



Office of the Chief Inspector

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

Name of designated centre:	Seiribhis na Beanna Beola
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	13 June 2019
Centre ID:	OSV-0005032
Fieldwork ID:	MON-0023392

About the designated centre

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

Seirbhís na Beanna Beola provides an integrated residential, day and respite service for male and female residents over the age of 18. Residents of this service have a mild to profound intellectual disability. The service supports five individuals on a full-time basis and one respite place which is shared between three individuals. The centre comprises of a single dwelling house which is split over two levels and has ample outdoor space for residents to sit and enjoy the sea views. Each resident has their own bedroom, which is decorated to their own individual tastes. There are adequate bathroom, kitchen and recreational facilities in the centre for the residents to enjoy. The centre benefits from their own vehicle for access a range of amenities, and residents also have access to public transport links .The centre is staffed by a skill-mix of social care workers, support workers and nursing staff and has waking night staff in place each night.

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
13 June 2019	10:10hrs to 18:10hrs	Angela McCormack	Lead
13 June 2019	10:10hrs to 18:10hrs	Jackie Warren	Support

What residents told us and what inspectors observed

Inspectors met and spoke with three residents who lived at the designated centre all of whom indicated they were happy and liked their home. Throughout the inspection, inspectors observed residents being supported by staff in a respectful and dignified manner. Residents communicated with inspectors on their own terms and appeared happy and relaxed in their home. Inspectors observed residents being supported to partake in programmes during the day specific to their needs and preferences, and as documented in their care plans. Throughout the inspection the residents appeared content and comfortable in their environment and in the company of the other residents. Inspectors observed warm and caring interactions between staff and residents, and staff were also observed to respond to residents' individual needs and communication preferences.

Capacity and capability

Overall there were good governance and management arrangements in place in the centre which ensured that residents received a quality and safe service. The person in charge worked full-time and was responsible for another designated centre in the area also. The person in charge was found to be knowledgeable about the needs of residents. There was a team leader in place in the designated centre who had oversight of the day to day operations of the centre, and reported to the person in charge. There was an out-of-hours on-call system in place to further provide staff with management support when required.

Inspectors found that the centre was well resourced and that the staffing arrangements and skill-mix were adequate to meet the needs of residents. There were nursing staff available to support with the delivery of care for residents with their healthcare needs, if required. There was an actual and planned rota in place which showed continuity of the staff who cared for residents. Staff received regular training as part of their continuous professional development which ensured residents were supported by staff who were knowledgeable about their support needs. There was a schedule of mandatory and refresher training in place and records indicated that all staff were up-to-date with their training needs. Furthermore, training needs that were identified to improve the care and support of residents, such as falls prevention, dementia and first aid were followed up appropriately with training completed by relevant staff.

The provider ensured that audits and an annual review of the quality and safety of care and support of residents were completed as required by regulations. These audits were detailed and action plans had been devised to improve the quality of

care for residents. This demonstrated a commitment by the provider to drive quality improvement in the centre to enhance the lived experiences for residents. The annual review of the service identified areas for improvement and included the arrangements for consultation with residents and their representatives. Internal audits were carried out in areas such as medicines management and fire safety; however, inspectors found that some improvements were required with regards to these audits.

The provider ensured that residents had contracts for the provision of services. However, inspectors found that one contract of provision of services had not been signed as agreed by all relevant parties.

The provider ensured that there was a system in place for the management of complaints. There were no open complaints at the time of inspection. The complaints process was displayed in a prominent position within the centre. This contained details of the complaints officer and the appeals process. Residents and their families were made aware of the complaints procedure. Complaints was discussed at residents' house meetings and residents had access to an easy-to-read complaints procedure to further support them in understanding the complaints process.

Regulation 15: Staffing

Inspectors found that the centre was well resourced and that there was an appropriate skill-mix of staff to ensure that residents were supported in a safe and person-centred manner. There was an actual and planned rota in place which showed continuity of staff who care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training schedule in place for mandatory and refresher training for staff. Where additional training was identified as being required to further promote the safety of residents, this was provided.

Judgment: Compliant

Regulation 23: Governance and management

Overall inspectors found that there were good governance and management

systems in place in the centre which promoted the safety and wellbeing of residents. An annual review of the care and support of residents was completed, which included the arrangements made for the consultation with residents and their representatives. However, inspectors found that some internal audits were not effective and did not pick up on issues that were evident. These included issues regarding fire safety and medicines management.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for the provision of services for residents. However, inspectors found that a written contract for the provision of services for one resident had not been signed as agreed in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which included all the information as per Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place and this was displayed in a prominent location in the centre. This procedure outlined how to make a complaint and the details of the complaints officer. Residents were supported to understand the process of making complaints with an easy-to-read complaints procedure available, and regular discussion at residents' house meetings.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents received a good quality and safe service,

and that there were systems in place which ensured that residents' safety was promoted. However, some improvements were required in the management of risk and in the oversight of procedures to ensure that fire safety was promoted at all times.

Residents' health, personal and social care needs were assessed and plans were developed to support residents and guide staff in the supports required. Annual review meetings were held where residents were supported to identify personal goals. Staff assisted residents with their personal and social care needs, and updates on progress were documented and reviewed to ensure that these were achieved in a timely manner.

Residents who required support with communication had communication passports in place which guided staff in residents' preferred communication style. These plans were comprehensive in detailing residents' specific communication preferences. Staff who inspectors spoke with were knowledgeable about residents' communication plans, and inspectors observed staff communicating with residents in their preferred language. Residents also had access to television, radios and the internet for accessing topics of interest.

Residents who had specific healthcare needs had assessments completed and up-to-date care plans were in place. Assessments included input from allied health professionals and multidisciplinary team members as required. Residents were also facilitated to access national healthcare screening programmes. Staff who inspectors spoke with were knowledgeable about residents' specific health support needs and this was observed in practice throughout the day of the inspection.

The provider had ensured that there were fire safety systems and procedures in place which included fire doors, emergency lighting and fire equipment, and regular checks were completed. However, on the day of inspection, inspectors found that two self-closing fire doors had measures in place which prevented them from closing. This was brought to the attention of the management team who addressed this concern prior to the conclusion of the inspection. Residents had personal emergency evacuation plans in place which guided staff in the supports residents needed for evacuation. Staff spoken with were knowledgeable about the centre evacuation procedure that was in place, and staff were conducting regular fire drills. However, a review of the fire drill records indicated that a fire drill that was conducted with minimum staffing levels did not ensure evacuation in a timely manner, and the provider had not ensured that measures were in place to address this issue.

There was a risk management policy and procedure in place which was in date and outlined all the requirements as per the regulations. Adverse events were assessed and plans were put in place to respond to emergency situations. The provider ensured that there was a system in place for the recording and review of risks and incidents. However, some improvements were needed with regard to the identification and assessment of risks to ensure that these were appropriately identified, assessed and reviewed for accuracy. Although the person in charge was aware of some safety concerns relating to residents, these had not been assessed in

terms of risk.

Regulation 10: Communication

Residents who required support with communication had communication passports in place. Staff who inspectors spoke with were knowledgeable about the communication preferences of residents and this was observed in practice. Suitable devices were made available for residents to access the internet.

Judgment: Compliant

Regulation 26: Risk management procedures

There was an up-to-date risk management policy in place in the centre. There were systems in place for the identification, assessment and review of risks in the centre. However, improvements were needed in the assessments of some risks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety systems in place and all fire safety equipment was serviced as required. However, the provider failed to demonstrate that residents could be evacuated in a prompt manner when minimum staffing was available.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that not all residents had been assessed with regard to their capacity for taking responsibility for their own medication and in accordance with their wishes and preferences.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Inspectors found that there were comprehensive assessments completed on residents' health, personal and social care needs which were reviewed regularly and kept up-to-date. Personal plans were completed with residents and individual goals were identified which were followed up appropriately.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that residents' healthcare needs were appropriately assessed and care plans were put in place and updated on a regular basis. Residents were also supported to access a range of allied health professionals and to national screening service programmes, as required.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date policy in place in relation to safeguarding residents and all staff had received safeguarding training.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Seiribhis na Beanna Beola OSV-0005032

Inspection ID: MON-0023392

Date of inspection: 13/06/2019

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In accordance with Regulation 23 (1) (c) the Person in Charge has reviewed the audits in place and how they are carried out, by whom and how frequently to ensure all staff are involved in the processes. The Person in Charge ensured this was discussed at Team Meeting on 18/06/2019 and discussed the recording detail required for audit forms. The Person in Charge and Team Leader ensures that all audits are carried out as and when they are due.</p>	
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:</p> <p>In accordance with Regulation 24 (3) the Person in Charge has updated the Individual Service Agreement on 14/06/2019 to reflect the terms on which the resident shall reside in 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 reviewed and updated Risk Assessments in place on 25/07/2019 to ensure that they are accurate and appropriately identified. Some risks in relation to safety concerns for residents are being assessed and documented appropriately.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In accordance with Regulation 28 (3) (d) staff have participated in fire training specific to the designated centre on 22/07/2019, that included role plays of minimal staffing arrangements. The Person in Charge has planned a fire drill with minimal staffing arrangements for the 01/08/2019. Staff will not be aware of the drill prior to it.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>In accordance with Regulation 29 (5), all residents are currently being assessed for their capacity to take responsibility for their own medication in accordance with their wishes and preferences.</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 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	18/06/2019
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	14/06/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	02/08/2019

	place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	01/08/2019
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	30/08/2019