



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

Name of designated centre:	Burren Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	08 January 2019
Centre ID:	OSV-0004990
Fieldwork ID:	MON-0021935

About the designated centre

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

Burren Services provides a full time residential service to ten male and female adults with severe intellectual disability and physical disabilities. This may include complex needs such as physical, medical, mental health, communication, mobility and or sensory needs. The age range of the people supported is 18 years to end of life.

The centre comprises of two adjacent houses in a rural area. Residents at Burren Services are supported by a staff team that includes; nurses, a team leader, a social care worker, support workers and housekeeping staff. Staff are based in the centre when residents are present including at night, when there is always one staff on waking duty in each house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
08 January 2019	09:30hrs to 16:55hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with six of the ten residents who lived in this centre. Due to residents' communication needs, none of the residents spoke with the inspector. However, the inspector observed that residents were comfortable, relaxed, and happy in the company of staff and other residents, and in their environment. The inspector also observed that staff supported residents' involvement in a variety of activities that they appeared to enjoy.

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. Furthermore, the provider and management team had addressed issues that had been identified in the previous inspection report.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in an improved 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 and staff carried out regular audits of areas such as, medication management and residents' finances. Records showed that audit findings had been addressed in a timely manner.

The person in charge was not based in the centre, but was present there frequently, and was familiar with residents' care and support needs. 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 ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. Staff had received training relevant to their roles, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. 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, health and personal care and taking part in events that they enjoyed.

The provider had ensured that the centre was suitably insured and that there was a statement of purpose that described the service being provided to residents.

The provider had ensured that the documents and records required by the regulations were being retained and were suitably stored. A small amount of these documents were not recorded in sufficient details and did not reflect the knowledge of staff and centre practice.

Registration Regulation 5: Application for registration or renewal of registration

The provider had not submitted the prescribed documentation for the renewal of the designated centre's registration to the chief inspector as required. Some of the documents submitted were unsuitable as they did not include the required information.

Judgment: Substantially compliant

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. There were suitable deputising arrangements in place to cover the absence of the person in charge. These were in place during the inspection and were found to be effective. The person deputising for the person in charge met the requirements of the regulations and was knowledgeable regarding the needs of residents.

Judgment: Compliant

Regulation 15: Staffing

The staffing level and skill-mix was sufficient to meet the assessed needs of residents at the time of inspection. Planned and actual staffing rosters had been developed and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding - in addition to other training relevant to their roles such as feeding, eating and drinking, diabetes care and safe administration of medication.

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. However, some records were not recorded in sufficient detail, and did not reflect the knowledge of residents' care that staff could clearly demonstrate.

Judgment: Substantially compliant

Regulation 22: Insurance

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

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, preparation of annual reports, 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

The terms on which residents would reside in the centre had been agreed in writing with residents' representatives. A sample of agreements viewed included the required information about the service to be provided, such as the fees to be charged and what was included in the fees. The person in charge confirmed that these agreements were in place for all residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an informative statement of purpose that met most of the requirements of the regulations. However, some of the criteria in schedule 1 of the regulations were not clearly stated in the statement of purpose. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Substantially compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the chief inspector of absence of the person in charge, and suitable notification had been made as required.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of the requirement to notify the chief inspector of the procedures and arrangements that will be in place for the management of the centre in the absence of the person in charge. This information had been supplied in respect of an absence of the person in charge and suitable deputising arrangements had been implemented.

Judgment: Compliant

Regulation 34: Complaints procedure

There had been no complaints made in respect of the centre since the last inspection. However, there were processes in place for the management of complaints, and information about how to make a complaint was made available to residents in user-friendly format.

Judgment: Compliant

Quality and safety

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

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 had their own bedrooms, and could lock their doors if they chose to. The rooms were decorated to residents' liking.

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.

Arrangements were in place to support residents enjoy active lifestyles and to learn new skills. These included art, drama, gardening, and involvement in day-to-day household tasks. Home based and day service activity programmes were available to suit the needs and preferences of all residents in the centre.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. 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 chiropody, 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.

The management team had taken measures to safeguard residents from being harmed or from suffering abuse. There was a safeguarding policy in place and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect. Systems, including training, were also in place to ensure that any behaviour management issues that might arise were managed appropriately and safely.

Regulation 10: Communication

Arrangements were in place to support residents to communicate in accordance with

each person's needs and wishes. These arrangements included assessments, staff training, individualised techniques, information in user-friendly format, and communication plans.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in the centre in accordance with their own wishes. Residents were also supported to visit their families, and to meet with family and friends outside the centre. There was ample space in the centre for residents to meet visitors in private.

Judgment: Compliant

Regulation 13: General welfare and development

Suitable support was provided to residents to ensure that they could achieve 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, at day services and in the community.

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, spacious, clean, suitably equipped, and was well maintained both internally and externally.

Judgment: 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-to-read format. Information was also provided for residents in central areas in the house. This

included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, and local events and activities.

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. A sample of residents' personal goal records included time frames for achievement, progress updates and identified support.

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 and behaviour support plans had been developed when required. These plans were being implemented and there had been a reduction of occurrences of incidents arising from behaviour that challenges due to changes that had been introduced.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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 Burren Services OSV-0004990

Inspection ID: MON-0021935

Date of inspection: 08/01/2019

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
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: We have reviewed the requirements for Registration under Regulation 5 and</p> <p>In order to come into compliance with Registration Regulation 5 the provider will review the application form for renewal of Registration and will ensure that all the documents submitted are fully completed with the required information. Once completed the Provider will forward them to the registration office as required.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: We have reviewed Regulation 21 on records as detailed in Schedule 3 and 4 in order to come into compliance.</p> <p>Therefore we have reviewed the personal records of Resident's as outlined at inspection to ensure that they now contain more detail of their required health care needs.</p> <p>The care plan in question was reviewed and updated by the Person In Charge and the team. Also, to ensure staff become aware of this updated plan, they will be asked to sign the care plan which will held in the Resident's Personal Profile.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: We have reviewed Regulation 3 and have reviewed Schedule 1 of the Regulations.</p> <p>In order to come in to compliance with Regulation 3 we have reviewed and updated the Statement of Purpose for this Designated Centre and this will be forwarded for the attention of the Inspector.</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	28/02/2019
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	28/02/2019
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	28/02/2019