



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

Issued by the Chief Inspector

Name of designated centre:	Heather Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	19 October 2021
Centre ID:	OSV-0004461
Fieldwork ID:	MON-0026988

About the designated centre

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

Heather services, is a residential service located on the outskirts of a busy town in Co Roscommon. Heather Services provides accommodation and support for up to seven adults with intellectual disabilities in two separate bungalows in residential areas. The larger building accommodates six residents and is divided into two residential units which are interconnected. One resident lives in the second bungalow. All residents have their own bedrooms with some having ensembles. In both houses there are also adequate communal rooms for people to have visitors and privacy. The service supports residents with high support needs. Residents are supported with a staffing skills mix of senior staff nurses, staff nurses, social care workers, community facilitator and community connectors. Waking night duty and sleepover staff are in place. People avail of day services from their home. Transport is provided to access work, education/training and leisure facilities in the community. Residents are supported to be active participating members of their local communities. They use the local amenities including – restaurants, public houses, hotels, shops, parks, cinemas, arts centres, libraries, church, bowling alley, and swimming pools.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Tuesday 19 October 2021	11:30hrs to 17:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed.

The inspector met with some residents who lived in the centre. Although none of the residents could communicate verbally with the inspector, all residents were observed to be at ease and comfortable in the company of staff. Residents appeared relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities and visits with their families, which were arranged in line with public health guidance.

The centre is in a busy rural town and close to amenities such as public transport, shops, restaurants, hotels and leisure facilities. Vehicle were available so that residents could go out for drives and to access the local amenities. The centre was clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access and television available for residents. There was adequate communal and private space, well equipped kitchens and sufficient bathrooms. All residents had their own bedrooms and those that the inspector saw were comfortably decorated, suitably furnished and personalised. Both houses had secure gardens with seating areas. However, in one house, the garden path did not provide independent access to the garden for wheelchair users, and in both houses, grass was long and required cutting. This is further discussed in the quality and safety section of this report.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. However, at weekends staffing arrangements were not always sufficient to ensure that all residents could take part in activities of their choice.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The provider's management arrangements were being reviewed and reconfigured to improve the overall service and to ensure that a good quality and safe service for residents would be maintained.

Although, it was found that residents were well cared for and enjoyed a good quality of life, some weaknesses in governance at the time of inspection, presented a risk that these standards might not be consistently maintained. The areas that required improvement included, the day-to-day management of the service by the person in charge, record keeping, auditing systems, some aspects of property maintenance, and lack of oversight of infection control arrangements. However, the provider had already identified that these issues required improvement and plans to address them were already in progress.

There was a suitably qualified and experienced person in charge who knew the residents and their support needs. The person in charge had responsibility for other management functions and had limited time for the management and required oversight of Heather Services. However, the provider had been working to address this. A new person in charge was being assigned to this service and would have the capacity for greater involvement in the centre. It was expected that the new person in charge would take up the role shortly after the inspection.

Staffing arrangements in the centre required review to establish if the current staffing levels were adequate. During the inspection, it was observed that residents were well supported by staff during the daytime which enabled them to take part in activities that they enjoyed. However, there were reduced staffing levels in part of the centre at weekends. This presented a risk that some residents might not be able to take part in activities and interests that they enjoyed if there were not sufficient staff to support them at these times.

The auditing system was not fully effective. Although medication audits were taking place on an ongoing basis, these had not ensured that suitable practices were in place in relation to the management of residents' medication. During the last inspection of the centre it was found that medication audits demonstrated a high level of medication errors in both houses in the centre. Since then, the provider had introduced measures, such as training, to address this. However, this had only been partially effective as the level of medication errors had reduced in one house in the centre but remained high in the other. Failure to address medication errors presented a risk to the safety and welfare of residents.

Documents required by the regulations were kept in the centre and were made available to view as requested. Records viewed during the inspection included personal profiles, healthcare records, cleaning records, and fire drills. Overall, records and documents were well managed. However, improvement was required as some information and documentation was not effectively recorded. For example, fire drills did not record areas which impacted on the timely completion of the drills, and cleaning records for infection control were not accurate. Since the last inspection there had been improvement to the recording of use of restrictive interventions

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 had other management roles and this impacted on the time available for the governance of this service. However, the provider had acknowledged this deficit and arrangements were in place to restructure and improve the management arrangements in the centre. Shortly after the inspection the provider confirmed that the appointment of a new person in charge had been finalised.

Judgment: Substantially compliant

Regulation 15: Staffing

Overall, there were adequate staff allocate to support residents on weekdays. However, weekend staffing arrangements required review to establish if they were sufficient to ensure that residents could take part in activities of their choice on Saturdays and Sundays.

Judgment: Substantially compliant

Regulation 21: Records

Overall, the provider had ensured that records required under the regulations were being maintained. However, some of the documentation viewed was not up to date and accurate.

The areas where improvement was required included:

- fire drills were not suitably recorded
- cleaning records were not being accurately recorded.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, there were good arrangements in place for governance, leadership and management of the centre, although some improvement was required to ensure that a good quality and safe service to residents would be maintained.

The areas where improvement was required included:

-the person in charge had various management responsibilities and it was not evident that there was sufficient time dedicated to the management of this centre
-the auditing system did not consistently give rise to improvement in practice. This was evident in one house in the centre where poor medication practices continued to occur in spite of having been frequently identified in medication audits

-the provider was asked to assess the compatibility of residents and to evaluate if the service was meeting the needs of all current residents.

Judgment: Substantially compliant

Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe. Overall, there was evidence that a good quality and safe service was provided to residents. However, improvements to fire drill records, medication management, infection control and premises were required.

The centre was two houses close to a rural town. Overall, the centre suited the needs of the residents and was being well maintained. All houses in the centre were comfortably decorated and the kitchens were well equipped and bright. All residents had their own bedrooms and the rooms that the inspector saw were comfortable and personalised. There were adequate bathrooms in the centre to meet the needs of residents and these were suitably equipped. Since the last inspection the provider had made improvements to increase the comfort and safety of residents. For example, a new hoist and additional vehicle had been secured. Remedial work had also been carried out to reduce a risk in a kitchen area. There were gardens with seating areas adjoining both houses but at the time of inspection grass-cutting was overdue which reduced residents' free access to the garden. It was also noted in one house that the garden path had reduced accessibility for wheelchair users. The inspector observed that a wheelchair user required staff support to mobilise in the garden due to the lay out of the path. This reduced the resident's independence.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a rural town and close to a range of amenities and facilities in the nearby neighbourhood. The centre also had its own dedicated vehicles, which could be used for outings or any activities that residents chose. Since the last inspection of the centre the provider had increased the number of vehicles in the centre to increase residents' access to

activities in the local community.

There was extensive guidance and practice in place in the centre to control the spread of infection and to reduce the risk of COVID-19. This included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures. The risk register had also been updated to include risks associated with COVID-19. A cleaning plan for the centre had been developed by the provider, although improvement to this system was required. While overall, the centre appeared visually clean, there were some surfaces which were not readily-cleanable and could not be properly cleaned and sanitised. It was also noted that a wheelchair that was recorded as having been cleaned the previous night was in an unhygienic condition. This gave rise for concern over the effectiveness of the cleaning records.

Residents' nutritional needs were well met. Suitable foods were provided to suit residents' needs and preferences. Nutritional assessments had been carried out as required, residents' weights were being monitored, and support from dieticians and speech and language therapists was available as required.

The provider also had systems in place to ensure that residents were safe from the risk of fire. During the last inspection of the centre, fire evacuation drills had required improvement and this had been partially addressed. Records indicated that fire evacuation practices were being carried out routinely to reflect both day and night staffing levels. However, fire drill records were not recorded in sufficient detail for learning or improvement in practice.

Regulation 17: Premises

Overall, the design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was generally well maintained, clean and suitably decorated, although there was improvement required to gardens and cleaning practices in the centre. The following areas required improvement:

- parts of back gardens were not readily accessible to residents due to layout of paths in one house and overdue grass cutting in both houses
- sensory items and facilities for outdoor activities had not been provided in gardens & there was no evidence that this had been suitably explored
- an unpainted timber radiator cover in a bathroom was not readily cleanable.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Suitable foods were provided to suit any

special dietary needs and preferences of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were no physical risks evident throughout the centre. Remedial works had been carried out to eliminate a risk which had been present during the previous inspection of the centre.

Judgment: Compliant

Regulation 27: Protection against infection

While the provider had various measures in place to limit and manage infection in the centre, cleaning systems were not sufficiently robust.

- safety padding on a wash hand basin in a bathroom was extremely torn and defective and could not be cleaned or sanitised
- a radiator cover in a bathroom had a porous surface and was not readily cleanable which presented an infection control risk
- a resident's wheelchair, which was stored in a bathroom when not in use, was in an unhygienic state and visibly dirty
- from a sample of cleaning records viewed it was evident that some cleaning, which was recorded as having been completed, had not been carried out
- while the centre appeared visibly clean, there was evidence that the overall cleaning plan was not being adhered to.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drill practices in the centre were not fully effective. Fire drills were taking place both during the day and at night time. However, the recording of some fire drill outcomes was not sufficient to identify areas that required improvement and for learning.

Judgment: Substantially 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. Since the last inspection, separate transport vehicles had been provided to each house in the centre to ensure that residents would have better access to community activities of their choice.

Judgment: Compliant

Regulation 7: Positive behavioural support

The recording of the use of restrictive practice was examined. This information was found to be suitably and legibly recorded.

Judgment: Compliant

Regulation 9: Residents' rights

Works had been completed and interventions put in place to ensure residents' rights to comfort and to manage incidents that could cause distress to some residents.

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 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Heather Services OSV-0004461

Inspection ID: MON-0026988

Date of inspection: 19/10/2021

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Management structure has been reviewed and a new Person in Charge has been appointed to this Designated Centre. The Person in Charge works some frontline roster duties as well as having 15 Supernumerary hours per week to provide effective governance. The Person In Charge reports into the Area Manager who is also the PPIM for this centre.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The roster for this service has been reviewed to ensure there is sufficient staff on duty at weekends. This is to ensure there is support for all people to access the community to take part in activities of their choice on Saturdays and Sundays.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Fire drill records have been reviewed by the Management team. All staff have been informed by the Person in Charge, of the importance of maintaining clear detailed and</p>	

accurate records to ensure there is robust information available at all times. This will also support continuous learning from these records to identify any improvements required. This is reinforced to all staff at the record keeping training. Cleaning records have also been reviewed by the Management team and the PIC continues to monitor and review all documentation and follow up actions required from these records.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 The Management structure has been reviewed and a new Person In Charge has been appointed to this Designated Centre. The Person In Charge works some frontline roster duties as well as having 15 Supernumerary hours per week to provide effective governance and management. The Person In Charge reports into the Area Manager who is the PPIM of this centre.
 A new auditing system is being implemented by the PIC to ensure effective improvement in practice.
 The provider continues to liaise with the Management and Multi-Disciplinary Team to assess the compatibility of the people supported, to ensure the service is meeting the needs of the people supported.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The paths are being widened around one of the houses in this Designated centre, to ensure accessibility for the people supported. A gardening maintenance schedule has been put in place by the PIC to ensuring the timely cutting of the lawns.
 The garden in one house will be enhanced in the Spring time in line with people's interests and sensory needs.
 The timber radiator cover in one bathroom has now been removed.

Regulation 27: Protection against	Substantially Compliant
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infection	
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The safety padding on the wash hand basin has been replaced with a material that can be cleaned and sanitized in line with IPC standards.</p> <p>The radiator cover in the bathroom has been removed.</p> <p>The person supported wheelchair has been cleaned and forms part of the daily cleaning schedule. The cleaning records and actions required are being monitored by the PIC.</p> <p>Cleaning records are being closely monitored by the PIC. The PIC is carrying out weekly audits to ensure the cleaning schedules are being completed. This includes weekly visual checks by the PIC to provide further evidence of the completion of cleaning.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Records from all fire drills completed within the Designated Centre were reviewed following inspection by management and continue to be reviewed by the PIC on a monthly basis. This ensures that fire drills are recorded with adequate and accurate details. Any action/actions required following the completion of a fire drill are identified and followed up by the PIC.</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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	03/11/2021
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	31/01/2022
Regulation	The registered	Substantially	Yellow	31/05/2022

17(1)(c)	provider shall ensure the premises of the designated centre are clean and suitably decorated.	Compliant		
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/03/2022
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/11/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of	Substantially Compliant	Yellow	31/12/2021

	purpose.			
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	31/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	14/12/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	30/11/2021

	followed in the case of fire.			
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