



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

Name of designated centre:	Rea Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	05 February 2019
Centre ID:	OSV-0005029
Fieldwork ID:	MON-0022587

## About the designated centre

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

Rea services provide full-time residential care and support to adults with a disability. The centre comprises of two premises both located in a rural setting. One of the centre's premises is a single storey building which is divided into three self-contained apartments, two of the apartments are occupied by residents with the third being used as staff accommodation. Each of the residents' apartments contains a bedroom, bathroom, kitchen diner and sitting room. The centre's second premise is a two storey house which comprises of four self-contained resident apartments. Three of the apartments consist of a bedroom, bathroom, kitchen, dining and sitting room facilities. The fourth apartment has its own bathroom and separate sitting room, with access to the centre's communal kitchen, sitting and dining room facilities. Residents are supported by a team of social care workers in each of the centre's premises.

Staffing levels are directed by residents' assessed needs with up to two staff being available during the day in premises one. Whereas in premises two, between two to three in premises are available during the day to support residents' needs such as support at day service provision.

At night, residents in both premises are supported by overnight sleeping staff, who are available to provide assistance if required during the night. In addition, the provider has arrangements in place to provide management support to staff outside of office hours, weekends and public holidays.

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

Number of residents on the date of inspection:	6
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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
05 February 2019	09:35hrs to 16:55hrs	Stevan Orme	Lead

## Views of people who use the service

The inspector met all six residents who lived at Rea services on the day of inspection. Throughout the inspection, residents appeared both comfortable and relaxed with the care and support provided to them by staff. Residents told the inspector about the care and support they received and said they liked living at the centre. Residents said that they were supported by staff with household tasks in their apartments and got on well with the staff. Residents also spoke about the activities they enjoyed and said that staff were available to help them to attend music concerts, go on holiday and also do their personal shopping in the local community. However, although residents spoken to where happy with the level of staff support during the week, one resident did express a wish for additional staff to be available on Sundays to further meet their needs. The inspector also reviewed six questionnaires completed either by or on behalf of residents about the service provided. As with resident discussions, questionnaires reflected that residents were happy with the support they received, but would like more staff to be available at certain times during the week to further support them to access activities of their choice.

## Capacity and capability

Governance and management arrangements at Rea services were robust in nature. There was improvements in staff access to training following the last inspection, further ensuring that residents received a good quality of care and support in-line with their assessed needs.

The centre had a clearly defined management structure, which included a suitably qualified and experienced person in charge. The person in charge had a regular presence at the centre, and through oversight arrangements such as scheduled management audits ensured that residents' needs were met in a timely and effective manner. A team leader based in each of the centre's premises ensured effective governance of the centre through ensuring that the individual service's management of the services' day-to-day operations of the centre were in-line with the provider's policies and procedures.

Regular management audits undertaken by the management team on all aspects of the centre's operations such as medication management and fire safety ensured the effective provision of care and support at the centre. In addition, the provider completed unannounced visits and an annual review of the care and support provided to residents at the centre to further evaluate the standard of care provided at the centre. Where audits and visits identified areas for improvement, clear action

plans were developed and evidence showed that they were implemented in a responsive and timely manner, which ensured the ongoing quality of the service provided to residents.

Staff spoken to during the inspection was knowledgeable on all aspects of residents' assessed needs and their associated support plans. Following the last inspection, the provider had improved access to training opportunities, with regular refresher training being accessed to ensure that staff knowledge reflected current developments in health and social care practices and was in-line with the provider's policies. In addition, staff knowledge was further kept up-to-date, through attendance at regular staff meetings where changes to residents' support plans and the centre's day-to-day operations was discussed with the person in charge. Staff further told the inspector that they were supported through regular individual supervision with either the person in charge or team leader. One-to-one supervision ensured that staff had a clear understanding of their roles and responsibilities at the centre, as well as the opportunity to identify further learning opportunities to assist in their career development.

Daily staffing arrangements across the centre reflected both residents' assessed needs and the recommendations of multi-disciplinary professionals as described in individuals' personal plans. Staffing arrangements further ensured that residents were supported to achieve their annual personal goals and actively participate in activities of their choice in the local community.

Risk management arrangements at the centre were both robust and effective in nature. Where risks had been identified both relating to residents and the centre's operations, the person in charge had ensured they were fully assessed in-line with organisational policy and recommended control measures implemented. Risk interventions were subject to regular review, which ensured they were fit for purpose and effectively supported the health and safety of all at the centre. Through team meetings, staff were updated on any changes to risk management arrangements at the centre, which ensured both the currency of their knowledge and a consistency of care provided to residents. The provider further ensured that clear and detailed emergency arrangements were in operation across the centre. Emergency arrangements were subject to regular review with simulated drills being undertaken to both ensure their effectiveness in all circumstances and inform resident and staff knowledge. The provider also ensured that any accident or incident which occurred at the centre was appropriately reported by staff. Records of this nature were reviewed by the person in charge to ensure appropriate actions were taken in response by staff. Furthermore, regular analysis of accidents and incidents was undertaken to highlight any trends in reported events and to inform service provision, with the aim to reduce future re-occurrence and safeguard the health and safety of residents and staff.

## Regulation 15: Staffing

Although residents expressed a desire for more staff to be available at certain times during the week, the provider's staffing arrangements did ensure that residents' assessed needs were met as describe in their personal plans Staffing arrangements further ensured that residents were supported to participate in activities of their choice both at the centre and in the local community and achieve their personal goals.

Judgment: Compliant

### Regulation 16: Training and staff development

Increased access to regular training opportunities following the last inspection ensured that staff were suitably skilled and knowledgeable to support residents' needs and that their practices reflected current developments in health and social care.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management arrangements ensured that practices at the centre were regular monitoring and effective in responding to residents' assessed needs. Management arrangements ensured that appropriate resources were available to support residents with their assessed needs, safeguarded them from harm and enabled them to achieve their personal goals.

Judgment: Compliant

### Regulation 3: Statement of purpose

Governance arrangements ensured that the centre's statement of purpose accurately reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had arrangements in place which ensured that both residents and their representative were aware of their right to complain about the care and support provided. Where complaints had been received, the provider had been responsive ensuring that the complaint was appropriately investigated and the complainant's satisfaction with the outcome was recorded.

Judgment: Compliant

## Quality and safety

Residents at Rea services received a good standard of care and support which met their assessed needs. Care support arrangements further ensured that residents were kept safe from harm and were supported to enjoy activities of their choice and achieve their personal goals.

Residents were supported to participate in a range of activities both at the centre and in the local community which reflected their needs, wishes and interests. One resident was supported to attend a formal day services provision in the local area during the week which they enjoyed. The other residents at the centre required a bespoke day programme due to their assessed needs, and the provider had ensured that appropriate staffing arrangements were in place to facilitate this. Bespoke day programmes were directed by residents' assessed needs and personal goals and included activities such as the development of daily living skills and participation in social activities in the community.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated to reflect changes in support, which ensured a consistency of care provided. Furthermore, staff were knowledgeable on residents' needs and staff interactions with residents were observed to be both timely and dignified in nature. The provider further ensured that residents were made aware of the supports they would receive at the centre through accessible versions of their personal plans and personal outcome records. However, although residents' assessed needs were fully met and the effectiveness of individual aspects of their personal plans were regularly reviewed, the provider did not have arrangements in place to assess the effectiveness of the entire plan with residents, their representatives and any associated multi-disciplinary professionals.

Where residents had assessed needs which related to behaviours that challenge, they were supported through a multi-disciplinary approach by the provider. Comprehensive behaviour support plans were developed by a qualified behavioural specialist, which were subject to regular review and clearly guided staff on both proactive and reactive strategies to be used to in support of residents' needs. Where residents' assessed needs were supported through the use of a



restrictive practice, the provider's Human Rights Committee ensured that they were strictly monitored, appropriate to the need and the least restrictive practice available. The person in charge further ensured that following approval by the committee, clear guidance was in place to inform staff on when, where and how to use the restrictive practice. In addition, the person in charge ensured that arrangements were in place to inform the committee of any changes to residents' needs, in order that approved restrictive practices could be amended or removed.

Residents were protected from harm through the provider's arrangements for the reporting of safeguarding concerns. Where safeguarding concerns had been identified, they were managed in-line with the provider's policies. Interventions had been introduced to reduce future safeguarding re-occurrence and impact. Staff were very aware of all safeguarding plans in use to support residents, with regular safeguarding training ensuring their knowledge reflected current best practices in health and social care.

Residents were supported and empowered to make day-to-day decisions about the running of the centre. Residents participated in regular house meetings; both as a group or individually, where they decided the weekly menu and planned social activities. The provider also ensured that residents' were made aware of their rights through regular advocacy meetings and the availability of easy read information on subjects such as how to make a complaint.

### Regulation 13: General welfare and development

Support arrangements at the centre enabled to access and participate in a range of activities which reflected their assessed needs, wishes and interests and assisted them to achieve their personal goals.

Judgment: Compliant

### Regulation 17: Premises

The centre's premises were well maintained and decorated, with its design and layout meeting residents' assessed needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that possible risks to residents were

identified, assessed and control measures implemented. Review arrangements ensured that all implemented risk management interventions were regularly monitored to ensure their effectiveness in keeping residents safe from harm.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire safety equipment and arrangements were in place at the centre, with regular fire drills being carried following the last inspection under all circumstances including minimal staffing levels, to assess their effectiveness in the event of a fire.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider's governance arrangements ensured that residents' medication was securely stored and administered by suitably trained staff.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive and clearly guided staff on the care and support required by residents. However, although arrangements were in place to review individual aspects of the personal plan regularly such as behaviour support plans, arrangements were not in place to review the effectiveness of the plan in its entirety.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported to access health care professionals as and when required including health screening programmes. Health support plans were regularly updated to reflect multi-disciplinary recommendations and were reviewed to ensure their effectiveness in meeting residents' assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents had behaviours that challenged, the provider ensured that staff training and positive behaviour supports were in place to effectively support the individual and reduce any risks to others.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse, which included clear reporting protocols. Staff were knowledgeable on all safeguarding plans in place to support residents at the centre. Staff knowledge was further supported through their attendance on the provider's 'safeguarding of vulnerable adults' training, which ensured they safeguarded residents in-line with current best practice and the provider's policy.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider ensured that residents were made aware of their rights and encouraged to be actively involved in day-to-day decisions on the running of the centre.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rea Services OSV-0005029

Inspection ID: MON-0022587

Date of inspection: 05/02/2019

## 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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:            The Person in Charge will review the personal plans for each individual in their entirety on an annual basis. This process will involve inviting all the relevant staff, multi D support staff and family to a meeting to discuss and review the plan and all its elements to identify any areas that may need to be changed or updated. The Person in Charge has set dates and invited the relevant people to attend. This expected to be completed by 30th April 2019.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/04/2019