



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

Issued by the Chief Inspector

Name of designated centre:	Sky Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	02 October 2019
Centre ID:	OSV-0005035
Fieldwork ID:	MON-0021131

About the designated centre

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

Sky Service supports 10 individuals of mixed gender who are over 18 years of age, and who have an intellectual disability. These individuals may also have complex needs such as physical, medical, mental health, mobility and or sensory needs and may require assistance with communication. The service provides a mixture of full-time residential and respite care. The centre is comprised of two houses, one in a town, and the other nearby in a rural area. The houses meet the needs of residents with suitable assistive equipment, single bedrooms, gardens and comfortably furnished rooms. Residents in the centre are supported by a staff team that includes team leaders in each house, nurses, social care workers and care assistants. Staff sleep in one house, and there is a staff member on waking duty in the other house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
02 October 2019	10:00hrs to 18:30hrs	Jackie Warren	Lead
02 October 2019	10:00hrs to 18:30hrs	Mairead Murphy	Support

Views of people who use the service

Inspectors met with eight residents who lived in centre. While some residents did not speak with inspectors, it was clear that they were happy and comfortable in the centre and in the presence of staff. Two residents spoke with inspectors and indicated that they liked living in the centre, had good relationships with staff, and enjoyed the activities that they were involved in.

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.

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 identified improvements had been addressed in a timely manner. The provider also ensured that an annual review of the care and support provided at the centre was being carried out.

There was a suitably qualified and experienced person in charge who was well known to residents and who knew their care needs. There were cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

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 such as safe administration of medication, independent skills training, and transport safety. However, training in an aspect of residents' care and support was not being delivered to staff as required by the centre's policy, although inspectors did not find evidence that this was impacting negatively on the care being delivered to residents. The provider had also supplied a range of policies and procedures to guide staff. Some policies, however, had not been reviewed and suitably updated at intervals not exceeding three years as required by the regulations, and one of the required policies was not available in the centre.

There were arrangements in place for the recording and review of adverse incidents. There had been a low level of accidents and incidents, and there had been no serious accidents involving residents.

There was a suitable process to manage complaints. There had been a low level of

complaints in the centre, although there were suitable practices to ensure that any complaints would be suitably recorded, investigated and resolved. The provider had also ensured, through the use of a user-friendly complaints policy and DVD, that residents knew that they could make a complaint about any issues of concern to them.

The provider had ensured that the records and documentation required by the regulations, such as service agreements, a statement of purpose, a directory of residents, and fire safety records, were being maintained and were available in the centre. However, the statement of purpose required review to ensure that it reflected the requirements of the regulations.

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. The person in charge visited the centre frequently and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge which indicated that these were the usual staffing levels.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. However, some staff had not received refresher training in one area of resident care in line with the centre's policy.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived, or received respite services 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 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

The provider had prepared written agreements for the provision of service for all residents. These agreements included the required information about the service to be provided, and were in the process of being agreed and signed by residents' representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations. However, it did not

clearly state some of the information required by the regulations. The statement of purpose was being reviewed annually by the person in charge, and was available in the centre to residents and their representatives.

Judgment: Substantially 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 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. The complaints process had been made known to residents, although there had been no recent complaints in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had not ensured that all policies required under schedule 5 of the regulations were available to staff, and some policies had not been reviewed every three years to inform current best practice.

Judgment: Substantially compliant

Quality and safety

The provider's practices ensured that residents' wellbeing was promoted at all times and that they were kept safe. Residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices.

Residents' quality of life was prioritised by the systems in the centre and their rights

and choices were supported. Inspectors could see that staff supported residents' involvement in the local community.

The centre suited the needs of residents. As the centre was centrally located, residents had very good access to the amenities of the local town. All residents had their own bedrooms. The rooms were decorated to residents' preferences and there was adequate furniture in which residents could store their clothing and belongings. Residents who chose to had access to keys to their bedrooms and could lock their doors if they wanted to. The centre was warm, clean, comfortable and suitably furnished.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. Recommendations from multidisciplinary supports were included in residents' personal plans to ensure that the plans were comprehensive. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met. In a sample of personal plans viewed, inspectors found that meaningful goals had been identified, progress in achieving personal goals was being recorded, and that goals were being achieved.

Inspectors observed that staff supported residents to do things that they enjoyed both in organised day programmes, in the centre, and in the community. Residents were involved in a range of activities such as developing independent living skills, visiting and socialising with family and friends and entertainment events. Throughout the inspection, inspectors found that residents' needs were supported by staff in a person-centred way.

The management team had taken measures to protect residents from harm and to keep them safe. There was a safeguarding policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise any signs of harm and or neglect. The service of a designated safeguarding officer was also available. The provider also had suitable measures in place for the support and management of behaviour that challenges. These plans were being implemented effectively and there had been a significant decrease in incidents arising from behaviour that challenges.

There were measures in place to safeguard residents from other risks. These included, the development of personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, staff training and completion of fire evacuation drills.

The provider and person in charge had introduced good measures to assess, assist and support communication with residents in accordance with their needs and wishes. These included the use of communication techniques, such as picture cards and signage, development of communication passports to guide staff, and

involvement of communication specialists. Residents had good access to information relating to the service and their safety and rights, such as safeguarding, fire safety and advocacy. This information was provided to residents in appropriate formats.

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 appointments were arranged as required. Healthcare services supplied by the provider included psychiatry, psychology, and speech and language therapy. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. Access to national health screening programmes was available for all residents. Options to participate in these programmes were explored by residents, their families and their GPs. Safe medication management practices were also evident in the centre.

Residents' nutritional needs were well met. Residents, who wished to, had involvement in choosing, shopping for, and preparing their own food, and suitable foods were supplied to meet residents' assessed needs.

Throughout the inspection, staff interaction with residents was seen to be person-centred and respectful, and there was a high level of compliance with regulations relating to the quality and safety of resident care.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

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, clean and suitably decorated.

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 to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, and meal plans. There was also a residents' guide which was made available to residents in an easy-to-read format. However, some of the information stated in the residents' guide was not centre-specific and did not clearly reflect aspects of the service being provided.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. Fire evacuation drills, involving staff and residents, were being carried out frequently.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

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 good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had robust safeguarding arrangements in place, such as staff training, to protect residents from harm.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sky Services OSV-0005035

Inspection ID: MON-0021131

Date of inspection: 02/10/2019

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff in the centre will complete in house training in the administration of Buccal Midazolam.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose will be reviewed and amended by the Person in Charge to ensure it includes all of the information required by the regulations.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All policies are available to all staff on Shared Drive on our IT systems. Policies are under review by the provider and up to date versions will be made available.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: The residents guide will be amended to include and reflect centre specific information taking in to account all individuals living in the Centre. Advocacy Training will carried out for both staff and the residents in one house to support with residents involvement in the running of the centre. The link to the HIQA website for inspection reports is included on the Residents Guide and each key worker will support residents to access any inspection	

reports for the centre.

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.	Substantially Compliant	Yellow	31/01/2020
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	30/11/2019
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	30/11/2019
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to	Substantially Compliant	Yellow	30/11/2019

	access any inspection reports on the centre.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/12/2019
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/12/2019
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	31/12/2019