



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

Name of designated centre:	Saoirse
Name of provider:	Saoirse
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	03 July 2018
Centre ID:	OSV-0004767
Fieldwork ID:	MON-0024283

## About the designated centre

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

The provider is required by regulation to produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which "makes every effort to provide each resident with a safe, homely environment which promotes independence and quality care based on the individual needs and requirements of each person". The mission of the Brothers of Charity, as set out in its statement of purpose, is "to support and promote the well-being and dignity of each individual in its service". It aims to achieve this by "person centred planning that supports life choices of service users". Accommodation is in bungalow type, single storey houses. Between one and seven residents occupy each house or apartment. Each house/apartment has a sitting room, kitchen, single occupancy bedrooms, sanitary facilities and laundry facilities. The centre is part of a congregated campus setting for people with intellectual disabilities. The campus consists of 15 bungalow style houses. The 15 houses are grouped under three separate centres and each centre had a person in charge. The service is available to both male and female residents. Residents could avail of the on-site services such as day services, swimming pool, gym, church and multidisciplinary team support.

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

Current registration end date:	31/01/2021
Number of residents on the date of inspection:	25

## 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
03 July 2018	10:00hrs to 18:30hrs	Margaret O'Regan	Lead

## Views of people who use the service

The inspector met with 12 of the 25 residents who resided in this centre. Some residents communicated verbally and others in a non verbal manner. The inspector observed and interacted with residents and was satisfied that residents felt secure in their environment. Given that the inspector had a number of previous visits to this centre, many of the residents were known to the inspector and vice versa. The inspector noted improved health for a number of residents and noted other changes in their lives. As found on previous inspections the inspector was aware of the positive interactions that took place between residents and staff. Staff changes had taken place since the last inspection and overall this appeared to bring new energy and ideas on how care and social integration could be further progressed. Staff were able to interpret resident's signals, needs and preferences. Residents were seen to be relaxed in the company of staff and expressed their happiness by greeting the inspector, chatting with staff and smiling at staff. There was a calm atmosphere in the houses throughout the day of inspection. Many residents were out and about enjoying the good weather or visiting family. Residents were observed relaxing in their gardens.

## Capacity and capability

The inspector was satisfied that the provider had the capacity and capability to deliver a safe and quality service. There were effective leadership, governance and management arrangements in place with clear lines of reporting responsibilities.

The person in charge was an experienced professional with the skills to manage the centre. She displayed commitment, knowledge and enthusiasm for her role. She was involved in the operational management of the centre on a consistent basis. The person in charge was supported in her role by three clinical nurse managers and a regular cohort of staff who were familiar with the individual needs of residents. In addition the person in charge had support from the senior management team.

The provider applied under section 52 of the Health Act for a variation of two conditions of the centre's registration. The first variation request was to increase the occupancy from 26 to 27 residents. The second variation request was for a six month extension to the time frame for completion of the upgrading of the fire detection system and the upgrading of the emergency lighting.

The centre had been registered in January 2018 on condition the fire detection and emergency lighting systems would be upgraded and the work completed by 30th June 2018. The completion of the work was taking longer than anticipated and the

31st December 2018 was given by the provider as the revised date for completion of these works. In the interim, the provider submitted, as part of the application to vary, assurance from an external fire consultant confirming that the fire detection systems currently in place and the staff practices currently in operation provided adequate fire safety arrangements until the upgrading works were complete.

The provider submitted the appropriate documentation and reasons for requesting both variations. Also included in the application were details of the structural changes to take place to accommodate the extra resident. The inspector viewed these changes on the floor plans submitted, as part of the on site inspection and discussed them with the person in charge and the person nominated to represent the provider. The inspector was satisfied that the increase in bed numbers was reasonable, met residents' needs and would not compromise the service provided to current residents.

Neither of these variations would necessitate or incur any managerial staff changes.

Annual reviews were conducted by the provider. The provider also carried out six monthly unannounced visits to the centre. Recommendations were made from these visits and the inspector noted actions were taken to address the recommendations. There was good facilitation for staff to raise suggestions for improving the quality and safety of the centre.

The centre has an ongoing issue with securing adequate resources to provide appropriate physical facilities. Nonetheless, some upgrading of the centre had been completed such as soundproofing in apartments and further works were underway. The inspector was informed plans were in place for further upgrading and a budget allocated for this work.

There was a low staff turnover albeit staff did transfer between the houses. These internal transfers were managed by the person in charge.

The premises was adapted to meet the needs of residents; for example, houses were altered to provide single occupancy self-contained apartments for residents who benefited from living on their own. However, further improvements were needed, in particular with regards to maintenance. For example, in the house where the extra resident was expected to be accommodated, the floor covering in the newly adapted bedroom and the floor covering in the communal areas was in a poor state of repair. This matter needed to be addressed prior to the admission to avoid disturbing a newly admitted resident. The inspector was informed of plans to further develop garden areas. These garden areas were a key part of providing an appropriate environment for residents.

The centre had an organised programme of staff training in place. This was organised by the person in charge who kept up to date records of such training. Overall, records and documentation was easy to retrieve and legible.

The inspector was satisfied to recommend granting the variations in conditions requested by the provider.

## Registration Regulation 8 (1)

The inspector was satisfied that the application to increase bed numbers was reasonable, met residents' needs and would not compromise the service provided to current residents. The inspector was satisfied the new proposed time frame for completion of fire safety works was reasonable and was reassured by the fire safety specialist's reports, stating that satisfactory interim fire safety arrangements were in place.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge was an experienced professional with the skills and capacity to carry out her functions effectively.

Judgment: Compliant

## Regulation 15: Staffing

There were sufficient staff numbers on duty with the appropriate skill mix.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were supported to avail of training relevant to the needs of residents who they were providing support to.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure. The structure in place provided good leadership, guidance and support for residents, staff and relatives. Annual

reviews were conducted by the provider. The provider also carried out six-monthly unannounced visits to the centre. Recommendations were made from these visits and the inspector noted actions were taken to address the recommendations. There was good facilitation for staff to raise suggestions for improving the quality and safety of the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was kept up to date and submitted to HIQA.

Judgment: Compliant

## Quality and safety

People living in this centre were facilitated to exercise their rights and their independence was promoted. The approach to care was individual. Staff were respectful in their communication with residents, in how interventions were documented and in how they referred to residents. Staff displayed an enthusiasm and commitment to their work.

There were written assessments and plans in place. These plans were reviewed regularly. The plans were reflective of the resident's needs. .

The inspector met with 12 residents who, in so far as could be ascertained, indicated their satisfaction with the service provided by being relaxed and engaging in activities.

The person in charge addressed issues impacting on residents' safety and protection. There was evidence that when issues arose around safety matters they were risk assessed and risks escalated where needed.

Overall, there were good provisions for healthcare and good assessments of healthcare. The organisation benefited from having specialist age relating nursing care expertise. A suite of services were available to residents in supporting their needs. These included services from the Brothers of Charity Services such as physiotherapy, occupational therapy, psychology, dietetics and speech and language therapy.

Each resident's privacy was respected, with residents having their own rooms. These rooms were decorated according to individual preferences. There was reasonable flexibility in the centre and outings took place in line with residents preferences on



any given day. There was scope to further extend the social programme of care as many individuals would appear to benefit from a greater level of one to one support.

One resident transferred to this house in the weeks prior to inspection. The inspector noted the transfer arrangements were being closely monitored and overall were working satisfactorily. Detailed transition notes were in place for the resident who transferred.

There was frequent review of residents' medications. From discussions with staff and from examination of the records, it was evident that a culture of examining alternatives to medicines was employed.

### Regulation 17: Premises

Parts of the premises was in a poor state of repair. For example, flooring was damaged in a bedroom and in communal areas.

Judgment: Not compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge ensured that residents received support as they transitioned between residential services.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had good risk management procedures. Risks were assessed as appropriate and measures put in place to minimise the risk.

Judgment: Compliant

### Regulation 28: Fire precautions

As identified on previous inspections, the fire detection system was in need of upgrading. A plan was in place to address this along with upgrading the emergency lighting system. However, at the time of inspection this upgrading work was

incomplete.
Judgment: Not compliant
<b>Regulation 6: Health care</b>
There were improvements in health outcomes for residents. Such improvements had a positive impact for residents quality of life.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Residents were supported by experienced and knowledgeable staff to be as independent as possible. This included staff having good insights into residents needs and behaviours. Staff were trained in supporting resident sin positive behaviour management.
Judgment: Compliant
<b>Regulation 8: Protection</b>
Staff were familiar with the process of reporting any concerns in relation to abuse. The designated officer followed up on any such concerns.
Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Compliant
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
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Saoirse OSV-0004767

Inspection ID: MON-0024283

Date of inspection: 03/07/2018

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Floor in new bedroom will be upgraded by 31<sup>st</sup> August 2018</li> <li>• Communal floor in Ashgrove 31 will be upgrade by 31<sup>st</sup> October 2018</li> <li>• Communal floor in Garden View Apartments will be upgraded by 31<sup>st</sup> October 2018</li> <li>• Garden Area will be upgraded with new fence by 31<sup>st</sup> October 2018</li> <li>• Individualized Apartment is being developed for one resident to meet his specified needs.</li> <li>• Upgrades to premises in Saoirse will continue on a prioritized basis based on needs of residents.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Fire Safety system will be upgraded to required certified standard by 31<sup>st</sup> December 2018. This is being overseen by Fire Safety Engineer.</li> <li>• Fire Safety Engineer is currently finalizing specification for this upgrade.</li> <li>• Emergency lighting will be upgraded to required certified standard by 31<sup>st</sup> December. This is being overseen by Fire Safety Engineer.</li> <li>• Ashgrove 31 will be compartmentalized by 31<sup>st</sup> August 2018 as part of upgrade works taking place.</li> <li>• As outlined in the letter from the Provider to HIQA on 27th October 2017 resources in respect of funding Phase II fire upgrade works have not been made available. However we continue to seek the appropriate resources required.</li> </ul>	



## 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(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Yellow	31 <sup>st</sup> October 2018
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31 <sup>st</sup> December 2018