



Office of the Chief Inspector

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

Name of designated centre:	Creg Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	13 August 2019
Centre ID:	OSV-0005007
Fieldwork ID:	MON-0022605

About the designated centre

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

Creg services provides a residential service to adults over the age of 18. Residents of this service have a severe intellectual disability and may also have a diagnosis of autism. Some residents may also use services offered by the mental health team and behavioural support specialists. The centre can also cater for residents with complex medical needs and a combination of nurses, social care workers and care assistants work in this centre. The centre comprises of two houses, which are located on the outskirts of a city where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Suitable cooking and kitchen facilities are also available and reception rooms are warm and comfortably furnished.

A social model of care is offered to residents in this centre and seven residents are receiving integrated services, with both day and residential supports, provided in the designated centre, three residents attend separate day services. One staff member supports residents, in each house, during night time hours and two-to-three staff members support residents, in each house, during the day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
13 August 2019	09:05hrs to 18:10hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

During the inspection, the inspector met with eight residents who lived at the designated centre. Residents communicated with the inspector on their own terms and were observed moving freely around their home. Throughout the inspection, residents appeared content and comfortable in their environment and were observed partaking in leisure activities including baking and watching television. Throughout the day, residents were observed going to, and coming from various community outings supported by staff. The inspector observed warm and caring interactions between residents and staff, and it was evident through observation that staff were knowledgeable about residents' support needs. Questionnaires had been completed by family members on behalf of residents and these were reviewed by the inspector. Overall the feedback indicated that residents were generally happy with the centre including choices offered, activities undertaken and supports from staff. However, some feedback indicated that residents' families felt improvements were needed with regard to continuity of staff working in the centre.

Capacity and capability

In general the inspector found that the organisational management structure in place in the centre ensured that many aspects of care was delivered to a good standard and that residents received a person-centred service where individual choices were promoted. However, improvements were required in regards to the oversight of staff training, risk management and safeguarding procedures to ensure the quality of care and safety of residents was promoted at all times.

The person in charge worked full-time and was found to be knowledgeable about the needs of residents. The person in charge was also responsible for one other designated centre in the area, but had oversight of the centre supported by a team-leader who had responsibility for the day-to day operations. The team leader post was vacant at the time of inspection, but the inspector was informed that there were plans in progress to address this.

The inspector found that the numbers of staff and skill-mix were adequate to meet the needs of residents on the day of inspection. The inspector was informed that additional staff support hours had recently been implemented to support residents, and that this was enhancing the care to residents. The inspector observed residents taking part in individual activities, appointments and accessing community outings throughout the day. There was an actual and planned rota in place which reflected what was happening in the centre on the day of inspection. Staff received support and supervision from the person in charge or team leader, and staff who the

inspector spoke with said they felt supported and could raise any issues of concern to the management team. There was a training matrix in place to include mandatory and refresher training for staff. However, the person in charge had not ensured that all staff had timely access to training that was required to support residents as described in individual care plans and risk assessments. For example, some recently employed staff had not completed training in managing behaviours and safeguarding awareness. While the training had been scheduled, it was not scheduled in a timely manner with some staff waiting up to six months for training.

The provider ensured that unannounced visits and an annual review of the quality and safety of care and support of residents was completed as required by regulation. The annual review included the consultation with residents and their families, and action plans had been devised as a result of these audits which identified areas for improvement. There was evidence to show that these actions were under ongoing review by the person in charge and that actions were in progress. The person in charge had a system in place for internal audits on items including fire safety checks, incidents and accidents, medication management and personal plans. However, the systems in place required improvements with regard to safeguarding processes to ensure that residents' safety was promoted at all times. Furthermore, the person in charge had not ensured that all notifications regarding allegations, suspected or confirmed of abuse, were sent to the Chief Inspector of Social Services as required by regulation.

There was a statement of purpose in place which contained all of the Schedule 1 requirements as described in the regulations. There was a directory of residents in place and suitable insurance in place as required by the regulations.

There were no open complaints at the time of inspection. The complaints process was displayed in a prominent position within the centre and contained details of the appeals process. Residents' monthly meetings covered items such as if the resident was happy or unhappy, and a visual aid was used to support the residents to express their feelings, where required.

Regulation 15: Staffing

There was a planned and actual rota in place that reflected what was worked on the day of inspection. The inspector found that there were adequate staff and skill-mix to support residents with their individual activities on the day.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training matrix in place for mandatory and refresher training for staff.

However, the provider had not put effective arrangements in place to ensure that all staff received the required training to meet residents' assessed needs in a timely manner .

Judgment: Not compliant

Regulation 19: Directory of residents

There was a directory of residents in place in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was insurance in place in the centre as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured that unannounced visits and an annual review of the quality and safety of care and support of residents was completed as required by regulation. There was a clearly defined management structure in place that identified specific roles and responsibilities. However, improvements were needed in the oversight of systems and processes to ensure that staff had the required skills to meet residents' assessed need, risks were effectively identified and assessed and that residents were adequately safeguarded from possible abuse.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had written agreements about the contract for the provision of services which outlined services provided and fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the requirements as described in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that not all notifications were submitted to the Chief Inspector of Social Services as required by regulation and within the required time frames.

Judgment: Not compliant

Regulation 34: Complaints procedure

Residents were supported to express any complaints with the care and support they received at the centre, with information on the provider's complaints procedure prominently displayed in the centre.

Judgment: Compliant

Quality and safety

The inspector found that residents' health, personal and social care needs were assessed and care plans were developed to support residents where required. Residents and their advocates were included in the annual review process of personal plans. Residents' personal plans were in an accessible format with goals identified for the coming year. Progress on goals was reviewed regularly, with photographs of goals achieved displayed in residents' personal plan booklets. Throughout the inspection, the inspector observed residents being supported to attend appointments, to go on various community activities and to take part in in-house activities such as baking and watching television.

Residents who required support with behaviours of concern had behaviour support plans in place. These plans were comprehensive in detail and provided information about triggers to behaviour, proactive and reactive strategies and how best to

support the resident. This included specific interventions to be utilised to support residents with behaviours, and plans stated that the use of these techniques were covered in the specific training that was provided to staff. However, the inspector found that not all staff working in the centre had been provided with this training prior to working in the centre. In addition, the inspector found that one behaviour support plan required review to ensure that the information was accurate and that staff could understand it. Staff who the inspector spoke with were knowledgeable about the support needs of residents and this was observed in practice. Where restrictive practices were in place the inspector found that these were reviewed regularly by the person in charge and members of the multidisciplinary team.

Risk assessments were in place for identified risks in the centre and a log of risks was maintained by the person in charge. Adverse events were assessed and plans were in place to respond to emergency situations. Specific risks which may impact on residents had individual risk management plans in place. However, the inspector found that some improvement was needed with regard to the identification and management of risks that impacted on residents, to ensure that effective control measures were put in place to mitigate against the risk. For example, safeguarding concerns were not risk assessed even though it had been stated in the safeguarding reviews that this risk was ongoing as long as the residents lived together. While plans were in place for the residents concerned to not live together in the long-term, the risk that currently existed had not been assessed.

The centre had systems in place for the detection, containment and extinguishing of fires. Regular checks were completed on fire safety systems. Staff were trained in fire safety and regular fire drills were carried out and ensured that all residents can be safely evacuated with the minimum number of staffing on duty.

There was a safeguarding policy and procedure in place in the centre. While residents were found to be safeguarded on the day of inspection with arrangements in place to protect residents, the inspector found that the policy and procedure for safeguarding with regard to reporting of concerns had not been followed at all times. While incidents that occurred were reviewed regularly by the management team, the inspector found the reviews were not taking place in a timely manner. For example with regard to an incident that occurred on 12th April, this was not reviewed until 24th May at which point it was deemed a safeguarding concern that warranted a referral to the safeguarding team. Where safeguarding plans were agreed as being required, the inspector found that these safeguarding plans were not available in the centre. This meant that there was a gap in documentation to guide staff about the measures that were required to protect residents from possible abuse and about whose responsibility it was in ensuring these measures were adhered to. The inspector was informed that staff were made aware of the safeguarding plans verbally and through team meetings. On review of documentation of the team meetings, the inspector found that there was insufficient detail to guide staff as to what the specific plan was to safeguard residents.

Regulation 13: General welfare and development

The inspector found that residents were supported to access a range of activities and goals of choice, both in house and in the community.

Judgment: Compliant

Regulation 17: Premises

The premises appeared to meet the need of the residents. Residents had their own bedrooms which were personalised and decorated in line with their individual preferences. There was sufficient space for residents to receive visitors and to engage in leisure activities in-house. The centre had spacious gardens which residents utilised to engage in activities such as cycling, gardening and relaxation.

Judgment: Compliant

Regulation 20: Information for residents

There was a resident's guide in place which detailed information as required by the regulations and was available to residents in an easy-to-read document.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy and procedure in place for risk management which contained all the requirements as required in the regulations. There was risk assessments in place for identified risks in the centre and for individuals. However, not all risks had been assessed to ensure effective control measures were in place to mitigate against the risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were measures in place for the detection, containment and extinguishing of fires. Staff were trained in fire safety and regular fire drills were taking place to ensure residents could be evacuated safely.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments were in place for residents' social, personal and health needs and care plans put in place where required. Residents were supported to identify goals through their annual review meetings, and progress on goals were reviewed regularly.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required residents had behaviour support plans in place which had a multidisciplinary input and were detailed in nature. Some improvement was required to one behaviour support plan to ensure it was accurate and informed staff on how to best support the resident. Furthermore, not all staff were trained in managing behaviours and in the required interventions as detailed in residents' behaviour support plans.

Judgment: Not compliant

Regulation 8: Protection

While the inspector found that residents were safe on the day of inspection and that measures were in place to safeguard residents from possible abuse, the safeguarding policy and procedure was not followed at all times with regard to the timing of reviews of concerns and completion of preliminary screenings. Furthermore, safeguarding plans were not available in the centre which led to a gap in documentation to guide staff and minimise risks of possible abuse.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Creg Services OSV-0005007

Inspection ID: MON-0022605

Date of inspection: 13/08/2019

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge has been in contact with the organisation's training department and has made arrangements for an additional training course to be provided. The staff from the designated centre who have to complete training in the management of behaviours have been scheduled to attend this course. In the intervening period, the Person in Charge made arrangements for the Advanced Nurse Practitioner (Behaviour) to reprise the relevant Studio III strategies with the staff concerned, which happened on the 06/09/19.</p> <p>The staff who are required to attend Safeguarding Training have all been scheduled to attend. In the intervening period, Safeguarding Procedures and Protocols have been discussed at team meetings in both houses in the designated centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge has been in contact with the organisation's training department and has made arrangements for an additional training course to be provided. The staff from the designated centre who have to complete training in the management of behaviours have been scheduled to attend this course. In the intervening period, the Person in Charge made arrangements for the Advanced Nurse Practitioner (Behaviour) to</p>	

<p>reprise the relevant Studio III strategies with the staff concerned, which happened on the 06/09/19.</p> <p>The staff who are required to attend Safeguarding Training have all been scheduled to attend. In the intervening period, Safeguarding Procedures and Protocols have been discussed at team meetings in both houses in the designated centre</p> <p>The Person in Charge will ensure that a copy of the matrix of actions from the individuals safeguarding plan will be held on file within the designated centre, to ensure all staff are aware of all aspects of control measures that are in in place, in order to mitigate against the risk.</p>	
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>We will ensure that all notifications are forwarded in a timely manner to ensure compliance with the Health Act.</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>The Person in Charge will ensure that a copy of the matrix of actions from the individuals safeguarding plan will be held on the resident's file within the designated centre, to ensure all staff are aware of all aspects of control measures that are in one place together with an assessment of the risk posed, in order to further mitigate against the identified risk.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Person in Charge and relevant members of the MDT reviewed the behavioural</p>	

support plan identified as requiring greater clarity, with an anomaly being identified and amended as required.

The Person in Charge has been in contact with the organisation's training department and has made arrangements for an additional training course to be provided. The staff from the designated centre who have to complete training in the management of behaviours have been scheduled to attend this course. In the intervening period, the Person in Charge made arrangements for the Advanced Nurse Practitioner (Behaviour) to reprise the relevant Studio III strategies with the staff concerned, which happened on the 06/09/19.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The person in charge has been in contact with the organisation's training department and has made arrangements for an addition training course to be provided. The staff from the designated centre who had to complete the identified training has been scheduled to attend this course. In the intervening period, the Person in charge has made arrangements for the Advanced Nurse Practitioner (Behaviour) to reprise the relevant Studio III strategies with the staff concerned.

The staff who are required to attend Safeguarding Training have all been scheduled to attend. In the intervening period, Safeguarding Procedures and Protocols have been discussed and documented at team meetings in both houses in the designated centre. We will also ensure that the Safeguarding Policy and Procedure of the Organisation is followed at all times with regard to the preliminary screening, notification of, and follow on timing of reviews of concerns

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	07/10/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	07/10/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	27/09/2019

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	23/08/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	07/10/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	07/10/2019
Regulation 08(2)	The registered	Substantially	Yellow	16/09/2019

	provider shall protect residents from all forms of abuse.	Compliant		
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	16/09/2019
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	21/11/2019