



## Office of the Chief Inspector

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

Name of designated centre:	Dun Aoibhinn Services - Cashel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	10 July 2019
Centre ID:	OSV-0005060
Fieldwork ID:	MON-0022588

## About the designated centre

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

Dun Aoibhinn Services - Cashel consists of a two detached bungalows, located in an urban area. The centre provides long term residential care for a maximum of twelve adult residents, both male and female, with intellectual disability and those with additional support needs such as physical disability, mental health diagnoses and Autism Spectrum Disorder. The centre is open 24 hours a day, 365 days of the year. Each resident has their own bedroom and other facilities in the two bungalows include kitchens/dining rooms, sitting rooms, bathroom facilities and garden areas. Staff support is provided by nurses, social care staff and care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

11

## 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
10 July 2019	09:55hrs to 19:20hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

As this inspection was announced, residents were given an opportunity to complete pre-inspection questionnaires outlining their views on the service they received while living in this designated centre. Three such questionnaires were completed on behalf of residents by their relatives or by staff members. The inspector reviewed these and noted that they contained positive views regarding all aspects queried such as residents' bedrooms, the food provided, visitors, rights, activities and staff support.

This designated centre was made up of two neighbouring units with five residents living in one and six in the other. During the inspection, all 11 residents who lived in the designated centre were met by the inspector. While the inspector did not have an opportunity to speak with all 11 residents, the inspector did talk with some residents and was able to observe all residents in the designated centre where they lived and in their interactions with staff members.

In the unit with five residents, one resident was seen to be supported by a staff member throughout the day in the manner as recommended in the resident's individual personal plan. As part of this the resident had a specific space available to them where they could go to relax and the resident was seen to avail of this space. Another resident was observed to be relaxing on a couch and watching television on arrival in the unit. Staff present were seen to support residents in an appropriate and respectful manner.

While present in this unit residents were supported by staff members to engage in activities such as hand massages and arts. Some of these residents were also seen to go on an outing during the inspection day before returning to the centre. One resident who was away at a day service for most of the day returned to the unit later in the day. The inspector had a brief opportunity to speak with this resident who indicated that things were good. All residents living in this unit appeared calm during observations.

In the other unit, residents were away from the designated centre for most of the day either at day services or on outings. The inspector had an opportunity to speak with two residents who lived here. One of these residents indicated that they liked living in the designated centre, liked the staff supporting them and felt safe in the centre. The second resident indicated that things were good and they had just returned from a drive to a nearby town.

Residents in this unit were seen to interact warmly with staff members on duty. For example, on their return from day service, one resident was greeted by staff in a pleasant manner. Staff members were also overheard to ask residents what food they wanted for a meal. Some of the residents living in the unit appeared very happy and were seen to be supported by staff members to move outside to have a

cigarette.

## Capacity and capability

Systems were in place in this designated centre to support residents and it was seen that the provider had ensured that they had responded to a recent change in residents' needs. It was noted though the staffing arrangements in place continued to require improvement while some further training was required to reflect the change in residents' needs .

The designated centre had a statement of purpose in place which had been recently reviewed. This is an important governance document which described the model of care and support delivered to residents. Under the regulations, the statement of purpose should reflect the day-to-day operations of the centre and is required to include a number of key pieces of information which set out how residents are to be supported. These include the physical layout of the premises, the arrangements for complaints and the staffing arrangements in place. The inspector was satisfied that the statement of purpose provided contained all of the necessary information.

As required the statement of purpose outlined the specific care and support needs that the designated centre was intended to meet. In accordance with these needs, the provider had indicated that staff support was to be provided to residents via a mixture of nurses, social care workers and care staff. This designated centre had last been inspected in November 2018 where it was found that the provision of nursing staff required improvement. It was seen that since that inspection, the provider had made efforts to ensure that the nursing staff as outlined in the statement of purpose was in place.

However, from reviewing rosters maintained in the centre and from talking to staff members, it was clear that the nursing staff, as outlined in the statement of purpose, was not consistently in place. In addition, it was noted that the provider had not ensured that a continuity of staff was provided for. This was also an area for improvement as identified during the November 2018 inspection. On the current inspection, it was seen that a high volume of staff, including some staff obtained from an external agency, had worked in the designated centre in recent months. It was seen that complete staff files for agency staff were not maintained although the provider was able to produce evidence of Garda Síochána (police) vetting for such staff. Complete staff files were maintained for other staff members which, in addition to Garda vetting, contained all of the required documents such as proof of identity and two written references.

It was seen though that the provider had put in place improved staffing arrangements in response to a change in residents' needs since the November 2018 inspection but, as assessed by the provider some further improvement was required in this area also. The improved staff arrangements that had been put in place in this regard were particularly important though given the nature of the change in

residents' needs. Staff members spoken with during this inspection demonstrated a good knowledge of residents' needs and how to support them. Training was provided to staff in various areas although it was noted that specific training in response to the change in residents' needs had not been provided to the majority of staff members. Given that residents' needs were likely to change further, the provision of such training was particularly important.

The staffing that was in place in the designated centre was supervised by the person in charge. The person in charge had the necessary skills, knowledge and experience to perform this role. It was also noted that they had completed a management course during 2018. The designated centre was made up of two units located beside each other and the person in charge worked in both units but was afforded sufficient protected time to carry out their responsibilities under the regulations. Throughout the inspection the person in charge demonstrated a strong of knowledge of the residents living in the centre and was able to discuss all matters raised by the inspector.

Support was given to the person in charge by the well-established organisational structure that was in place within the provider. In addition to this structure, the provider had systems in place to monitor the quality and safety of care and support provided. This included regular audits, in areas such as medicines and health and safety, to assess, evaluate and improve the services provided to residents. Key regulatory requirements such as carrying out provider led unannounced visits to the designated centre were also being carried. It was noted that such an unannounced visit had been carried out in May 2019. This had identified some similar staffing concerns as had been found during this current HIQA inspection and it was noted that the provider was continuing to make active efforts to address this.

It was also seen that any complaints made by residents were listened to and acted upon. Information on the complaints procedures was available in both units of the designated centre while complaints was a constant agenda item on regular resident meetings that took place. Records of any complaints made by residents were maintained in the designated centre which indicated that such complaints were acted upon in a timely, supportive and effective manner.

#### Regulation 14: Persons in charge

A suitable person in charge was in place who had the necessary experience and qualifications to perform this role. The person in charge demonstrated a good knowledge of the residents and their responsibilities under the regulations. The person in charge was responsible for this designated centre only.

Judgment: Compliant

## Regulation 15: Staffing

There were a number of instances in the months leading up to this inspection where the designated centre's allocated nursing compliment had not being provided in accordance with the statement of purpose and the assessed needs of the residents. During the same time period a high number of non-regular staff had worked in the centre. As assessed by the provider, further improvement was required in the staffing arrangements in place to respond to a change in residents' needs. Complete staff files were not maintained for all agency staff who worked in the designated centre.

Judgment: Not compliant

## Regulation 16: Training and staff development

The majority of staff working in the designated centre had not been provided with specific training related to a change in residents' needs. Given that residents' needs were likely to change further, the provision of such training to staff was particularly important.

Judgment: Not compliant

## Regulation 22: Insurance

The provider had ensured that appropriate insurance arrangements were in place for this designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

A well-established management structure was provided for where roles and responsibilities were clearly set out. The provider was aware of their responsibility to carry out requirements of the regulations such as six monthly provider unannounced visits and annual reviews. A written record of the most recent provider unannounced visit was maintained along with an action plan to respond to issues identified. Audits were carried out in areas such as health and safety and medicines.



Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place which contained all of the information as required under the regulations. The statement of purpose reflected the day-to-day operations of the designated centre and was noted to have been recently reviewed.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were discussed at regular resident meetings. Information on how to make complaints was on display in both units of the designated centre. Any recorded complaints made were detailed in a complaints log maintained in the centre.

Judgment: Compliant

## Quality and safety

The provider was making active efforts to respond to residents' changing needs and had put in place appropriate systems to support residents at the time of this inspection. Some improvement was required in relation to the provision of training in de-escalation and intervention.

In accordance with the regulations, each resident had an individual personal plan in place. Such plans are important in setting out the needs of residents and outlining the supports required to provide for these. The inspector reviewed a sample of such plans and found that they contained clear information to guide staff in how support residents in relation to their assessed needs. Staff members spoken to demonstrated a good awareness of the contents of such plans. Individual personal plans were subject to regular review and also received multidisciplinary input.

Based on the overall findings at the time of this inspection, arrangements were in place to meet the needs of residents living in this designated centre. It was seen though that since the previous HIQA inspection in November 2018 there had been a change in some residents' needs. This change had posed challenges to the services provided within the designated centre but it was seen that the provider had responded to these changes by putting in place additional staffing and obtaining

input from relevant allied health professionals. However, the needs of some residents were likely to increase given the profile of residents living in this centre and this would need to be continually assessed by the provider to ensure that arrangements continued to be in place to adequately support residents.

When reviewing personal plans it was seen that specific health needs were provided for. For example, guidance was provided on how to support residents with specific needs such as epilepsy and specialised feeding systems. It was also seen that recently reviewed guidance was available to support residents engage in positive behaviour. Staff members had a good knowledge of such guidance but it was noted that not all staff members working in the designated centre had received training in de-escalation and intervention. Such training is important to ensure that staff are equipped with the necessary skills to fully support residents to engage in positive behaviour and was also particularly relevant given the change in residents' needs.

The previous inspection had found that the processes in place for managing residents' finances required review to ensure that they sufficiently protected residents from any possible financial abuse. At the current inspection it was found that the areas for improvement identified had been acted upon appropriately. For example, it was seen that there was improved recording of residents' financial transactions while the financial balances maintained in residents' current accounts were now below the maximum amount permitted by the provider's own policies in this area.

It was also noted that arrangements were in place to protect residents from other forms of abuse. For, example, it was seen that residents had recently reviewed intimate care plans in place to provide guidance for staff in maintaining the dignity and bodily integrity of residents in this area. Training records reviewed indicated that staff members had been provided with relevant safeguarding training. Staff members spoken with also demonstrated a good awareness of any potential safeguarding concerns present in the designated centre and outlined the measures they would take to reduce the possibility of any resident suffering any harm.

Staff members were also seen to treat residents appropriately and respectfully throughout the inspection. Systems were in operation to assess the rights of residents and it was seen that any restrictive practices were reviewed by a human rights committee while ongoing efforts were being made to reduce the use of such practices. Regular resident meetings were held in both units of the centre where residents were given information on activities, menus and complaints amongst others. It was seen though that some information relating to the specific needs of some residents was on display in areas which would be visible to visitors to the centre thereby reducing residents' privacy.

However, it was seen that each resident had their own bedroom within the designated centre. While some bedrooms within the centre did have interconnected bathrooms, the provider had taken measures to ensure residents' privacy was maintained. Both units which made up this designated centre were presented in a well-furnished, homely and clean manner. It was noted though that, in one unit of the centre, some maintenance was required to the paintwork in the kitchen/dining

area and the sitting room. The premises provided to residents was also equipped with fire safety systems but it was observed that some of the fire containment measures in place required review to ensure they functioned as intended.

### Regulation 17: Premises

The designated centre was made up of two neighbouring units. Both units were similar in their design and layout but were appropriate to meet the needs of residents living in them at the time of this inspection. These units were presented in a clean, well-furnished and homely manner overall but some maintenance work was required in one unit of the centre.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Recently reviewed risk assessments were in place relating to identified risks that impacted on residents. Systems were in operation for the recording and review of any adverse events in the designated centre. An emergency plan was provided for the centre which covered various possible emergencies such as fire and loss of power.

Judgment: Compliant

### Regulation 28: Fire precautions

Regular fire drills were taking place in the centre while staff were provided with relevant fire safety training. The fire evacuation procedures were in display in both units of the centre while residents had personal evacuation plans in place which outlined the supports they needed in the event of an evacuation being required. Fire safety systems were provided that included fire alarms, emergency lighting and fire fighting equipment such as fire extinguishers and fire blankets. Some of the fire containment measures in place required review to ensure that they operated as intended.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Appropriate secure storage facilities were provided for medicines including medicines which required refrigeration. A sample of medicines documents were reviewed which contained all of the required information. Such documents indicated that medicines were being given as prescribed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which had been reviewed, at a minimum, in the previous 12 months, Such plans were informed by assessments while they also had multidisciplinary input. As part of the personal planning process in place residents had goals identified to achieve specific aims, such as greater community access, and there was evidence that such goals were being followed up and reviewed. Overall, arrangements were in place to meet the needs of residents at the time of this inspection.

Judgment: Compliant

### Regulation 6: Health care

Residents had clear healthcare plans in place to guide practice in this area. There was regular monitoring of residents' healthcare needs and residents were supported to undergo key healthcare assessments.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Not all staff working in the centre had been provided with training in de-escalation and intervention.

Judgment: Not compliant

### Regulation 8: Protection

Intimate care plans were in place to guide staff practice in this area. The processes

around the management of residents' finances had been improved since the previous inspection. Staff had been provided with relevant safeguarding training while staff members spoken with demonstrated a good awareness of any safeguarding issues present in the designated centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Systems were in operation to assess the rights of residents. Regular resident meetings were held in both units of the centre. Staff members were also seen to treat residents appropriately and respectfully throughout the inspection. It was seen though that some information was on display in the centre which impacted some residents' privacy.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Dun Aoibhinn Services - Cashel OSV-0005060

Inspection ID: MON-0022588

Date of inspection: 10/07/2019

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Following interviews on 25/07/2019 all permanent staff nurse posts are now filled. Recruitment for locum relief staff nurses is ongoing with interviews scheduled for 13/08/19.</p> <p>A new care assistant/support worker commenced on 22/07/2019. Interviews for the remaining vacant care assistant posts are scheduled for September 2019. The Person in Charge has worked to ensure that regular relief staff are scheduled to work vacant lines during this period to ensure continuity of care to the residents.</p> <p>The Registered Provider has developed a system to ensure relevant documentation relating to agency staffing is submitted and reviewed prior to commencing work in the organisation.</p>	
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>Training for the whole staff team on Dementia Care has been scheduled to take place over two days in September 2019.</p>	



Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The identified maintenance works will be completed by 30/09/2019.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Work to ensure that all fire containment measures are functioning as intended will commence on 19/08/19.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Seven staff attended trained in de-escalation and intervention techniques on 16/07/2019. Four staff will attend this training on 27/08/2019 and a further six staff on 25/11/2019.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Information on display which impacted on residents' privacy was removed immediately on the day of inspection. The Person in Charge will ensure that this does not arise again.	

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	25/07/2019
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Orange	25/07/2019
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care	Substantially Compliant	Yellow	25/07/2019

	and support, particularly in circumstances where staff are employed on a less than full-time basis.			
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	25/07/2019
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	30/09/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2019
Regulation 07(2)	The person in charge shall	Not Compliant	Orange	25/11/2019

	ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	10/07/2019