



## Office of the Chief Inspector

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

Name of designated centre:	Dereen Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	13 February 2019
Centre ID:	OSV-0005327
Fieldwork ID:	MON-0022600

## About the designated centre

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

Dereen Services offers a service to 14 male and female residents who are over 18 years of age and who have a moderate to profound intellectual disability and some have additional physical disabilities. The service can support individuals with complex needs such as physical, medical, mental health, autism, dementia, mobility and/or sensory needs and who may require assistance with communication. It is intended to offer a lifelong service for residents. The centre comprises of two houses in a rural area, but close to local towns and villages. Residents at Dereen Services are supported by a staff team that includes; team leaders, nurses, social care workers and support workers. Staff are based in the centre when residents are present, and staff are on duty at night in each house.

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

Current registration end date:	19/06/2019
Number of residents on the date of inspection:	12

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
13 February 2019	09:30hrs to 17:30hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met with ten residents who used this service. Residents 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 at their day services. Residents also spoke highly of staff, and said that they trusted and felt safe with them. The inspector observed that residents appeared to be comfortable and relaxed in the company of staff and with each other.

## Capacity and capability

The governance arrangements in this centre ensured that a good quality and safe service was provided for residents who lived there. 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 a high 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 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, was known to the residents and was familiar with their care and support needs. The person in charge worked closely with team leaders in each house who had responsibility for the day-to-day running of the centre. 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 made a range of policies and procedures available to guide and inform staff. Throughout the inspection, the inspector found that staff had a good knowledge of the operational policies and of residents' care and support needs.

The provider had ensured that the centre was suitably insured and that there was an up-to-date statement of purpose that reflected the service being provided to residents. In addition there were clear arrangements in place for the management of any complaints or concerns about the service.

### Registration Regulation 5: Application for registration or renewal of registration

Some of the prescribed documentation for the renewal of the designated centre's registration was not suitably submitted to the chief inspector as required. At the time of inspection this was being addressed and the person in charge confirmed that this information would be supplied within agreed time frames.

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 very knowledgeable regarding the individual needs of each resident.

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 at the centre. Management systems such as audits, staff supervision, the availability of operational policies and frequent management meetings ensured that the service was provided as described in the statement of purpose, was in-line with residents' needs and safeguarded them from harm.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for each resident. These agreements stated the fees charged and the information on services provided at the centre. The inspector found that the services provided at the centre were in-line with residents' written agreements. The provider was at an advanced stage of agreeing these agreements with all residents and or their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were suitable systems in place for the management of complaints. There were no current complaints active in the centre, and any complaints received in the past has been suitably managed and addressed.

Judgment: Compliant



## Regulation 4: Written policies and procedures

Operational policies required by schedule 5 of the regulations were available to guide staff and a sample of policies viewed were up-to-date.

Judgment: Compliant

## Quality and safety

Residents living at the centre received person centred care and support, which allowed them to enjoy activities and lifestyles of their choice.

The inspector could see that residents were out and about in the community and were very involved in a wide range of local activities, such as community events, training courses and classes, visiting and socialising with family and friends and entertainment events. Residents told the inspector about these activities, and confirmed that they enjoyed them.

Residents were supported to communicate in accordance with their needs and had access to television, newspapers and radio. Information was also supplied to residents in appropriate formats that they could understand.

The centre suited the needs of residents. Both houses were spacious, clean, comfortable, well decorated and suitably furnished. All residents had their own bedrooms, and could lock their doors if they chose to. The rooms were decorated to residents' liking.

The provider had measures in place to ensure the safety of residents. These included fire safety management arrangements, identification and control of risk, and measures for the management of behaviours that are challenging. However, some improvement to the recording of fire drill outcomes was required.

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.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. 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. In addition, the provider had employed nursing staff at the centre to support residents' care needs. Safe medication management practices were also evident in the centre.

Residents' nutritional needs were well met. Residents had involvement in choosing, shopping for and preparing their own food. Furthermore, residents' weights were being monitored and suitable foods were provided to meet any identified nutritional needs.

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 were sufficient rooms in the centre for residents to meet with visitors in private. Residents were also 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 accordance 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, developing independent living skills, 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. Both houses in the centre were suitably equipped, well maintained both internally and externally, and comfortably furnished and decorated.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

### Regulation 20: Information for residents

Information was provided to residents. This included information, in 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.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed and this was reflected in staff practices and knowledge. Personal emergency evacuation plans and individual risk profiles had been developed for each resident.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had introduced effective measures 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, completion of fire evacuation drills involving residents and all staff and individualised emergency evacuation plans for all residents. However, the outcomes of fire evacuation drills was not being suitably recorded and required improvement. This presented a risk that opportunities for learning from fire evacuation drills could be lost.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre and there were suitable arrangements for the management of unused and out-of-date medication.

Judgment: 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 residents, were being held. Residents' personal goals were agreed at these meetings and these were made available to residents in a user-friendly format. The identified goals were meaningful to residents. There were clear records of how the goals would be progressed, and goals for the previous year had been met.

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 behaviours that challenge. Behaviour support plans had been developed when required with input from a psychologist and behaviour support specialist. Staff were very clear about the required behaviour support interventions for individual residents.

Judgment: Compliant



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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	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	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
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 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Dereen Services OSV-0005327

Inspection ID: MON-0022600

Date of inspection: 13/02/2019

## 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
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 order to come into compliance with Registration Regulation 5 the provider has updated the application for renewal of registration form with the required information and this has been submitted to the chief inspector.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            In order to come into compliance with Regulation 28 (4)(b) the Person in Charge has put in place a process to ensure that all fire drills will be recorded in a manner that allows for opportunities for learning.            All day and night staff will carry out fire drills spaced out at different times throughout the year using role play as needed and each drill will be documented separately. The findings from the fire drills will be discussed at team meetings to allow for learning and improvement.</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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/03/2019

