



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

Name of designated centre:	Holly Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	02 October 2018
Centre ID:	OSV-0004694
Fieldwork ID:	MON-0021094

About the designated centre

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

Holly Services is a residential service which is run by Brothers of Charity Services, Ireland. The centre caters for the needs of five female and male adults who have an intellectual disability. The centre comprises of two houses, one of which is located on the outskirts of a town in Co. Roscommon, and the other house is located in a village in Co. Roscommon. Staff are on duty both night and day to support residents living in this centre.

The following information outlines some additional data on this centre.

Current registration end date:	04/01/2019
Number of residents on the date of inspection:	5

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
02 October 2018	08:30hrs to 13:30hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector met with three residents who live in this centre and these residents spoke with the inspector about the care and support they receive. Residents spoke positively about a recent holiday they went on, local committees they were apart of and of the friendship they had with the peers they lived with.

Residents also told the inspector that they were supported to live the lives they wanted to live, with some residents having pets that they looked after in the centre, others held employment and others participated in national forum groups. Residents said they were very happy in the centre and felt safe.

Prior to the inspection, residents were supported to complete satisfaction questionnaires, if they wished. These were reviewed by the inspector and residents commented positively on areas such as social care, food and nutrition, their living environment and on the support they received from staff.

Capacity and capability

The inspector found the provider had satisfactorily completed the actions from the last inspection, with improved governance and managements arrangements now in place.

The centre was resourced to ensure the effective delivery of care and support to residents that lived there. There was a clearly defined management structure which supported the oversight of all areas of service provision. The person in charge had the overall responsibility for this centre and she was supported by the director of services in managing it. The person in charge had the capacity to visit this centre each week to meet with staff and residents and was found to have good knowledge of her regulatory responsibilities. The annual review and six monthly unannounced provider-led visits were occurring in line with the requirements of the regulations and where areas for improvement were identified, these had been addressed.

The registered provider had ensured that the number, qualifications and skill-mix of staff working in the centre was appropriate to the assessed needs of residents. Residents received continuity of care and told the inspector that they were very familiar with staff and appeared comfortable in the company of staff working in the centre. Effective training and supervision arrangements ensured that staff received up-to-date mandatory training and regular supervision from their line manager. Staff attended regular meetings with the person in charge, which facilitated changes occurring in the organisation to be discussed. Although there was a planned and

actual roster in place, it wasn't always clear what staff were on duty to cover times of staff annual leave. This was brought to the attention of the person in charge who rectified this on the day of the inspection.

The statement of purpose was found to contain all information as required by Schedule 1 of the regulations.

Regulation 14: Persons in charge

The person in charge met the criteria as set out in regulation 14. She was responsible for other centres run by this provider, but had the capacity to fulfill her role as person in charge for this centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured adequate staffing levels were in place to meet the needs of residents living in this centre. Planned and actual rosters were in place to identify the names of staff working in the centre and their start and finish times.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received up-to-date mandatory training and a refresher training programme was also available, as required. A system was in place to ensure all staff received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had systems in place to monitor and review the care delivered to residents. The annual review and six monthly provider-led visits were occurring in line with the requirements of the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was found to contain all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to record incidents as they occurred in the centre. A sample of incidents occurring in the centre was reviewed by the inspector, which identified that the person in charge had notified the Chief Inspector of all incidents as required by the regulations.

Judgment: Compliant

Quality and safety

Residents who lived in the centre had a good quality of life, they were safe and able to actively pursue and participate in a range of interests they enjoyed.

Since the last inspection, the registered provider had made improvements to the systems in place for medication management, risk management, fire safety and healthcare.

Where residents had assessed healthcare needs, staff spoke confidently about how they were required to support these residents. Clear guidelines on the support these residents required were also in place and residents were supported to have an active role in the management of their own healthcare needs. For example, where residents presented with specific neurological care needs, they were supported to keep their own emergency medicines with them when accessing the community.

Effective positive behaviour support arrangements ensured that residents with behaviour that challenges received regular reviews. Clear guidelines on how to support these residents were available to staff, as required. Staff spoke of the specific behaviours some residents presented with and were knowledgeable in how they were required to respond to and support residents when these behaviours presented. Restrictive practices were assessed and managed in line with the centre's

procedures.

Residents enjoyed access to a wide variety of activities and had the staff support available to them to participate in activities of their choice. Some residents told the inspector that they had just returned from holidaying abroad and that they also attended recent Papal celebrations in Dublin. Some residents were actively involved in their local community through tidy towns committees and regularly accessed local public houses and shops. Other residents told the inspector of employment they held, while other residents told of their involvement in national advocacy groups. In response to the interests of some residents, the provider had changed the functions of some rooms in the centre to accommodate residents' interests in playing and listening to music.

The centre comprised of two houses, which provided residents with their own bedrooms (some of which were en-suite), shared bathrooms, dining and kitchen areas, sitting rooms, music rooms and activities rooms. Each house provided residents with access to front and rear garden spaces. Residents' bedrooms were personalised to their own interests and the centre was found to provide residents with a homely environment to live in. During the course of the inspection, residents were observed to access with ease all areas of the centre.

The provider had systems in place to assess, manage and review risks and the inspector observed good practice in the management of risks associated with residents who sometimes independently accessed the community or stayed on their own in the centre for short periods. However, some improvements were required to the risk assessments in place to manage risks associated with positive risk-taking activities and subsequent to the inspection, written assurances were provided to the inspector that this was rectified.

Since the last inspection, the provider had made improvements to the centre's fire containment and fire detection systems. The outcome of fire drills demonstrated that residents and staff could effectively evacuate the centre. In response to the needs of residents, the provider also ensured fire drills were occurring more frequently with these residents to support them in understanding how to respond to a fire in the centre. Staff spoke with confidence about how they were required to support residents to evacuate the centre and all staff had received up-to-date training in fire safety. Although there was some emergency lighting available in the centre, it did not adequately ensure that residents and staff would be guided to all fire exits in the event of a fire in the centre.

Improvements were also observed to medication management arrangements, with residents being supported to take responsibility for their own medications, following an assessment of their capacity to safely do so.

Regulation 10: Communication

The registered provider had ensured that each resident was supported at all times

to communicate their wishes. Residents had access to internet, television and radio and were supported to use assistive technology, as they wished.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have visitors in their home as they wished. There was adequate space in each centre for residents to meet with their visitors in private.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had provided residents with opportunities to participate in activities of interest to them and support to maintain personal relationships and links with their communities.

Judgment: Compliant

Regulation 17: Premises

Both houses in this centre were found to provide residents with a homely and comfortable environment to live in. Both houses were also found to be in a good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that systems were in place for the assessment, management and on-going review of risks.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had fire safety precautions in the place in this centre. However, some improvement was required to emergency lighting arrangements.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that following risk assessment and assessment of capacity, each resident was encouraged to take responsibility for their own medicines.

Judgment: Compliant

Regulation 6: Health care

Where residents presented with assessed healthcare needs, clear guidelines were in place to guide staff on the support these residents required each day. Residents also had access to a variety of allied healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured staff had up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. Where restrictive practices were in use, clear guidelines were in place to support staff in their appropriate application.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted and supported

to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. All staff had received up-to-date training in safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Holly Services OSV-0004694

Inspection ID: MON-0021094

Date of inspection: 02/10/2018

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: An Emergency light has now been installed.	

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 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	12/10/2018