



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

Name of designated centre:	Seirbhis Radharc Arainn
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	10 December 2018 and 25 January 2019
Centre ID:	OSV-0004955
Fieldwork ID:	MON-0021934

About the designated centre

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

Seirbhís Radharc Árinn provides a respite and full-time residential service to nine residents of mixed gender with a mild to profound intellectual disability and or autism. The service is provided to people from 18 years of age to end of life. The service can accommodate people who present with complex needs such as physical, medical, mental health, mobility, communication and or sensory needs. A service is not provided to individuals with complex mobility needs or people who use wheelchairs. Residents are supported by a staff team that includes social care leaders, social care workers and care assistants. Staff are based in the centre during the day and at night-time to support residents. Seirbhís Radharc Árinn is made up of two rural houses close to a village in a coastal area. One house is separated into three self-contained dwellings, while the other house's design and layout incorporates separate accommodation for one person.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
10 December 2018	11:15hrs to 16:50hrs	Jackie Warren	Lead
25 January 2019	09:40hrs to 14:45hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with five residents who lived in this centre.

Some residents did not speak with the inspector. However, the inspector observed that all residents were comfortable, relaxed, and happy in the company of staff, and in their environment. The inspector also observed that staff supported residents' involvement in the community and in activities that they were interested in.

The inspector also read questionnaires that had been completed on behalf of residents. Overall, the questionnaires expressed a high level of satisfaction with life in the centre, staff and the overall service. Staffing was identified as an area for improvement in one questionnaire, and this was reviewed as part of the inspection process.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a good standard of care, support and safety being provided to residents living at the centre. Six-monthly unannounced audits of the centre's practices were being carried out by the management team. The most recent audit showed a good level of compliance, and audit findings were being addressed in a timely manner.

While the person in charge had overall responsibility for the management of the centre, the provider had recently recruited a team leader to support the person in charge. The team leader was based in the centre, had responsibility for the day-to-day running of the service, and worked closely with the person in charge. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had previously identified that the staffing arrangements in the centre

required improvement and had introduced measures to address this deficit. Additional staff had been recruited which ensured that there were sufficient staff available to support residents. On both days of inspection, the inspector observed and staff confirmed, that there were sufficient numbers of staff to support residents' assessed needs, including their daily activities programmes, community involvement, and taking part in activities that they enjoyed.

The provider had ensured that the centre was suitably insured.

The provider had applied for renewal of registration of the centre. While most of the required information had been submitted to support the application; some of the information received was not suitable. The statement of purpose also required review.

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. The person in charge was knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection, staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed by the person in charge and these were accurate at the time of inspection. The provider had identified that the staffing of the centre required improvement, and had taken appropriate measures to address this. The provider had recently recruited additional staff to ensure that the requirements of the staff roster were being met, and that residents' health and social care needs could be suitably delivered.

Judgment: Compliant

Regulation 16: Training and staff development

Although a wide range of training was being delivered to staff, some staff had not

received some updated mandatory training in fire safety and manual handling in-line with the organisation's policy.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived, or received respite services in the centre.

Judgment: Compliant

Regulation 21: Records

Records detailed in schedule 3 and 4 of the regulations were being retained in the centre. Overall, the records viewed were of a high standard and were securely managed. However, some records were not recorded in sufficient detail, and did not reflect the knowledge of residents' care that staff could clearly demonstrate. Food records were not being retained in sufficient detail as required by schedule 4 of the regulations.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

Overall there were arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. The provider had identified that the management structure, however, was not fully effective at the start of

inspection. This impacted on the completion of scheduled audits in part of the centre, and as a result some issues that required improvement has not been detected by the person in charge. The provider had identified this deficit and on the second day of inspection it had been addressed by the recruitment of additional management staff to work in each house in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service, and these had been agreed with either the residents using the service or their representatives.

Judgment: 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 person in charge.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were measures in place to ensure that residents were aware of and understood the complaints process. There was a process for the management, recording, and investigation of complaints.

Judgment: Compliant

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the prescribed documentation for the renewal of the designated centre's registration to the Chief Inspector. However, some of the documents submitted were unsuitable as they did not include the required information.

Judgment: Substantially compliant

Quality and safety

Overall, the quality and safety of the service received by residents was of a high standard and residents were supported to enjoy a good quality of life. The inspector found that residents received care and support which was person centred in nature and supported them to take part in activities that they enjoyed on a daily basis. The provider's practices further ensured that the resident's well-being was promoted at all times and that they were kept safe.

The centre suited the needs of residents. The two houses were spacious, clean, comfortably furnished, and equipped to meet residents' needs. All residents in shared houses had their own bedrooms, and could lock their doors if they choose to. Some residents had individualised accommodation within the houses.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. 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. In a sample of personal plans viewed, the inspector found that progress in achieving personal goals was being well recorded and that the goals were being achieved.

Residents were supported to spend their days in a manner that was meaningful and purposeful for them. Home based and day service activity programmes were available to suit the needs and preferences of all residents in the centre. Arrangements were in place to support residents to enjoy active lifestyles and to learn new skills. These included art, swimming, gardening, outings, and involvement in day-to-day household tasks.

The provider had ensured that residents had access to medical and health care services and that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Health care services including speech and language therapy, physiotherapy, psychology and behaviour support were supplied by the provider. Plans of care were developed for residents' which identified their specific health care needs. This ensured that residents' health care requirements were identified, and that plans were in place to ensure that care

was appropriately delivered.

Overall, residents had involvement in choosing, shopping for and preparing their own food. In addition, residents' weights were being monitored regularly and suitable foods were provided to meet their assessed needs. However, the arrangements for access to food and snacks required some further review.

The provider had systems in place to ensure that residents were safeguarded from all forms of abuse. There was a safeguarding policy in place, all staff had received safeguarding training and the service of a designated safeguarding officer was available. This ensured that staff had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect. There was evidence that any allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interaction with residents was observed to be person centred and respectful in nature. Systems, including training, were also in place to ensure that any behaviour management issues that might arise were managed appropriately and safely.

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

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Suitable support was provided to residents in-line with their individual choices, interests and 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, at day services and in the community. Residents were supported to actively participate in social events, be involved in their local community, undertake household tasks and attend training courses.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was comfortably furnished and decorated, clean, suitably equipped, and well maintained both internally and externally.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose and took part in shopping for their own food. Suitable foods were provided to suit residents' needs and preferences. However, further assessment was required around the free access to refreshments and snacks to a resident.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable easy-read format. Information relevant to residents was also provided in central areas in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents. These were based on each resident's assessed needs and were made available to residents in a user-friendly

format. Residents' personal goals were agreed at annual personal planning meetings, and staff supported residents to achieve these 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.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. Behaviour support plans had been developed when required in consultation with a behaviour support specialist, and these plans provided clear guidance to staff. All staff had also received training in behaviour management support.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse. These included a safeguarding policy, training for all staff and the services of a designated safeguarding officer.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Seirbhis Radharc Arainn OSV-0004955

Inspection ID: MON-0021934

Date of inspection: 10/12/2018 and 25/01/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In accordance with Regulation 16 (1) (a) Mandatory Trainings identified have been fully refreshed for all staff in the Designated Centre.</p> <p>The Person in Charge has scheduled reviews on a quarterly basis to update the training matrix and book required training refreshers and other available trainings.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>In accordance with Regulation 21 (1) (c) The Person in Charge, Team Leaders and staff teams have reviewed documents specified in Schedule 4 and care plans in place to ensure where care plan recordings are required regularly, that these are being carried out consistently. Records of the food provided for residents are now being completed in sufficient detail.</p> <p>Record completion was discussed at a team meeting following the inspection.</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>In accordance with Regulation 03 (1), the Person in Charge has reviewed the Statement of Purpose and ensured that all information as outlined in Schedule 1 is included in the document. The updated Statement of Purpose has been submitted to the HIQA Registration team.</p>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>In accordance with Registration Regulation 5 (2), the Provider has reviewed the required information for registration and the correct documents have been submitted to the HIQA Registration team.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>In accordance with Regulation 18 (4) the Person in Charge has reviewed resident's access to refreshments and snacks and this is now in place. The Team Leader and Person ensure that this occurs daily and it will also be discussed at upcoming Team Meeting.</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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	15/02/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	14/02/2019
Regulation 18(4)	The person in charge shall ensure that residents have	Substantially Compliant	Yellow	25/01/2019

	access to meals, refreshments and snacks at all reasonable times as required.			
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	13/02/2019
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	18/02/2019