



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

Name of designated centre:	Laurel Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	19 September 2018
Centre ID:	OSV-0004462
Fieldwork ID:	MON-0021882

## About the designated centre

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

Laurel Services is a service run by Brothers of Charity Services, Ireland. The centre provides a respite service for five male and female adults with intellectual disabilities. The centre comprises of two premises, one of which is located in a town in Co. Roscommon, while the other is located in a nearby village. Staff are on duty both day and night to cater for the needs of residents.

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

Current registration end date:	13/01/2019
Number of residents on the date of inspection:	3

## How we inspect

To prepare for this inspection the inspector or 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
19 September 2018	09:45hrs to 14:30hrs	Anne Marie Byrne	Lead
19 September 2018	10:30hrs to 14:30hrs	Ivan Cormican	Support

## Views of people who use the service

The inspectors met with three residents who avail of this respite service. These residents greeted the inspectors upon their arrival but did not engage in direct conversation with the inspectors about the care and support they receive. However, the inspectors did observe residents to interact well with staff and appeared very comfortable in the company of the staff members working in the centre.

Prior to this inspection, some residents were supported to complete a satisfaction questionnaire. These were reviewed by the inspectors and residents were found to give positive feedback on the care and support they receive in areas such as their living environment, visiting arrangements, food and mealtimes, staff support and on the variety of activities available to them.

## Capacity and capability

The inspectors found the provider had made improvements to the overall governance and management arrangements of this centre. However, some improvements were required upon this inspection to the centre's statement of purpose and rostering arrangements.

The person in charge was appointed to the role in June 2018 and during his interaction with the inspectors, he was found to have good knowledge of residents' needs and of his regulatory responsibilities. He had responsibility for two other centres operated by the provider and the person in charge told inspectors that the current governance arrangements supported him to have the capacity to fulfil his role as person in charge for this centre.

Staffing arrangements ensured that the number, qualifications and skill mix of staff was appropriate to meet the needs of the residents. Prior to the inspection, the registered provider applied to increase the bed numbers of this centre from five to seven beds and the registered provider demonstrated to inspectors how they planned to increase overall staffing levels to support the increase in bed numbers. Residents received continuity of care and staff attended regularly meetings, which facilitated them to discuss and raise concerns with senior management about the care received by residents. Effective training arrangements ensured staff were adequately supervised, received mandatory training and had access to refresher training courses, as required. Planned and actual rosters were in place; however, some improvements were required to ensure the names of staff working in the centre were at all times documented on the rosters.

There was a clearly defined management structure in place which identified the lines

of authority and accountability in this centre. The person in charge regularly met with the person participating in management in the management of this centre, which had a positive impact on the oversight of this service. The annual review and six-monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, plans were in place to address these. Since the last inspection, the provider made improvements to ensure residents' consultation in the development of the centre's annual review. A system was also in place for the reporting of incidents and the person in charge had ensured all incidents were reported to the Chief Inspector as required by the regulations.

There was a statement of purpose in place which was regularly reviewed. However, it required further review to ensure it accurately described some of the services delivered.

#### Regulation 14: Persons in charge

The person in charge was found to meet the requirements of regulation 14. They were found to have the capacity to fulfil their role as person in charge for this centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that adequate staffing levels were in place to meet the needs of the residents who avail of this service. Staff who spoke with the inspectors had a strong knowledge of residents' needs. A planned and actual roster was in place; however, it did not always identify the names of the staff members on duty.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that the service was regularly monitored and reviewed. Annual reviews and six monthly provider-led visits were occurring in the line with the requirements of the regulations. Clear lines of authority and accountability were also in place.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was statement of purpose in place which was regularly reviewed and accessible to residents and staff. However, the inspectors observed the statement of purpose required further review to ensure it accurately described the services delivered in relation to:

- a description of the rooms in the designated centre including their size and primary function
- any separate facilities for day care
- arrangements for dealing with complaints

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector in line with requirements of regulation 31.

Judgment: Compliant

### Quality and safety

Since the last inspection, the Chief Inspector issued the registered provider with a

notice of proposal to cancel the registration of this centre due to on-going non-compliance with fire safety. In response to this, the registered provider put in place a time bound plan to bring the centre back into compliance with regulation 28 by the 25th June 2018. On this inspection, the inspectors found that the registered provider had completed these works.

Effective behaviour support systems ensured that residents with behaviours that challenge received the care and support they required. Staff who spoke with the inspectors were found to be knowledgeable in how they were to support these residents. Safeguarding arrangements ensured that residents were safeguarded from abuse and the provider had systems in place to support staff to identify and report any concerns they had regarding the safety and welfare of residents.

The inspectors observed improved arrangements were in place for the assessment and regular review of residents' health, personal and social care needs. Social care arrangements ensured residents were supported to participate in activities of interest to them and residents had access to the staff support they required to take part in these activities. Residents were consulted on how they wished to spend their time and some residents were facilitated to have regular overnight stays at home with their families.

Prior to this inspection, the provider submitted an application to increase the foot print of this centre by adding an additional premises. This house was visited by inspectors and was found to provide residents with spacious sleeping and communal spaces. In response to the findings of the previous inspection, the person in charge told the inspectors that the centre was not operating at full bed capacity. This was found to have a positive impact on ensuring residents had access to adequate personal space and better the privacy and dignity arrangements during their respite stay. The inspectors found the centre provided residents with a comfortable and homely environment and the person in charge told inspectors of the plans in place to consult residents in the furnishing and decoration of the additional premise.

The centre was found to operate in a manner that supported and assisted each resident to develop the knowledge, self-awareness, understanding and skills needed to promote their independence. Residents had freedom of choice and systems were in place to ensure residents were involved in the running of the centre. However, the inspectors found some practices relating to the safeguarding of residents personal possessions to be inadequate. For instance; in premises that also provided day care services, the storage arrangements did not allow for residents availing of respite to securely store their personal possessions when they were not present in the centre. In addition, the provider had not made adequate arrangements to ensure residents had consented to the display of their photographs in premises that also functioned as a day care service.

The provider had ensured effective fire safety precautions were in place, including, regular fire drills, clear evacuation plans and regular checks of fire fighting equipment. Staff had received up-to-date training in fire safety and spoke confidently with the inspectors about their role in evacuating residents from the centre. Since the last inspection, the provider had completed up-grade works to the



fire detection and fire containment systems. Prior to this inspection, the provider informed the Chief Inspector that following assessment of these works, further fire up-grade works were required and funding was being sought to complete these works. Although there were regular fire drills occurring in this centre, the provider had not implemented a system to ensure that these drills ensured each resident who availed of this respite service regularly participated in fire drills. In addition, the provider had not made adequate means of emergency lighting for all premises.

The registered provider had a system in place for the identification, assessment and monitoring of identified risks. Positive risk-taking was promoted in the centre and risk assessments were in place to demonstrate the measures the registered provider had taken to maintain the safety of residents at all times. However, some improvements were required to these assessments, which were rectified by the person in charge prior to the end of the inspection.

A risk register was in place and was regularly reviewed by the person in charge. However, the inspectors observed improvements were required to the assessment and review of some organisational risks. For instance, in premises that also provided day care services, the provider had not assessed the risks associated with the privacy and dignity of residents who availed of respite services. In addition, the inspectors observed the risk assessments, in place for some organisation-specific risks, did not accurately describe the controls that the provider had in place to mitigate against these risks.

### Regulation 10: Communication

Where residents presented with assessed communication needs, the registered provider had arrangements in place to ensure these residents were supported and staff demonstrated a strong knowledge on each resident's preferred way to express their wishes.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and retained control of their personal property and that support was provided to them to manage their finances. However, further improvements were required to ensure residents in use of respite service in premises that also functioned as a day care service, had access to adequate space to securely store their personal property and clothes.

Judgment: Substantially compliant

## Regulation 17: Premises

The premises provided residents with a clean and comfortable living space. Inspectors visited the new premises and the person in charge told of how this additional premise would improve the personal space and privacy and dignity arrangements for residents. Through the addition of this new building, residents will have access to their own bedroom, increased living spaces and garden areas.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a system in place to identify, assess, respond to and monitor risks in this centre. However, some improvements were required to ensure the following were in place:

- Assessment of risks associated with the privacy and dignity of residents availing of respite in premises that also provided day care services
- Risk assessments to adequately identify the controls and additional controls in place to mitigate against organisational risks

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Although the provider had fire safety precautions in place, further improvements were required to ensure:

- each premises had emergency lighting arrangements in place
- fire drills to consider the participation of each resident in use of this respite service

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health,

personal and social care needs of each resident was carried out and reviewed on a minimum annual basis.

Judgment: Compliant

### Regulation 6: Health care

The person in charge had ensured that residents' healthcare needs were assessed on a regular basis and guidance was available to support staff in caring for the healthcare needs of these residents. Residents also had access to a wide variety of healthcare professionals, as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents presented with behaviour that challenges, the provider had arrangements in place to ensure these residents were supported and received regular review. Staff had received up-to-date training in the management of behaviour that challenges. Where restrictive practices were in place, these were assessed and guidance was available to staff on how to appropriately apply these.

Judgment: Compliant

### Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had ensured that each resident, in accordance with their wishes, participated in decisions about their care and support. Residents also had the freedom to exercise choice and control in their daily lives. However, the provider had not made adequate arrangements to ensure residents consented to the display

of their photographs in premises that also functioned as a day care service.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant

# Compliance Plan for Laurel Services OSV-0004462

Inspection ID: MON-0021882

Date of inspection: 19/09/2018

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The PIC has reviewed of all of the rosters within the Designated Centre, ensuring that the planned and actual rosters identify the names and grades of all staff on duty.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The PIC has further reviewed the Statement of Purpose ensuring it accurately describes the services delivered.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The PIC will put arrangements in place to ensure that people supported have access to adequate space to securely store their personal belongings.</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>All risk assessments have now been reviewed and the necessary control measures have</p>	

been put in place.

There is a Transitional plan in place to change the location of the current respite service. On transitioning to the new premises all persons supported will avail of separate bedrooms. |

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Additional emergency lighting has been installed.

Fire drills have been scheduled to ensure that all people supported have the opportunity to take part in fire drills. |

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

People supported who receive respite care have consented to the display of their photographs in the premises, which also serves as a day service.  
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## 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 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	31/12/2018
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	30/09/18
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	30/09/18
Regulation	The registered	Substantially	Yellow	19/10/18

28(2)(c)	provider shall provide adequate means of escape, including emergency lighting.	Compliant		
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/18
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2018
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	05/10/2018