



## Office of the Chief Inspector

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

Name of designated centre:	Deer Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	22 August 2019
Centre ID:	OSV-0004936
Fieldwork ID:	MON-0024933

## About the designated centre

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

Deer Services supports six male and female adults with mild to moderate intellectual disabilities who do not need complex medical or physical support. This is a full-time residential service that operates for 46 weeks of the year. The service is provided to residents from 18 years of age to end of life, but the physical design of the building renders it unsuitable for use by individual with complex mobility needs or wheelchair users. Deer Services is made up of two houses in residential areas on the outskirts of a rural town. The houses are in central areas and are close to the town amenities. Both are two-storey houses with gardens. All residents in the centre have their own bedrooms. Residents are supported by a staff team that includes a team leader, social care workers and care assistants. Staff are based in the centre when residents are present and staff sleep over in each house at night to support residents.

**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

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
22 August 2019	09:30hrs to 18:00hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

Five of the six residents who lived in the centre discussed the care and support that they received with the inspector. During these discussions the inspector spoke at length with two residents. All residents told the inspector that they enjoyed living there, that they felt well cared for and safe, that they trusted the staff, and that they enjoyed good access to activities of their choice. Residents told the inspector about projects and activities that they enjoyed, as well as their plans for the future. These included social events, employment, development of independent living skills, outings, family involvement, sport and shopping.

## Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre.

There was a suitably qualified and experienced person in charge who was well known to residents and who knew their care needs. Since the last inspection, the person in charge had attended relevant training to keep her skills and knowledge up-to-date. There were cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care and support being provided to residents. Unannounced audits of the centre's practices were being carried out twice each year by members of the management team. Audit records showed a high level of compliance, and any findings had been addressed in a timely manner. The person in charge had recently developed an internal auditing plan to improve the effectiveness of the current systems. The provider also ensured that an annual review into the care and support provided at the centre was being carried out.

The provider had allocated sufficient staff to the centre to support residents' assessed needs, including their activity choices. All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required. The provider had also supplied a range of policies and procedures to guide staff. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way.

There was a robust complaints process in place in the centre, which was made known to residents, their relatives, and visitors to the centre. The person in charge and staff had arrangements in place to discuss complaints at each residents' house meeting. Residents knew how to raise any issues of concern and they were confident that they would be addressed.

The person in charge and staff in the centre were working with the provider to improve the service being delivered to residents. They were particularly focused on development and support of independent living skills for residents. The provider had also redecorated part of the centre since the last inspection to improve the level of comfort for those living there.

The provider had ensured that the records and documentation required by the regulations, such as service agreements, a statement of purpose, and a directory of residents, were available.

Overall, there was a high level of compliance with regulations relating to the governance and management of the centre, although minor improvement was required of the service agreement, and the review of one operational policy.

#### 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.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection, and to ensure that residents could take part in leisure and social events as they wished.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff who worked in the centre had received suitable training relevant to their roles, including mandatory training.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

### Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up-to-date. Records were maintained in a clear and orderly fashion and were suitably stored.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements, including auditing systems, in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

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

Written agreements for the provision of service were in place for all residents, and had been signed by residents and or their representatives. Overall, the agreement process was suitable. However, some details of the service to be provided to each resident were not shown in sufficient details and were therefore unclear.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose which 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, and copies of the statement were made available to residents and their representatives.

Judgment: Compliant

### Regulation 30: Volunteers

While there were no external people currently volunteering at the centre, the arrangements for previous volunteers had been managed in line with the regulations and with the centre's policy.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services, and these had been suitably submitted.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies required by Schedule 5 of the Regulations were available to guide staff. Most of the policies were up-to-date, although one policy had not been reviewed at an interval of not exceeding three years.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints, although there had been no complaints since the last inspection. There was evidence that residents and their families had been made aware of the complaints



process.

Judgment: Compliant

## Quality and safety

The provider ensured that residents living at this centre received person-centred care and support, which allowed them to enjoy activities and lifestyles of their choice.

Residents confirmed, and the inspector observed, that residents were out and about in the community and were very involved in a wide range of local activities such as social events, community involvement, household tasks, developing independent living skills, employment, visiting and socialising with family and friends and entertainment events. Residents told the inspector about these activities and confirmed that they enjoyed them very much and that they liked living in the centre.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were discussed and planned. The provider's personal planning arrangements ensured that residents' social, health and developmental needs were identified and suitable supports were in place to meet them.

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. Staff could also access national screening programmes as applicable. Healthcare services accessed by residents included speech and language therapy, physiotherapy, psychology and behaviour support which were supplied directly by the provider. Plans of care were developed for residents which identified their specific healthcare needs, ensuring that appropriate information was available to guide staff in the delivery of appropriate care.

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 assessed nutritional needs.

The centre suited the needs of residents. Both houses was 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.

Residents had good access to information relating to their safety and rights such as safeguarding, fire safety, complaints and advocacy. This information was supplied to residents in appropriate formats that they could understand. Residents' civil and

religious rights and preferences were also being supported.

The provider had measures in place to safeguard residents from any form of harm. These included safeguarding training, access to a designated safeguarding officer and an up-to-date policy to guide staff. The provider also had suitable measures in place for the support and management of behaviour that challenges. These included training, behaviour support plans, and involvement of a psychologist and behaviour support specialist. These plans were being implemented and there had been no significant occurrences of incidents arising from behaviour that challenges for a long time.

In addition, risks throughout the centre had been identified and control measures had been recorded to manage any identified risks. There were also effective measures 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 for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents.

There was a high level of compliance with regulations relating to the quality and safety of resident care.

### Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, suitably decorated, and comfortably furnished.

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, as required, to suit any special dietary needs of residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had suitable arrangements in place for the identification and management of risk in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that suitable measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

## Regulation 6: Health care

The health needs of residents were assessed and they had access to a range of healthcare services, such as general practitioners, healthcare professionals, consultants and national screening programmes.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. There was evidence that these were effective as the occurrence of incidents arising from behaviour management issues had reduced to a negligible level.

Judgment: Compliant

## Regulation 8: Protection

The provider had robust arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

## Regulation 9: Residents' rights

There were suitable arrangements in place to ensure that residents' rights were being respected and supported.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Deer Services OSV-0004936

Inspection ID: MON-0024933

Date of inspection: 22/08/2019

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:            The agreement referred to Regulation 24(4)(a) will be amended to include the number of nights of service that the resident receives on an annual basis in the designated centre. A calendar of nights that the service is open is also to be included.</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:            As per Regulation 04(3) the registered provider has reviewed and updated the policy in question.</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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/09/2019
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	11/09/2019