



## Office of the Chief Inspector

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

Name of designated centre:	Yew Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	11 March 2019
Centre ID:	OSV-0004470
Fieldwork ID:	MON-0022669

## About the designated centre

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

Yew Services is a respite service, which is run by the Brothers of Charity Services. The centre is located on the outskirts of a town in Co.Roscommon and provides accommodation and support for four children and young adults, with an intellectual disability, including those with a diagnosis on the autistic spectrum. Both male and female residents under the age of 18 years, who wish to avail of planned respite breaks can be accommodated in this service. Crisis respite is also provided for emergency situations. The opening times for this centre vary during school holidays. The centre is a two-storey building, which comprises of residents' bedrooms, shared bathrooms, office spaces, a sensory room, kitchen and dining area, utility area and sitting rooms. Ramped access is available into the centre and a play and garden area is available to the rear of the centre for residents to use. Staff are on duty both day and night to support residents availing of this service.

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

Current registration end date:	10/07/2019
Number of residents on the date of inspection:	4

## 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
11 March 2019	09:45hrs to 15:30hrs	Catherine Glynn	Lead

## Views of people who use the service

The inspector did not meet with any residents on the day of inspection. The inspector received and reviewed feedback from residents' families.

## Capacity and capability

Overall, the inspector found that the centre had continued to improve on the governance and leadership arrangements in the centre. This meant that the quality of the service for residents was being kept under regular review and action was being taken to ensure a good quality service was being provided.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge, and staff who monitored and managed the daily care and support needs of the residents. The person in charge was actively involved in the day-to-day governance of the centre and was knowledgeable on residents' assessed needs. The inspector found that all actions required from the previous inspection had been completed. .

Staffing arrangements at the centre ensured that residents' needs continued to be met in-line with their assessed needs. This meant that residents were able to regularly enjoy activities of their choice, both at the centre and in the local community, and work towards achieving their personal goals such as increased independent living skills.

The person in charge ensured that residents were supported by a qualified and knowledgeable staff team. Staff knowledge was kept up-to-date through regular access to training opportunities on both residents' assessed needs and current developments in health and social care practices. In addition, staff attended regular team meetings and were supported with their individual professional development through one-to-one formal supervision arrangements.

The provider ensured that the quality of residents' care and support was subject to ongoing review through a range of regular management audits on all aspects of the centre's operations. The provider ensured that day-to-day internal checks were carried out by staff as well as unannounced visits by a person nominated by the provider. Where audits and visits identified areas for improvement, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre.

The provider also conducted an annual review into the quality of the care and

support provided, which included consultation with both residents and their representatives about their experiences at the centre. As a result residents were supported to actively participate and direct choices which improved their own quality of life.

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

The provider had submitted an application for renewal of registration for this service within the required time frame and with all required documentation.

Judgment: Compliant

#### Regulation 14: Persons in charge

The role of the person in charge was full time and the person who filled this role had the required qualifications and experience. She was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mix were sufficient to meet the assessed needs of residents at the time of inspection. Planned and actual staffing rosters had been developed by the person in charge, these were updated to show any changes and were accurate at the time of inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff working in the centre had received mandatory training in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

<b>Regulation 19: Directory of residents</b>
The directory of residents included the required information relating to residents who received respite services, in the centre.
Judgment: Compliant
<b>Regulation 21: Records</b>
The provider had ensured that all records required under regulation were maintained.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The provider had ensured that the centre was appropriately insured and this was in-date at the time of inspection.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There were effective governance, leadership and management arrangements to govern the centre. The person in charge was based in the centre and there were systems in place, such as audits, staff supervision, availability of operational policies and management meetings, to ensure that the service was provided in-line with residents needs and as described in the statement of purpose. Furthermore, the provider had addressed all actions from the previous inspection.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
There was a statement of purpose that described the service being provided to

residents and met most of the requirements of the regulations. However, the inspector found that it was not provided in an accessible format in the centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge kept a register of accidents and incidents. Any events that required notification, including quarterly returns, had been submitted to the Chief Inspector as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an up-to-date policy and procedure in place which guided all staff on the management of complaints in the centre. The person in charge maintained a log of all complaints and had ensured that these were responded to appropriately.

Judgment: Compliant

### Regulation 4: Written policies and procedures

On review of schedule 5 polices, the inspector noted that three had not been reviewed within the specified time frames. The provider was aware and these were in review by the organisation at the time of inspection.

Judgment: Substantially compliant

## Quality and safety

Residents received a good quality of care in line with their assessed needs at the centre. Practices at the centre ensured that residents were safe and supported residents (dependent on their abilities), to undertake positive risk-taking in their daily lives. Throughout the inspection the provider; and the staff working in the centre, consistently demonstrated the commitment to improving the



residents' quality of life and experiences in the centre.

Residents participated in a range of activities both at the centre and in the local community which reflected their personal choices and assessed needs. Residents were supported to attend day services in the local area during the week, which they enjoyed. Arrangements were also in place to support residents to increase and maintain their independent living skills through positive risk taking.

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, when their needs changed, which ensured consistency in the delivery of this support. Staff were knowledgeable on all aspects of supports required by residents.

Furthermore, residents' personal plans were subject to an annual review into their effectiveness with review meetings being attended by the resident, their representatives and associated multi-disciplinary professionals. Residents understood and participated in choosing the support they would receive at the centre, through key aspects of their personal plan such as setting personal goals, which were made available to them in an accessible version.

Systems were in place to ensure the safety of the residents at the centre, with arrangements in place to manage an emergency such as an outbreak of fire. Appropriate and well-maintained fire equipment was installed at the centre and regular fire drills were carried out to assess the effectiveness of the centre's fire safety arrangements. Regular drills also ensured that both residents and staff understood the actions to be taken in the event of an evacuation, which was further reinforced by regular fire safety training for staff.

Residents were supported to be involved in making decisions about the running of the centre. Residents participated in regular house meetings where they decided the weekly menu for the centre and planned their social activities. The provider also ensured that information for residents on their rights - including, how to make a complaint and access to advocacy services, was available in an accessible format.

## Regulation 10: Communication

Residents had communication assessments completed and where recommendations were made, the inspector found that these were in place. For example, communication tools were in use throughout the centre, such as pictures, daily planners and communication boards.

Judgment: Compliant

### Regulation 12: Personal possessions

There was a policy and procedure to guide staff on the management of residents personal belongings. The person in charge ensured that the practices in place in the centre were in-line with the organisation policy.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was generally suitable for its stated purpose and met residents individual and collective needs. Overall, the centre was comfortably furnished and decorated throughout.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had ensured that the residents guide was completed, in-date and was available in the centre for residents and their representatives. In addition, all information as specified by the regulations was provided in this document.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that all relevant information was provided or obtained regarding residents transitioning between relevant services.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management ensured that risks were identified, monitored and regularly reviewed and reflected staff practices and knowledge. The inspector found that all actions required from the previous inspection had been addressed satisfactorily.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured 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 and staff and individualised emergency evacuation plans for all residents.

Judgment: 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 staff who administered medication had received relevant training in safe administration of medication. In addition, self assessments for the administration of medication were completed for all residents at the time of inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Person plans had been developed for all residents and were based on each residents' assessed needs. Annual personal planning meetings, which included the resident or their representatives were being held. Residents' personal goals were agreed at these meetings and further short-term goals were developed at six-monthly intervals. These were made available to residents in a user friendly format.

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 were developed when required with input from a behaviour support specialist and psychologist. These plans were being implemented and the occurrences of incidents had reduced considerably. All staff had attended training in relation to the management of behaviours that challenge.

Judgment: Compliant

### Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in 'client protection', and there was an up-to-date safeguarding policy to guide staff. The management team were very clear about what constituted abuse and demonstrated the proactive measures that had been taken in response to a suspicion of abuse.

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	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Yew Services OSV-0004470

Inspection ID: MON-0022669

Date of inspection: 11/03/2019

## 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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A Statement of purpose is available to all residents and their families, however an accessible format will be completed to ensure the residents have a greater knowledge of the Statement of Purpose.</p> <p>This will be completed by June 12th 2019</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All three polices under schedule 5 have been reviewed and are up to date.</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 03(3)	The registered provider shall make a copy of the statement of purpose available to residents and their representatives.	Substantially Compliant	Yellow	12/06/2019
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	03/05/2019