



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

Issued by the Chief Inspector

Name of designated centre:	Moorehaven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	08 February 2021
Centre ID:	OSV-0007838
Fieldwork ID:	MON-0031682

About the designated centre

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

Moorehaven Services is a centre run by Brothers of Charity Services Ireland CLG. The centre is intended to meet the needs of up to four residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey building, which provides some residents with their own apartment, comprising of a bedroom, bathroom and living area. Other residents have their own bedroom, access to shared communal areas and multiple living areas to use as they wish. Staff are on duty both day and night to support the residents who live here. An on-call arrangement is also in place to support this centre's night-time staffing arrangement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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
Monday 8 February 2021	10:15hrs to 14:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a centre that very much ensured residents were provided with appropriate care and support in accordance with their interests, wishes, capacities and assessed needs. Overall, the inspector found that this was a very pleasant and welcoming centre to visit.

This was this centre's first inspection since it opened in August 2020. Four residents transitioned to this centre from another centre that was also operated by the same provider. The inspector had the opportunity to briefly meet with two of these residents but due to their communication needs, neither resident spoke directly with the inspector about the care and support they receive. Both residents were having a cup of tea and watching television in separate rooms. In line with public health safety guidelines, the inspector briefly visited the communal areas of this centre and the rest of the inspection was conducted in a staff office. The inspector did meet briefly with the members of staff who were on duty and the remainder of the inspection was then facilitated by the person in charge. The inspector didn't meet with the other remaining two residents as they were in their bedroom and apartment areas during the time that the inspector visited the communal areas of the centre.

The centre comprised of one two-storey building located close to a village in Co. Galway. The design and layout of this building allowed for two residents to have their own apartments, comprising of a bedroom, bathroom and living area. The remaining two residents had their own bedroom, shared kitchen and dining area and access to two separate living areas, should they wish to spend recreational time on their own. Of the rooms visited by the inspector, these were found to be warm, very homely and had personal touches were displayed throughout. Comfortable furnishings and seating were available to residents in all areas of the centre, which gave residents plenty of choice as to where they wished to sit and relax.

The person in charge told the inspector that residents' new living environment had a positive impact on their daily quality of life as they now had much more living space available to them, which resulted in decline in the number of behavioural related incidents which were occurring in residents' previous centre. The layout of the centre was also responsive to the changing needs of these residents. For example, in recent weeks, one resident's mobility needs had increased and they now required specific manual handling supports. Along with a spacious living environment, tracking hoists were available in this resident's bedroom and within one of the living areas that they spent a lot of time in.

The centre had large external grounds and the provider had plans in place to develop these grounds in the coming months, which would offer residents more garden space to use. In response to the behavioural support needs of one resident, this resident already had access to their own enclosed garden space to use as they

wished.

Staff who worked at this centre knew the residents very well and had transitioned with these residents from their previous centre. This provided continuity of care for these residents and ensured that they were at all times supported by staff who knew them well. Some residents had assessed communication needs and were unable to verbalise their wishes. However, due to the consistency of staff in this centre, this meant that staff were very familiar with how these residents communicated their wishes, which ensured that these residents were supported to make choices around their meals, activities and how they generally wished to spend their time.

Staff told the inspector that since the introduction of public health safety guidelines, residents' social activities now included walks and drives in the local area, which residents were content with. Daily engagement between residents and staff meant that residents were facilitated to pick and choose how they wished to spend the day. The adequacy of transport and staffing arrangements, meant residents could engage in these activities on their own or in the company of their peers if they so wished.

Capacity and capability

This was a centre that was well-run and well-managed, which ensured that residents received a safe and good quality of service.

The person in charge held the overall responsibility for this service and he was regularly present to meet with staff and residents. He had very good knowledge of residents' needs and of the operational needs of the service delivered to them. He held responsibility for other services run by this provider and current arrangements ensured that he was supported to have the capacity to also manage this centre.

The centre's staffing arrangement was subject to regular review, which also provided residents with access to nursing support for an allocated number of hours during the week. Due to the changing needs of some residents who lived at this centre, the person in charge had put additional arrangements in place which meant that should the needs of these residents change, additional staff support would be available to the centre to support these residents. In addition to this, further staff support was also available to the centre to support residents with their social care needs during the day, should it be required. Night-time staffing arrangements were supported by a robust on-call system, which meant that should staff require assistance at night for any reason, a member of management was at all times on duty to support staff, as and when required. In response to the behavioural support needs of the residents who lived at this centre, the provider had ensured that all newly recruited staff were subject to a robust induction process, which gave them

an opportunity to get to know these residents and their needs very well prior to working with them.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. In response to the introduction of public health safety guidelines, the centre's staff meeting structure was adapted. Due to Covid-19, team meetings were still occurring but were on a less frequent basis. In between these meetings, the provider was operating a text message system which ensured that staff were still maintained informed where any changes were occurring within the organisation. In addition to this, the person in charge often met with staff on a one-to-one basis as part of his regular visits to the centre. Since the centre opened, the provider completed a six monthly provider-led visit to review various aspects of the service delivered to residents. Where improvements were identified, a time bound action plan was put in place to address these.

Regulation 14: Persons in charge

The person in charge was present at the centre on a regular basis to meet with residents and staff. He had strong knowledge of residents' needs and of the operational needs of the service delivered to them. He was responsible for managing other services operated by this provider and told the inspector that current arrangements allowed him to have the capacity to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

The centre's staffing arrangement was subject to regular review to ensure adequate number and skill-mix of staff were at all times on duty. In response to the changing needs of some residents living at this centre, the person in charge had made suitable arrangements to ensure the availability of additional support staff, should this be required.

Judgment: Compliant

Regulation 23: Governance and management

This centre was adequately resourced in terms of equipment, staffing and transport. The provider ensured systems were in place to communicate any changes occurring within the service with all staff members. A six monthly provider-led visit was

completed since the centre opened and a time bound action plan was put in place to address identified improvements.

Judgment: Compliant

Regulation 31: Notification of incidents

The centre's incident reporting system was regularly monitored by the person in charge, who ensured that all incidents were reported to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

Quality and safety

The provider had ensured that residents enjoyed a good quality of life through ensuring that they had access to the supports they required to lead meaningful lifestyles. However, this inspection did identify some improvements required to aspects of risk management, fire safety, medication management and restrictive practices.

The centre comprised of one two-storey building located close to a village in Co.Galway. The centre was spacious, comfortable and nicely decorated. Some residents had their own apartment with a bedroom, bathroom, kitchen and living area. Other residents had their own bedroom, access to the kitchen and dining area and multiple recreational rooms, where they could spend time away from their peers if they wished. Plans were in place to do further works to the the centre's external grounds, which would give residents additional garden space to utilise. However, although the front door provided ramped access to residents who were wheelchair users, external exits in rooms that were used by these residents for a substantial amount of time during the day, were not wheelchair accessible.

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of all residents and staff. Regular temperature checking, social distancing and hand hygiene were routinely practiced within the centre. During the course of the inspection, the inspector observed all staff to wear appropriate PPE. Contingency plans were in place, should an outbreak of infection occur at the centre. These contingency plans related to the isolation of residents and response to reducing staffing levels. The person in charge was very familiar with these plans and ensured they were subject to regular review.

The provider had fire safety precautions in place, including, fire detection and

containment systems, scheduled fire safety checks and emergency lighting. Arrangements were also in place to ensure staff received up-to-date fire safety refresher training, as and when required. Multiple fire exits were also available throughout the centre, including, both apartment areas in use by residents. However, some improvements were required to the documentation in place to support the safe evacuation of residents, particularly to the centre's fire procedure and some residents' personal evacuation plans. In addition, although the centre's front door provided ramped access, where residents who were wheelchair users, predominately spent a large portion of the day in their own living area, the exits in these rooms did not provide ramped access, should a fire occur in the centre while these residents were utilising these rooms.

Where residents required behavioural support, the provider ensured that these residents received the care and support they required. Since these residents moved to this centre, both staff and the person in charge observed a noted decline in the number of behavioural related incidents that were occurring. This was attributed to the suitability of residents' new environment, which gave them space to spend time away from their peers, if they wished. A number of restrictive practices were in use at this centre and these were subject to regular reassessment and review by multidisciplinary teams. During this inspection, the inspector observed that some residents' fire evacuation plans included the use of restrictive practices as a last resort, to support residents to safely evacuate the centre. However, these had not been assessed for, or protocols put in place to adequately guide staff where such practices would be required.

The provider had a system in place for the identification, response and monitoring of risk at the centre. The centre's incident reporting system along with the regular interaction between the person in charge and staff, largely contributed to the timely response to risk at the centre. For example, following recent falls at the centre, the provider revised the supervision arrangements in place for one particular resident and the person in charge stated that this was working well in terms of maintaining this resident's safety when mobilising. However, some improvement was required to the documentation in place supporting the monitoring of organisational risk at the centre. For example, although the person in charge was regularly monitoring the effectiveness of the measures in place pertaining to risks relating to areas such as medication management, staffing, fire safety and behavioural management, risk assessments for these areas did not adequately reflect this.

The provider had a system in place for the assessment and re-assessment of residents' needs, as and when required. Personal plans were then developed to guide staff on the level of support that residents required based on their assessed needs. Where residents had assessed health care needs, the provider ensured that these residents received the care and support they required, particularly in the areas of falls management, skin integrity and palliative care. The provider was also very proactive in reviewing the changing health care needs of some residents, which ensured timely identification where these residents required additional support, resources or equipment. Residents also had access to a wide variety of allied health care professionals, as and when required. However, although the plan of care for some residents requiring palliative care included the use of oxygen therapy, the

provider had not ensured that this was prescribed for these residents.

Regulation 17: Premises

The centre was spacious, comfortable and nicely decorated. The design and layout of this centre meant that some residents had their own apartment with a bedroom, bathroom, kitchen and living area. All other residents had their own bedroom, access to the kitchen and dining area and multiple recreational rooms where they could spend time away from their peers if they wished. However, although the front door provided ramped access to residents who were wheelchair users, external exits in rooms that were used by residents who were wheelchair for a substantial amount of time during the day, were not wheelchair accessible.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, response and monitoring of risk at the centre. However, some improvement was required to the risk assessments in place supporting the monitoring of organisational risk at the centre. For example, monitoring of risks pertaining to areas such as medication management, staffing, fire safety and behavioural management.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of all residents and staff. Contingency plans were also in place, should an outbreak of infection occur at the centre. These contingency plans related to the isolation of residents and reducing staffing levels. The person in charge was very familiar with these plans and ensured they were subject to regular review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment systems, scheduled fire safety checks and was conducting regular fire drills. However, some improvements were required to the centre's fire procedure to ensure it provided clarity on the role of the centre's on-call system in supporting staff at night to evacuate residents. Furthermore, this procedure didn't adequately guide on the evacuation arrangements in place, should the downstairs fire exits become inaccessible to residents residing in upstairs accommodation. Residents' personal evacuation plans also required further review to ensure these adequately guided staff on what to do should some residents refuse to evacuate the centre in the event of fire. In addition, where residents who were wheelchair users predominately spent a large portion of the day in their own recreation room, the exits in these rooms did not provide ramped access, should a fire occur while residents were utilising these rooms.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place for the prescribing, administration and storage of medicines. Although the plan of care for some residents who required palliative care included the use of oxygen therapy, the provider had not ensured that this was prescribed for these residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had a system in place for the assessment and re-assessment of residents' needs, as and when required. Personal plans were then developed to guide staff on the level of support that residents required based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider ensured that these residents received the care and support they required, particularly in the areas of falls management, skin integrity and palliative care. Residents also had access to a

wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider ensured that these residents received the care and support that they had required. A number of restrictive practices were in use at this centre and these were subject to regular reassessment and review by multidisciplinary teams. During this inspection, the inspector observed that some residents' fire evacuation plans included the use of restrictive practices as a last resort. However, these had not been assessed for or protocols put in place to support staff which such practices would be required.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place for the safeguarding of residents from all forms of abuse. There were no safeguarding concerns in this centre at the time of this inspection.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Moorehaven Services OSV-0007838

Inspection ID: MON-0031682

Date of inspection: 08/02/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Following consultation with our Facilities manager and our Health & Safety officer, it has been agreed that a new external exit will be put in place from the bedroom area of one individual. A ramp will be put in place outside which will allow direct means of wheelchair access and egress.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A full review of all of the Designated Centre's Organisational risks relating to Fire, Staffing, Medication and Behaviour management is now underway. This review will involve input from Management, Health & Safety officer, Staff Team and members of MDT as required. This will provide greater clarity for the Person in Charge and all members of the staff team within the Centre.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 We have commenced a full review of each Individuals Personal Emergency Egress Plan (PEEP) and the Centre's Fire Emergency Evacuation Plan. This involves input from Health & Safety officer, Facilities manager, an External Fire Safety Consultant, The PIC and the Staff team.
 This review will help provide guidance documents which will clearly demonstrate to staff how to safely evacuate should a fire occur.
 Risk management around fire is being reviewed as outlined under Regulation 26.
 A new Fire exit and a ramp for wheelchair access & egress is being put in place as outlined under Regulation 17.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 We have reviewed the Individual Medication & Management System (IMARS) in consultation with the Individuals General Practitioner. Oxygen therapy is now prescribed correctly by the doctor and written into the IMARS.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 The Personal Emergency Egress Plan of one Individual which may require the use of a restrictive practice is being reviewed. Should the evacuation still require the use of a restrictive practice, then we will fully assess this and ensure that a protocol is in place to support staff with such practice, should it be required.

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(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/06/2021
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	Substantially Compliant	Yellow	24/04/2021

	risk, including a system for responding to emergencies.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	24/04/2021
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is	Substantially Compliant	Yellow	25/02/2021

	kept in the designated centre is stored securely.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	24/04/2021