



## Office of the Chief Inspector

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

Name of designated centre:	The Laurels
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	02 October 2019
Centre ID:	OSV-0004763
Fieldwork ID:	MON-0025970

## About the designated centre

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

The designated centre comprises of two separate houses which provides a full-time residential, day care and support service to two female residents with an intellectual disability. The service provided is individualised to each resident and is tailored to meet their needs. The buildings are a two-storey semi-detached house and a single-storey bungalow, both located within the suburbs of a town. Fergus Manor is a two storey house with ground floor kitchen / dining area, living room, utility and downstairs bedroom with en-suite. The first floor comprises a bathroom, staff office and staff bedrooms. There is an extensive landscaped garden to the rear. To the front of the house is a concreted area for parking and to facilitate ease of access. Glenoir is a two-bedroom bungalow with a kitchen / dining area, a living room and bathroom. It has an external garden front and rear. The service is open seven days a week and the residents are supported by a staff team, which includes social care workers and care staff. The residents identify what services and supports they want in place through a person centred planning process.

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

Number of residents on the date of inspection:	2
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## 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
02 October 2019	09:45hrs to 14:45hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

The inspector spent some time with a resident in one location of the designated centre. The resident communicated with the inspector on their own terms and appeared happy to talk about, and show the inspector photos about community activities that they recently enjoyed; including attending a fair, going for beauty treatments and attending a family wedding. The resident appeared happy and comfortable in their home and with the supports given by staff. The resident showed the inspector around their home and appeared very happy with some changes that have recently been made to their en-suite which has improved accessibility for them. The inspector met briefly with a resident who lived in another location of the designated centre. This resident welcomed the inspector to their home, and talked briefly with the inspector. The resident talked about their pets and appeared happy to show them to the inspector. The resident appeared comfortable in their home and it was evident that the home was personalised to the resident's preferences and individual style. The resident then asked the inspector to leave as they wanted to get on with their day's activities and this was respected. Staff who were supporting residents appeared very knowledgeable about residents' needs, and were observed to respond to residents in a warm and respectful manner.

## Capacity and capability

The inspector found that there were suitable governance and management arrangements in place in the centre which ensured that residents received a person-centred, quality and safe service.

The person in charge worked full-time and was responsible for two other designated centres in the area. She was found to be knowledgeable about the needs of residents, and managed her time between the centres that she was responsible for. She was supported by a team leader who managed the day-to-day operations of one of the houses. There was a team of social care assistants who worked one-to-one on a rotational basis with each resident and provided the sleepover cover in each house. There was an out-of hours on-call system in place to further provide support to staff.

Staff received regular training as part of their continuous professional development. This included training in fire safety, safeguarding, medicines management, behaviour management, positive behaviour support, first aid and manual handling. The person in charge had identified training courses for staff which were required to best support residents' needs, and to promote the skills and confidence for staff when lone working. In addition, the person in charge and team leader had a comprehensive induction schedule in place to ensure that the skills and

competencies of staff were promoted to support the complex needs of residents. The inspector found that supervision of staff was carried out consistently, and staff who the inspector spoke with said that they were very happy working in the centre and stated they had worked there for a number of years.

The provider ensured that unannounced visits and an annual review of the quality and safety of care and support of residents was completed. The audits that were completed were detailed in nature and action plans had been devised which identified areas for improvement. Actions were reviewed regularly and had reasonable completion dates. In addition, the team leader and person in charge carried out a range of internal audits in the centre in areas such as medicines management, incident analysis and health and safety audits. This ensured good oversight by the management team in relation to the operations of the centre to ensure the quality and safety of care of residents was maintained.

There was a statement of purpose in place which contained all the requirements outlined in Schedule 1 of the regulations.

#### Regulation 14: Persons in charge

The inspector found that the person in charge had the experience and qualifications as required by regulation to fulfil her role.

Judgment: Compliant

#### Regulation 16: Training and staff development

A training matrix was maintained in the centre which ensured that all staff had access to appropriate training in order to fulfil their roles in supporting residents. A comprehensive induction schedule and staff supervision schedule were in place to further support staff development.

Judgment: Compliant

#### Regulation 23: Governance and management

The inspector found that the governance and management arrangements in the centre ensured good oversight of the running of the centre. Unannounced provider audits and an annual review of the quality and safety of care were carried out as required by regulation. The annual review included consultation with residents and their representatives. Quality improvement action plans were devised as a result of

these audits and were kept under regular review by the management team.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place which contained all the requirements of Schedule 1 of the regulations.

Judgment: Compliant

### Quality and safety

The inspector found that residents received a person-centred and self-directed service, and that arrangements were in place to ensure that the quality of the care and safety of residents was promoted.

The health, personal and social care needs of residents were assessed, and plans were developed to support residents with personal needs. Residents were supported to attend medical appointments and access allied health professionals where required. The inspector found that the care provided to residents was person-centred and promoted residents to live a self-directed life with individual choices respected. Residents had access to a range of recreational activities both in house and in the community; including baking, using the internet, shopping and attending concerts. In addition residents had access to individualised transport to support them to access community outings of choice whenever they wished. On the day of inspection residents were observed accessing and returning from outings in the community.

Residents' communication needs were met through the use of communication passports where required. These detailed the residents' preferred method of communication, their likes and dislikes, details of what particular behaviours mean and guidelines for staff to follow to best support residents. Staff who the inspector spoke with were knowledgeable about residents' communication preferences and this was observed in practice. In addition, residents had access to mobile phones to maintain contact with family and also had access to the internet, televisions and music players. One resident was happy to show the inspector photos of activities and goals achieved as part of their personal plans, which was located on their own personal mobile device.

The premises had adequate space and facilities for the needs of residents. The houses were decorated to the individual style and preferences of residents. Some works had recently been completed in one house of the centre to improve

accessibility and functionality. This included improvements to the en-suite facilities and the installment of a low level counter top and sink to facilitate and promote residents' independence. The garden was made more accessible for the resident who required support with mobility, and further works were scheduled to ensure that all parts of the garden were fully accessible.

There was a policy and procedure in place for the management of risks which contained all the requirements of the regulations. There were procedures and protocols in place to respond to adverse events. Risk assessments were carried out for specific identified risks in the centre and a log of risks was maintained in the centre. The person in charge had a good understanding of risks within the centre and assessments were kept under review and updated as required. The inspector found that one risk in relation to the retention of locum staff which had been identified as a risk was not appropriately assessed; however, the person in charge addressed this before the end of inspection.

### Regulation 10: Communication

The inspector found that residents were supported to communicate in their preferred method of communication, and staff were observed to be knowledgeable about residents' individual preferences. Residents had their own mobile phones and other devices to assist them to communicate regularly with family. There were televisions and music players available in the centre also.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that the premises met the numbers and needs of residents and that measures were in place to support residents ease of access around their home. The premises were individually decorated in line with the individual preferences of residents. There was ample space for residents to store items and receive visitors if they so wished.

Judgment: Compliant

### Regulation 20: Information for residents

The provider ensured that there was an easy-to-read resident's guide in place



which contained all the requirements under regulation 20.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a policy and procedure in place in the centre in relation to the management of risks. The person in charge had a good understanding of risk management, and a log of risks specific to the centre was maintained and kept under ongoing review. Adverse events were assessed and protocols devised to guide staff in the management of such risks.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that residents' health, social and personal care needs were assessed and plans were in place where required. The inspector found that residents were consulted and participated about all aspects of their care, and visual aids were used to support residents in understanding various aspects of care, for example attendance at medical appointments and what to expect. Goals that were meaningful to residents were identified through personal planning and the annual review process, and the progress on these goals was monitored and reviewed regularly.

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>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant