



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

Name of designated centre:	Deer Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	20 February 2018
Centre ID:	OSV-0004936
Fieldwork ID:	MON-0021017

## About the designated centre

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

Deer Services supports six male and female adults with mild to moderate intellectual disabilities who do not need complex medical or physical support. This is a full-time residential service that operates for 46 weeks of the year and provided services to residents from 18 years of age to end of life. The physical design of the building renders it unsuitable for use by individuals' with complex mobility needs or wheelchair users.

Deer Services is made up of two houses in residential areas on the outskirts of a rural town. The houses are in central areas and are close to the town amenities. Both are two-storey houses with gardens. All residents in the centre have their own bedrooms. Residents are supported by a staff team that includes a team leader, social care workers and care assistants. Staff are based in the centre when residents are present and staff sleep over in each house at night to support residents.

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

Current registration end date:	31/08/2018
Number of residents on the date of inspection:	6

## 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
20 February 2018	09:30hrs to 18:00hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met with four of the six residents who lived in this centre. These residents talked about the care and support that they received there.

Residents spoke highly of the service and care provided. Residents commented that the staff looked after them well, that they felt well cared for and that staff always supported them to do things that they wanted to do. They talked about the variety of opportunities available to them, including day services, going to entertainment events, a local gym, participation in community groups, taking holidays and having employment.

One resident spoke of trusting the staff and explained who was in charge and who to tell in the event of any concern or worry. The inspector observed that residents were comfortable together and in the presence of staff, and residents confirmed this to be the case.

## Capacity and capability

There were effective governance and management arrangements in place which ensured that the service received by residents living in the centre was safe and of a good quality.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of safety, care and support being provided to residents living in the centre. Six-monthly audits of the service were being carried out on behalf of the provider. These indicated a high level of compliance but any issues identified had been addressed to improve the service. Staff carried out regular audits, including audits of residents' finances and medication management.

There were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs including their activity programmes. Rosters confirmed that this was the normal staffing level and residents told the inspector that staffing arrangements ensured that they were able to take part in the activities that they enjoyed and preferred.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. There was also a range of policies, including all the required schedule 5 policies to guide staff in the delivery of a safe and appropriate service to residents. There was a team leader based in the centre who worked closely with staff and residents. The person in charge was based nearby but was also involved in the management of the centre. Throughout this registration cycle the inspector had found the person in charge to be very familiar with residents' care and support needs. There were effective cover arrangements in place to ensure that staff were adequately supported in the absence of the person in charge.

There were safe and effective recruitment practices in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. The provider ensured that all staff had Garda Síochána vetting in place as a primary safeguarding measure for ensuring that residents were safe and protected from abuse.

The provider had measures in place to review and evaluate risks and for the recording and review of adverse incidents and complaints. There had been a low level of accidents, incidents and complaints and there had been no serious accidents involving residents.

Since the last inspection, the provider and management team had introduced measures to strengthen the governance of the service and to continue to improve the quality of service to residents. Some of these improvements included the development of a more comprehensive and informative annual review, which was also presented in a format accessible to residents.

## Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. She was very knowledgeable regarding the individual needs of each resident. There were deputising arrangements in place to cover the absence of the person in charge and these were found to be effective. During this inspection the person in charge was on annual leave, but her role had been covered by a suitably qualified person who had an in-depth knowledge of the residents in the centre and their required supports.

Judgment: Compliant

## Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the management team and these were accurate at the time of inspection. Furthermore, the provider's recruitment process ensured that all staff documentation required under Schedule 2 of the Regulations had been obtained.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, manual handling, behaviour support and safeguarding - in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits, staff supervision, availability of operational policies and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the fees to be charged, what was included in the fees and most of the required information about the service to be provided. However,

some details of the service to be provided to each resident were not shown in sufficient details and were, therefore, unclear.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations. However, it did not clearly state some of the information required by the regulations. The statement of purpose was being reviewed annually by the management team.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

All policies required by Schedule 5 of the Regulations were available to guide staff. Most of the policies were up to date; however, some policies had not been reviewed at intervals not exceeding three years.

Judgment: Substantially compliant

## Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices. However, part of the centre required improvement to general maintenance and cleaning.

To support residents to express their choices and views, weekly house meetings were held where residents discussed these with staff. Arrangements were then put in place to ensure that these preferences were met. The inspector noticed that staff also discussed views and preferences with residents on an ongoing basis during the inspection and that they were supported to do the things they wished to do on



the day.

Residents' quality of life was prioritised by the systems in the centre - and their rights and choices were supported. The inspector could see that residents were out and about in the community and they confirmed that they enjoyed this. Residents told the inspector about things that they liked to do and how they were supported to do these. Residents talked of social events, going for holidays, voluntary and fund raising projects, community involvement and of having employment in local businesses. Residents told the inspector that the organisation had recently organised a Valentines Day Ball that was attended by residents and others from the local area. Residents spoke of how they had enjoyed the night and showed the inspector photographs of the event.

Overall, the centre suited the needs of residents. As both houses were centrally located residents had very good access to the local amenities, and could walk to the town centre if they chose to. All residents had their own bedrooms. The rooms were decorated to residents' preferences and there was adequate furniture such as wardrobes, bedside lockers and chests of drawers for residents to store their clothing and belongings. All residents had access to keys to their bedrooms and could lock their doors if they chose to. Part of the centre was warm, clean, comfortable and suitably furnished. However, some rooms in the centre required improvement, as they were not being suitably cleaned and maintained. These areas were not comfortably furnished and paintwork required to be cleaned or upgraded. This reduced the comfort of residents using these areas.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers and the fire alarm system. Staff also carried out a range of fire safety checks. The fire evacuation procedure was displayed, staff had received formal fire safety training and effective fire evacuation drills involving residents and staff were carried out. Other risks in the centre had been identified and control measures were in place to manage risks.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. Recommendations from multi-disciplinary supports were included in residents' personal plans to ensure that the plans were comprehensive. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own personal plans. In a sample of personal plans viewed, the inspector found that progress in achieving personal goals was being well recorded and that many of the goals had been achieved.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider. Other services, such as

chiropractic, dental and optical services, were arranged in the local community. Plans of care were developed for residents which identified their specific healthcare needs. This ensured that residents' healthcare requirements were identified, and that plans were in place to ensure that this care was appropriately delivered.

There were safe medication management processes in place to protect residents from the risk of medication errors. All residents had been assessed for suitability to take control of their own medication. All residents were involved in the management of their own medication with the required level of support from staff, as identified by the risk assessments. Since the last inspection a new format of medication recording had been introduced. This system was clear, colour coded and easy to follow and reduced the risks of medication errors.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

### Regulation 13: General welfare and development

Suitable support was provided to residents in line with their individual choices and interests, as well as their assessed needs as described in their personal plans. Residents took part in, and enjoyed, a range of social and developmental activities both at the centre and in the community. Residents were taking part in employment, community projects and training courses.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and generally met residents' individual and collective needs. The centre is comprised of

two houses, one of which was clean, comfortably furnished and well decorated. However, one house was not suitably decorated or maintained. In addition, parts of this house were not kept in a clean and hygienic condition.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed and reflected staff practices and knowledge. Personal emergency evacuation plans had been developed for all resident.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills involving residents and staff and individualised emergency evacuation plans for all residents.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe practices in the centre for the storage and administration of medication. All staff had received training in the safe administration of medication and there was an up-to-date policy to guide practice. An assessment of capacity for self-administration of medication had been carried out for each resident. All residents took control of their own medication administration with the required support from staff. Most residents had also received training in safe administration of medication.

Residents had access to the services of a pharmacist in the local area.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the resident or their representatives, were being held. Residents' personal goals and plans, both social, health and developmental, were decided at these meetings and these were made available to residents in an easy-to-read format. Clear records of residents' personal goal planning were kept - these included specific time frames, named supports and progress updates in achieving the goals.

Judgment: Compliant

### Regulation 6: Health care

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

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. All staff had attended training in relation to the management of behaviour that challenges. Behaviour support plans had been developed when required, with input from a psychologist and behaviour support specialist. These plans were being implemented and there had been limited occurrences of incidents arising from behaviour that challenges.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were protected and promoted. Residents were treated in a dignified manner and in a way that maximised their choice and independence. Residents were consulted in how they lived their daily lives and in how the centre was run. In addition, residents had access to advocacy services and information regarding their rights.

Judgment: 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Deer Services OSV-0004936

Inspection ID: MON-0021017

Date of inspection: 20/02/2018

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>On review of regulation 24 we have measures in place to ensure full compliance. For 24(4)(a) the fees for the service in question has been added to the service level agreement.</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 statement of purpose has been reviewed and updated to include all information in Schedule 1. A copy is available to all residents and their representatives.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The organisation's policy review group will review all of the outstanding policies requiring review as set out in Schedule 5 to ensure that they are up to date.</p>	



Regulation 17: Premises	Substantially Compliant
<p data-bbox="172 208 1340 241">Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p data-bbox="172 286 1436 432">We have reviewed regulation 17 and are in compliance with the regulation apart from Section 17(1)©. The area identified has been thoroughly cleaned and a system has been introduced to ensure that this standard is maintained on an ongoing basis. New decorations have been purchased and are in place with further items ordered.</p>	

## 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)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	11/05/2018
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	22/04/2018
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	22/04/2018
Regulation 04(3)	The registered	Substantially	Yellow	28/05/2018

	provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Compliant		
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