



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

Name of designated centre:	Seirbhis Radharc an Chlair
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	04 April 2018
Centre ID:	OSV-0005026
Fieldwork ID:	MON-0021020

About the designated centre

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

Seirbhis Radharc an Chláir provides a full time residential service to twelve individuals of mixed gender who are over 18 years of age and have an intellectual disability and or autism. Residents may also present with complex needs such as physical, medical, mental health, mobility and or sensory needs and may require assistance with communication. Residents have the choice of a home based day service which includes linking with their local community, or to attend day programmes in the area. Residents are supported by a staff team that includes social care leaders, social care workers and care assistants. Staff are based in the centre when residents are present. At night there is a staff member on waking duty in one house, and a staff member sleeps in the other house to support residents. Seirbhis Radharc an Chláir is made up of two houses in a rural area close to the coast. Both houses are spacious with large gardens, and in each house there is also self-contained accommodation for one person. All residents have their own bedrooms.

The following information outlines some additional data on this centre.

Current registration end date:	10/04/2019
Number of residents on the date of inspection:	10

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
04 April 2018	09:40hrs to 18:15hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with six of the residents who use this service, five of whom spoke with the inspector. Residents, who spoke with the inspector, confirmed that they were happy with the service and care provided, had good access to the local community and enjoyed living in the centre. They also stated that they enjoyed the activities that they took part in each day and that they retained close contact with family and friends. The inspector observed that all residents appeared to be comfortable and relaxed in the company of staff and with each other.

Capacity and capability

There were effective governance and management arrangements in place to ensure that the service received by residents living in the centre was safe and of a good quality. There was a clear management structure in the organisation. There were two team leaders based in the centre who worked closely with the person in charge, staff and residents. The person in charge was based nearby but was involved in the management of the centre. Staff - who were present during the inspection, and the person in charge were very familiar with residents' care and support needs.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of 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 and any issues identified had been addressed to improve the service. An informative annual report on the quality and safety of the service had also been carried out.

The provider, in conjunction with the management team, was focused on improving the quality of service to residents in the centre. Since the last inspection, the provider and management team had introduced measures to continue to improve the quality of service to residents. Some of these improvements included various changes to the property to increase the levels of comfort, safety and privacy for residents. The management team had focused on promoting a healthy living lifestyle for residents and staff in 2017. This was evident in development of healthier menu plans, involvement in physical exercise and participation in healthy lifestyle groups in the local community.

Some improvement, however, was required to the information contained in the

statement of purpose, agreements for the provision of services and the residents guide. These documents had not been updated to reflect changes to the service arising from improvements that had been carried out in the houses. In addition, these improvements resulted in a variation to the current conditions of registration, but an application for variation of conditions of registration had not been made to HIQA as required.

Registration Regulation 8 (1)

The provider had not ensured that an application to vary the conditions of registration had been made to HIQA when the layout of the centre had changed and maximum occupancy of the centre had reduced.

Judgment: Not 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. The person in charge knew the residents in the centre, and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre. There were systems in place to audit the quality and safety of the service and to ensure that the service was provided in line with residents' needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for the provision of service, which were also

available to residents in a user friendly format. These agreements stated the fees to be charged, what incurred additional payments by residents, 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 clearly described in the agreements. In addition, the agreements were not individualised to reflect the services to be provided to each resident.

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. For example, the statement was unclear about the number of residents for whom this service could be provided, and did not accurately reflect the conditions of the existing registration of the centre. While the statement of purpose was being kept under review at intervals of not less than one year, some of information had not been suitably updated to reflected the current status of the centre.

Judgment: Not compliant

Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times. Residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices.

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, attending parties, community involvement, and visiting and keeping in touch with their families.

The centre suited the needs of residents. All residents had their own bedrooms. The rooms were decorated to residents' preferences and there was adequate furniture in which residents could store their clothing and belongings. All residents had access to keys to their bedrooms and could lock their doors if they chose to. The centre was

warm, clean, comfortable and suitably furnished. Although the centre was in a rural area, there was transport available at both houses to ensure that residents could access the amenities in the local area.

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 multidisciplinary 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. In a sample of personal plans viewed, the inspector found that progress in achieving person goals was being recorded.

The person in charge and staff also ensured that there were effective individualised communication procedures in place, that residents were involved in choosing, buying and preparing their own food, and that visiting and meeting with friends and relatives was encouraged and supported.

Since the last inspection of the centre, assessment for the use of bed rails had been reviewed and strengthened.

There were procedures in place to identify, evaluate and review risks in the centre, and overall, the centre was found to be safe. However, some improvement was required to the identification of environmental risks.

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

Regulation 10: Communication

Residents were supported to communicate in ways that suited their needs. Communication passports had been developed for all residents and important information was made available to residents in accessible format. Residents in the centre spoke both Irish and English and the inspector saw that staff spoke with residents in their preferred language. These arrangements ensured that residents were assisted and supported at all times to communicate in ways that suited their capacities and wishes.

Judgment: Compliant

Regulation 11: Visits

There were arrangements in place for each resident to receive visitors in accordance with their wishes. There was adequate space in the centre to ensure that residents could meet with visitors in private, and in one house an additional private visitor area had recently been developed. In addition, staff made arrangements to support residents to visit their families or to meet with families and friends in other places. These arrangements ensured that residents had good contact with family and friends. There was an up to date policy on visitors to guide practice.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre suited its stated purpose and met residents' individual needs. The centre was comprised of two separate houses, each of which included an integrated self-contained apartment. The accommodation was clean, comfortably furnished and well decorated, and residents had access to laundry facilities, separate gardens, and a refuse collection service. Since the last inspection, some improvements had been carried out to meet the needs of residents and to improve the level of comfort. External work had also been carried out at one house to improve safety for residents and staff.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents were involved in grocery shopping, meal planning and food preparation at a level suited to their abilities. Some residents attended a weight management group in the community and their learning was incorporated into meal planning. There were some cookbooks available and a folder of healthy recipes had been developed from which residents made their meal choices. Some residents required meals of modified consistency based on the recommendations of a speech and language therapist, and these were supplied. There was information available to guide staff, and staff were very clear about the preparation and service of these meals. Records of weight monitoring and meals taken by residents were being kept.

Judgment: Compliant

Regulation 20: Information for residents

Each resident had been supplied with an informative guide including information for residents. However, some of the information required by the regulations was not included in the guide. The guide did not include terms and conditions relating to residency and how to access inspection reports on the centre. In addition, the information relating to visiting was not relevant to all residents in the centre.

Judgment: Substantially 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 7: Positive behavioural support

The person in charge strived to maintain a restraint-free environment, but bed rails were in use to protect a resident from the risk of falls while in bed. During the last inspection, improvement to the assessment for use of bed rails was required and this had been addressed. There was now a clear rationale recorded as to why bed rails were the most appropriate means of safely managing this risk.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements generally ensured that risks were identified, monitored and regularly reviewed and reflected staff practices and knowledge.

Personal emergency evacuation plans had been developed for each resident. However, the identification and control of environmental risks in the centre, such as access to a stairway, had not been recorded in the centre's risk register, although the person in charge had informally identified these risk and their controls. This presented a risk to residents that staff might not be aware of the control measures for all environmental risks.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 26: Risk management procedures	Substantially compliant

Compliance Plan for Seirbhis Radharc an Chlair OSV-0005026

Inspection ID: MON-0021020

Date of inspection: 04/04/2018

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
Registration Regulation 8 (1)	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8 (1):</p> <p>A new Application for Registration will be completed for the designated centre outlining the changes to the layout of the centre and reflecting the changes in the maximum occupancy number in accordance with the requirements Under Section 52 of the Health Act</p>	
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>In accordance with Regulation 24 (4) (a) the Individual Service Agreements will be updated to 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. In accordance with Regulation 24 (4) (b) the Service Agreements will be individualized to provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.</p>	
Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Statement of purpose will be reviewed and updated to clearly state all the information required by Regulation 3. (1)

It will be updated to so that it accurately reflects the conditions of the existing registration of the centre and be reviewed where necessary, at intervals of not less than one year in accordance with Regulation 3 (2)

Regulation 20: Information for residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

The Residents guide will be updated to include all terms and conditions relating to residency and how to access inspection reports on the centre in accordance with Regulation 20 (d)

Regulation 20 (f) Information relating to arrangement for visits and will be individualized so that it is relevant to each resident

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The Risk Register for the centre will be updated to include identification and control measures for all environmental risks in the centre in compliance with Regulation 26 (1) (a), referred to in paragraph 16 of Schedule 5.

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 8(2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition; (b) where the application is for the variation of a condition, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition, the reason or reasons for the proposed removal; (d) changes proposed in relation to the designated centre as a consequence	Not Compliant	Orange	11/06/2018

	of the variation or removal of a condition including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the designated centre; that the registered provider believes are required to carry the proposed changes into effect.			
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	23/05/2018
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Substantially Compliant	Yellow	23/05/2018
Regulation	The registered	Substantially	Yellow	

26(1)(a)	provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Compliant		30/04/2018
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	30/4/2018
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Not Compliant	Orange	30/04/2018