



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

Issued by the Chief Inspector

Name of designated centre:	Corrib Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	29 September 2020
Centre ID:	OSV-0004858
Fieldwork ID:	MON-0030139

About the designated centre

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

Corrib Services is a designated centre, which supports residents with a low to moderate intellectual disability. The centre can also support residents with mental health needs and residents who require some medical interventions. A registered nurse also attends the service on a regular basis to provide guidance and assistance in regards to the residents' medical needs. The centre comprises two large houses, both of which are of two storey construction. Both houses are located on the outskirts of a large city and the houses are in close proximity to each other. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. A social care model of care is provided in the centre and residents are supported by both social care workers and care attendants. Additional staffing is deployed during the week day evenings to facilitate residents to engage in community activities, and a sleep in arrangement of one staff member is used to support residents during night time hours in each house. There is transport available for residents to access the community, and public transport services are located within walking distance of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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
Tuesday 29 September 2020	11:15hrs to 17:00hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The designated centre comprised two houses within close proximity to each other on the outskirts of a city. During this time of the COVID-19 pandemic, the inspector spent time reviewing documentation and meeting with the person in charge in an office that was not part of the designated centre so as to ensure that public health guidelines could be adhered to. Towards the latter part of the inspection, the inspector visited one house that made up the centre while adhering to the public health guidelines of the wearing of a face mask and maintaining physical distancing.

The inspector got the opportunity to meet with five residents who lived in one house. One resident who lived in this house was at home with their family at this time. In addition, the inspector got the opportunity to have telephone conversations with two residents who lived in the other house that formed part of the designated centre.

In general, residents said that they were getting on well at this time during the COVID-19 pandemic. Residents spoke about some activities that they were involved in such as art, baking, gardening, watching Netflix, listening to their music player, cycling, having music sessions and going out for drives and walks. One resident had recently enjoyed a break in a hotel and spoke briefly about how they enjoyed this.

The inspector was informed that prior to the COVID-19 pandemic all residents attended day services, work placements or training opportunities, and that they had led an active social life. Since the pandemic, the inspector was informed that most of these activities had now been curtailed due the public health restrictions. Residents told the inspector that they were missing the activities that they once enjoyed; including volunteering in a charity shop, attendance at educational courses, playing sports, going to music concerts and going to discos.

All residents spoken with said that they liked living at the centre and liked their peers and staff, with one resident stating that they 'loved' the staff, the meals and their bedroom and that they got on with all their friends in the house. However, this resident also informed the inspector that they were unhappy with how COVID-19 is affecting them and their access to preferred activities.

In addition, the inspector got the opportunity to meet with two staff who were supporting residents on the day of inspection. Staff were observed to be knowledgeable about residents and their needs. The inspector observed warm and caring interactions between staff and residents and it was evident that residents knew staff well and were comfortable around them. Each location had their own transport which facilitated residents to access the wider community and some residents spoke about how they liked to go out for drives. One staff member spoken with via telephone said that residents were very sociable and were missing their social activities and meeting other people. The inspector was told that visits from

families were now being facilitated in line with national guidelines, and one resident spoke about a recent visit from a family member and about how they spoke with their family on the phone regularly.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection of the centre in July, 2018.

The inspector found that there was a good governance and management structure in place in the centre which ensured that the care delivered to residents was person-centred and of a good quality. However, improvements were required in the documentation with regard to some risk management documents and the assessments and notifications of some restrictive practices.

The person in charge had taken over responsibility for the centre in the weeks prior to the inspection. She worked full time and had the appropriate qualifications and experience to manage the centre. She was supported in her role by a service co-ordinator, and team leaders who were based in each location and who carried out some areas of responsibility while also working as part of the frontline staff supporting residents.

The inspector found that there were good systems in place in the centre which demonstrated that the provider and person in charge had the capacity and capability to manage the centre. There were procedures in place to review the quality and safety of the centre including unannounced provider audits and an annual review of the quality and safety of care and support of residents which are required by regulation. The annual review of the service provided for consultation with residents and families by use of questionnaires and discussion with residents. The findings from audits were used to inform quality improvements actions in order to enhance the service. In addition, the person in charge ensured that regular reviews of incidents occurred, and also maintained a schedule for audits on health and safety issues, fire management systems and audits regarding the prevention and management of COVID-19. A sample of these audits were reviewed and demonstrated good oversight by the management team, where areas that required improvements were identified and followed up for completion.

The centre was found to be adequately resourced on the day of inspection and a review of the roster demonstrated that consistent staff were in place to ensure continuity of care. Staff received training as part of their continuous professional development and a review of the training records demonstrated that staff were provided with training required to ensure a safe and quality service; including safeguarding, behaviour management training and training associated with infection prevention and control for COVID-19. Staff who the inspector spoke with said that they felt well supported in their role by the provider during the COVID-19 pandemic. The person in charge had not yet commenced formal support and supervision

sessions with staff, but spoke about their plans for scheduling this, in addition to scheduling more regular team meetings.

The provider ensured that there was an up-to-date statement of purpose in place which was reviewed and found to contain all the requirements under Schedule 1 of the regulations. A review of incidents that occurred in the centre demonstrated that the person in charge ensured that the associated notifications that were required to be submitted to the Chief Inspector of Social Services were completed. However, on review of restrictive practices it was found that there was one restrictive practice that had not been included on the required quarterly notifications to the Chief Inspector.

Regulation 14: Persons in charge

The person in charge had recently taken over responsibility of this centre and was found to have the appropriate qualifications, skills and experience to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The centre was found to be suitably resourced for the needs of the residents at this time. The rota was reviewed and demonstrated that there were consistent staff in place. Residents were observed to be familiar with, and comfortable around the staff supporting them. Staff files were not reviewed by the inspector at this time.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training to support them in their roles and to promote ongoing professional development. While formal supervision of staff was not reviewed at this time, the person in charge spoke about her plans for ensuring that staff are supported and supervised on an ongoing basis.

Judgment: Compliant

Regulation 23: Governance and management

There was a good governance and management structure in place with clear lines of accountability for members of the management team. The provider ensured that there were systems in place for the ongoing review of the quality and safety of care in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed recently, and contained all the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

One restrictive practice that was in place for a resident had not been included as part of the quarterly notifications to the Chief Inspector.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents received a good quality and safe service and that there were suitable arrangements in place which ensured a person-centred approach to care. Residents had their own bedrooms and en-suite facilities, and one resident told the inspector that they 'loved' their bedroom. Residents' rights were promoted through discussions at resident meetings, involvement with advocacy groups and ongoing review of personal planning and choices. A charter of rights was observed to be on display in the communal area of the centre and residents were linked in to the local advocacy group and received monthly newsletters with updates. All residents spoken with stated that they were happy living in the centre and that they could go to staff if they were not happy about something.

The inspector found that residents were supported to achieve the best possible health outcomes and had regular access to nursing staff for clinical support. In

addition, residents were facilitated to attend a range of allied healthcare appointments where this need was identified. This included attending appointments with dentists, opticians, chiropodists and access to multidisciplinary supports such as psychiatry and psychology services. This helped ensure that residents' health was optimised. The inspector found that residents were kept informed of COVID-19 public health guidance; including hand hygiene guidelines, use of face masks and advice on physical distancing. Residents were observed to be aware of the public health advice in order to keep them as safe and healthy as possible, and one resident spoke about how they maintain physical distancing with staff when they go out walking.

The inspector found that that residents who required support with behaviours of concern had plans in place which were detailed in nature. This included specific guidance for staff to support residents with scenarios that may cause anxiety, and included proactive and reactive strategies to support residents. Staff had received training in managing behaviours of concern and the person in charge confirmed that she was following up on the need for further support in relation to low-arousal approaches, which had been identified at a recent safeguarding review meeting.

There were some restrictive practices in place in the centre which had been reviewed at the organisation's human rights committee. While there was evidence that, in March, the person in charge had started to follow up on a review of some restrictive practices for one individual, there was no evidence that this review had occurred. This was required to ensure that these practices were reviewed as being the least restrictive option and for the shortest duration. In addition, the associated risk assessments that were referenced for the assessment of these practices were not available for review, and it was not clear from discussions with staff that the least restrictive option was being utilised. For example, it was noted on documentation that a resident had restricted access to their money, and although the inspector was informed as to what the risks were and how the resident could access their money, there was no evidence that this had been assessed to be the least restrictive option for this individual.

Staff had received training in safeguarding and staff spoken with talked about what they would do if there was a concern of abuse. Residents spoken with said that they liked the peers with whom they lived, they liked the staff and that they felt safe in their home. They also stated that if they were unhappy about any aspect of the service that they would go to staff, and that staff would help them. A review of resident and staff team meetings demonstrated that safeguarding was discussed regularly. An incident that had occurred earlier in the year had been identified by the person in charge as a possible safeguarding concern during an incident review, and this had been responded to up by following the safeguarding procedures. This resulted in a safeguarding plan being implemented for the individual affected, which was recently reviewed and where actions were identified and put in place to minimise future such concerns.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. A self-assessment audit to assess

the centre's preparedness for a COVID-19 outbreak had been completed. Some of the measures in place to prevent and control infection transmission included hand hygiene equipment, posters, personal protective equipment (PPE), staff training and discussion with residents about COVID-19. There was a folder in place with up-to-date information about COVID-19 that included plans in the event of an outbreak of COVID-19. Residents had individual risk assessments completed in relation to COVID-19 risks, and there was evidence that social stories and easy-to-read documentation were available for residents, to support them to understand the pandemic and associated risks.

There were systems in place for the identification, assessment and management of risk in the centre. This included a service risk register, and individual resident risk assessments. In addition, there were emergency plans in place in the event of adverse events such as flooding, fire and power cuts. However, the inspector found that some documentation required review as some risk assessments were not specific to the centre and some assessments were not risk rated in line with organisation's policy and procedure. For example, a risk assessment noted the use of a piece of equipment, but on discussion with staff, it was confirmed that this equipment was not in use in the centre. In addition, some documentation required review to ensure that it contained the correct details for the person in charge. The person in charge stated that she would be working on this over the coming days.

Regulation 26: Risk management procedures

Some risk management documentation required review to ensure that the information provided was accurate and reflective of the actual risks posed in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that there were systems in place for the prevention and control of infection, and that these systems were reviewed on an ongoing basis and in line with national public health guidance.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health by being facilitated to

attend a range of health related appointments where this was identified and required. Residents were supported to have the knowledge and awareness to promote their health during the COVID-19 pandemic.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that where residents required support with behaviours of concern, that there were plans in place which had a multidisciplinary input. There were some restrictive practices in place and which were noted on various documentation. However, on the day of inspection there was no evidence that some of these restrictive practices had been assessed to be the least restrictive option and for the shortest duration.

Judgment: Substantially compliant

Regulation 8: Protection

The provider ensured residents' safety by regular review and analysis of incidents, staff training, discussion about safeguarding at resident and staff meetings and the implementation of safeguarding policies and procedures.

Judgment: Compliant

Regulation 9: Residents' rights

Residents spoken with talked about their choice of activities, how they liked living in the centre and liked the staff supporting them. All residents had their own bedrooms and areas for privacy, and a review of documentation and discussion with residents demonstrated that residents' rights were promoted and their life choices were listened to and respected.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Corrib Services OSV-0004858

Inspection ID: MON-0030139

Date of inspection: 29/09/2020

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In accordance with Regulation 31 (3) (a) the person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to all restrictive practices within the designated centre.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>In accordance with Regulation 26 (2) the person in charge will ensure that all documentation is reviewed and updated every six months, or when there is a change in personnel or circumstance, to reflect accurate information regarding the risks posed in the centre.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive	

behavioural support:

The person in charge shall ensure that, where a resident's behaviour necessitates intervention under Regulation 07 (5) (c) that the restrictive procedure is reviewed and assessed by the person in charge and the multi-disciplinary team to ensure that it is the least restrictive and for the shortest duration necessary. This process will be reviewed every six months or more often if required.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	05/10/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical,	Not Compliant	Orange	31/10/2020

	chemical or environmental restraint was used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	23/10/2020