provided to suit residents' needs and preferences. Nutritional assessments had been carried out as required, residents' weights were being monitored, and support from dieticians and speech and language therapists was available as required.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures, and an increased cleaning regime. The provider had also developed a clear contingency plan for the management of COVID-19 should it occur in the centre.

Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, a safeguarding policy and development of personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. Suitable measures were also in place to respond to behaviour that is challenging. There were procedures, such as behaviour support plans and involvement of a psychologist, psychiatrist and behaviour support specialist, to support residents to manage behaviours of concern.

Information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices

and interests, as well as their assessed needs.
Judgment: Compliant
Regulation 17: Premises
The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated. However, the garden in one house in the centre was supplied with minimal furniture and features to create a user-friendly space for residents to use.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit residents' needs and preferences.
Judgment: Compliant
Regulation 20: Information for residents
Information was provided to residents. There was an informative guide that met the requirements of the regulations.
Judgment: Compliant
Regulation 27: Protection against infection
There were measure in effect to control the risk of infection from COVID-19. The provider had developed a comprehensive contingency plan for the management of a COVID-19 outbreak should it occur.
Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	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

Compliance Plan for Acorn Services OSV-0005041

Inspection ID: MON-0034009

Date of inspection: 07/09/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A review of care plans is being undertaken by the PIC and the wider management team. Templates for new SMART Care Plans being developed and piloted in Acorn Services.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: National policy on access to education, training and development for adults supported by services updated in September 2021.</p> <p>Human rights policy and procedure for the operation of the human rights committee updated and circulated September 2021</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A plan to complete internal paintwork has been developed. To be completed over the winter months.</p>	

A garden improvement plan has also been developed including the purchase of a shed for storage. Funding will be allocated for the purchase of garden furniture in Spring 2022.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2022
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/11/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	10/09/2021

