



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

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| Name of designated centre: | Seirbhis Radharc an Chlair |
| Name of provider: | Brothers of Charity Services Ireland |
| Address of centre: | Galway |
| Type of inspection: | Announced |
| Date of inspection: | 11 December 2018 and 29 January 2019 |
| Centre ID: | OSV-0005026 |
| Fieldwork ID: | MON-0021937 |

About the designated centre

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

Seirbhís Radharc an Chláir provides a full-time residential service to eleven 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 attending 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. Seirbhís 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.

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| Number of residents on the date of inspection: | 11 |
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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 |
|------------------|----------------------|---------------|------|
| 11 December 2018 | 10:15hrs to 17:35hrs | Jackie Warren | Lead |
| 29 January 2019 | 09:45hrs to 13:30hrs | Jackie Warren | Lead |

Views of people who use the service

The inspector met with all eleven residents who used this service. Residents confirmed that they were happy with the service and care provided, had a good quality of life and enjoyed living in the centre. They also stated that they enjoyed the activities that they took part in at the centre, in the community and also at their day services. Residents also said that staff looked after them well and that they trusted them. 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 activities that they appeared to enjoy, and that residents were out and about supported by staff. Feedback from residents' questionnaires indicated a high level of satisfaction with the service.

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 and staff carried out regular audits of areas such as medication management and residents' finances. Records showed a good level of compliance, and that audit findings had either been addressed or were being addressed in a timely manner.

The person in charge had overall responsibility for the management of the centre, and was supported in their role by a team leader. The team leader had responsibility for the day-to-day running of the centre 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 both residents and staff confirmed, that there were sufficient numbers of staff to support residents' assessed needs, including daily activities programmes 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 provider was requested to review the application and to submit some updated information. The statement of purpose and some organisational policies also required review.

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

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

Staffing levels and skill-mixes were 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. The provider recently recruited additional staff to address an identified deficit, and to ensure that sufficient staff were available to meet the assessed needs of residents.

Judgment: 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, staff meetings 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 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. Any complaints received had been

appropriately managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

All required policies under the regulations were available to staff at the centre. However, the complaints policy had not been reviewed in-line with regulatory time frames, and the centre's medication policy required further review to ensure it sufficiently guided staff practice in all areas.

Judgment: Substantially compliant

Quality and safety

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 choices were supported. The inspector could see that residents were out and about in the community and were very involved in local activities, such as training courses, educational classes, shopping, visiting family and friends and attending entertainment events. As some residents did not attend day services, home based activities were also organised in the centre. Residents told the inspector about these activities, and confirmed that they enjoyed them.

The centre suited the needs of residents. The houses were clean, comfortable, well decorated and suitably furnished. All residents had their own bedrooms, and could lock their doors if they wished. Since the last registration there had been improvements made that increased residents' comfort at the centre. A communal area which included a sensory room and a well-equipped visitors area had been added to the centre. In addition, the overall occupancy of the centre has been reduced which provided additional personal space for one resident.

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 they were met. In a sample of personal plans viewed, the inspector found that residents' progress towards achieving personal goals was well recorded

and that the goals were being achieved.

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 pharmacist and attended annual medical checks. Healthcare services including speech and language therapy, physiotherapy, psychology and behaviour support were available to residents through the provider. Nursing support was also available in the centre. 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. Support plans clearly guided staff on residents' needs and ensured that all recommended care was provided in a timely and effective manner. Overall there were safe medication management practices in place, although the assessment of residents' capacity to self-medicate required improvement.

Residents nutritional needs were well met. Residents had involvement in choosing, shopping for and preparing their own food. Furthermore, arrangements were in place for the monitoring of residents' weight and suitable foods were provided to meet their assessed needs.

There were measures in place to respect residents' rights. Information was supplied to residents in the form of a residents' guide and a range of information in a user friendly format was provided in the centre. There were also arrangements in place to support residents to communicate their choices and wishes in ways that best suited their needs.

The provider had measures in place to ensure the safety of residents. These included robust fire safety arrangements, and strategies for the management of behaviours that are challenging.

Overall, 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 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient rooms in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with family and friends in the community, and to visit family at their homes.

Judgment: Compliant

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. 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 taking part in social events, community involvement, household tasks and 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 was 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. In addition, arrangements were in place to provide suitable and recommended foods, where residents had special dietary requirements.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information in a user friendly format about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable easy-read format.

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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, and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that residents had access to a pharmacist of their choice. There were safe practices for the ordering, receipt, prescribing, storage, disposal and administration of medicines. Safe medication management processes included staff training, auditing and access to a medication management policy. The provider had arranged for residents to be assessed on their capacity to self administer medication in all of its designated centres across the organisation. However, while the centre was scheduled for the assessments to be carried out, they had not yet occurred at the time of inspection.

Judgment: Substantially 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 and reflected that goals had been achieved.

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 specialist and psychologist, and these plans provided clear guidance to staff. All staff had also received training in behaviour management support.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and supported in the centre. Residents were supported to have choice in how they lived their daily lives, to exercise their civil and religious rights, and to participate in the organisation of the centre. An advocacy

service was also available to support residents.

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 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially 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 Seirbhis Radharc an Chlair OSV-0005026

Inspection ID: MON-0021937

Date of inspection: 11/12/2018 and 29/01/2019

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: 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 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: In accordance with Regulation 3 and specifically 3(1) and 3(2), 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> | |
| Regulation 4: Written policies and | Substantially Compliant |

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| procedures | |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>In accordance with Regulation 4 (3) The Medication Policy is due to be reviewed by the provider by May 2019. In the interim, a local protocol has been developed to guide staff in the aspect of medication Management that required further clarity.</p> <p>On the day of the inspection the Inspector reviewed the wrong version of the Complaints Policy. All out of date policies have now been removed from the centre.</p> | |
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>In accordance with Regulation 29 (5), the Individual Medication Management Template has been updated to include record of assessment for each resident in accordance with his or her wishes and preferences and in line with the nature of his or her disability in respect of them taking responsibility for his or her own medication.</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 29(5) | The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his | Substantially Compliant | Yellow | 08/02/2019 |

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| | or her age and the nature of his or her disability. | | | |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1. | Substantially Compliant | | 14/02/2019 |
| Regulation 03(2) | The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year. | Substantially Compliant | Yellow | 14/02/2019 |
| Regulation 04(3) | The registered 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. | Substantially Compliant | Yellow | 08/02/2019 |