



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

Issued by the Chief Inspector

Name of designated centre:	Azalea Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	23 June 2021
Centre ID:	OSV-0004463
Fieldwork ID:	MON-0032926

About the designated centre

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

Azalea Services is a residential service, which is run by the Brothers of Charity Services. The centre provides accommodation and support for five male and female adults over the age of 18 years, with moderate to severe intellectual disability, including those with challenging behaviour and autistic needs. The centre comprises of two bungalows which can accommodate two and three residents in each and have suitable facilities and accommodation. Both bungalows comprise of single residents' bedrooms, en-suites, shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. Both houses are located in close proximity to each other on the outskirts of a large town. Staffing is available all times to support the residents and residents attend day services locally during the week. There are two staff in one house and a single staff in the second. Both waking and sleep over staff are provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 23 June 2021	10:00hrs to 17:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The centre comprises of two houses, in close proximity to each other. The inspector was based in one house and visited the second house, which was smaller, in order to minimise the risk of infection to the residents and staff.

the inspector saw that one of the houses had been fully renovated and redecorated, which resulted in a more spacious, comfortable and bright environment. This also facilitated the residents' mobility, with easier access for assistive equipment, wheelchairs, ceiling hoists and accessible bathrooms. The second house was scheduled for redecoration and renovation of the bathroom.

Residents in the centre could not communicate directly with the inspector but allowed the inspector to be in their company as they participated in some of the preferred routines, recreation, meals and activities. Their views were relayed through staff advocating on their behalf.

The residents appeared very well cared for, comfortable in their home, and held their own favourite objects. Staff were attentive and responsive and assisted them with mobility, personal care and their meals, in a dignified and sensitive manner, and gently redirected them if necessary. The inspector observed activities taking place for example one resident went for a walk with staff and others went for a drive and picnic lunch to a local outdoor facility. These events occurred mainly before 14:00 hrs.

Staff communicated easily with residents, telling them what was about to happen next and responded quickly to their non-verbal communication or signs of anxiety.

During the pandemic a sensory garden had been created, with the residents input, which was colourful and bright. One resident particularly liked the scent and feel of the flowers and picked some to have in the house on the day of the inspection.

The residents' day service had been discontinued due to the pandemic. The person in charge told the inspector that the change to a less onerous routine had suited the residents' better, in that residents had more rest times, and less pressure to get to their day services. The inspector was advised that from September, a wrap around day service would be initiated, based on a more individualised and person-centred approach. In the interim, the staff had substituted a range of different activities, including going for drives, baking, foot massages, visiting the chickens in a neighbours house, making cards and decorating the centre for special occasion. The inspector saw photographs of the residents doing some of these activities and enjoying them.

Care was taken to ensure the residents had continued contact with their families. For example, family visits, or short visits home or outside had been managed safely and contact was maintained via phones and video calls. Families were also seen to

be very involved in decisions regarding their care and support, which was appropriate.

The findings of this inspection indicate that the provider had put systems in place to support the the emotional and physical care needs of the residents. However, the arrangements to ensure that the person in charge can provide sufficient oversight of care remained unresolved. In addition, the residents access to external activities or recreation was impacted at times in one of the houses, due to the staffing levels. For instance, from 14:00 hrs. and at weekends only two staff were available in one house. This made it very difficult for the residents who may wish to go out for drives or to local amenities to do so after this time.

These matters will be discussed further in the following sections of this report with further detail on how the Governance and Management of the service impacts on the quality and safety of care in the centre.

Capacity and capability

This risk inspection was carried out at short notice, in order to ascertain the providers continued compliance with the regulations and to inform the decision in regard to the renewal of the provider's registration. The centre was last inspected in December 2019 and eight non-compliance's were identified during that inspection which impacted on the residents' welfare. These included risk management procedures, medicines management, multidisciplinary reviews and assessments, residents' healthcare, behaviour supports and residents' rights. The inspector reviewed these as part of this inspection and found that the majority of the issues had been satisfactory resolved. The changes made had resulted in a safer and better quality of care for residents.

The person in charge had the required qualifications, experience and knowledge to carry out their role and was responsible for two designated centres and a large day service. Following the previous inspection, the provider had advised that a team leader was to be appointed within the centre with supernumery hours to support the person in charge and provide direct oversight of care. However, the inspector was advised that the post holder was not directly involved in this centre, which limited the persons capacity to provide oversight, and this was primarily an administrative role for six hours. The arrangement was no longer in place and in fact the post holder had been unable to attend at the centre since December 2020.

This was not satisfactory and again impacted on the capacity of the person in charge to provide direct care and oversight to this centre on a consistent basis. Notwithstanding the improvements which were evident, given the serious findings of the previous inspection, which were a direct result of a lack of oversight of the residents care. This lack of support for the person in charge presented a risk that

the improvements would not be sustained which would impact negatively on the residents, who had very complex care and support needs.

The inspector was not assured that the resources provided in terms of staff were at all times adequate to meet the needs of the residents. In one of the houses the staffing levels provided were not sufficient during the day time to provide support for resident with their recreational activities. In one house, there were three staff available up to 14.00hrs each weekday. From 14.00hrs each weekday and on all weekends only two staff were available. The residents presented with high support needs, including physical care needs. While the inspector observed and was assured that the residents physical care needs including, personal care and manual handling were managed safely, the numbers of staff available at times could be seen to impact on the residents' access to external activities, recreation or individual supports required to carry out these activities.

The recruitment practices were not reviewed on this inspection as the records were stored in a separate location. However, according to the training records reviewed, staff had the skills and knowledge to support the residents with varied and complex needs and all mandatory training had been provided at this time. COVID-19 specific training had also been provided. The inspector was unable to access the supervision records for the staff on this occasion as this was not undertaken by the person in charge and records were not available to her. However, from a review of the team meetings records seen (although these were held infrequently) the residents care was prioritised. The staff were knowledgeable as to the supports necessary for the residents.

There were monitoring systems, including audits and the provider's unannounced visits which took place remotely. An annual report for 2020 had been completed. There was evidence of consultation with the resident's guardians, which was very complementary in regard to the care and support provided to the residents.

While there were no complaints recorded at the time of this inspection, the inspector saw that where residents' guardians had expressed concern regarding changes in the residents' needs, these had been robustly reviewed to provide reassurance to their guardians.

Regulation 14: Persons in charge

The person in charge had the required qualifications, experience and knowledge to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The inspector was not assured that the resources provided in terms of staff were at all times adequate to meet the needs of the residents. In one of the houses, the staffing levels provided were not sufficient during the day time to provide for the social or recreational preferences of the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

According to the training records reviewed, the staff had the skills and knowledge to support the residents with varied and complex needs. All mandatory training deficits had been addressed at this time. COVID-19 specific training had been provided for the staff.

Judgment: Compliant

Regulation 23: Governance and management

Arrangements for the management and oversight of the centre required review to provide suitable and sufficient care and oversight of practice by the person in charge.

The provider had not made and maintained, suitable arrangements to facilitate the person in charge to carry out the role effectively, while being in charge of more than one centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been revised and detailed the care and support to be offered within the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of the accident and incident record the inspector was assured that the provider was submitting the required notifications to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

While there were no complaints recorded at the time of this inspection, there was an appropriate policy in place should this arise. The inspector saw that where residents' guardians had expressed concern regarding changes in the residents' needs, these had been robustly reviewed to provide reassurance.

Judgment: Compliant

Quality and safety

The residents' complex needs were recognised and supported by the provider in order to ensure their quality of life and safety, and there was a significant improvement found in the attention paid to the residents' healthcare and primary care needs. The residents had good access to a range of multidisciplinary assessments, including speech and language, physiotherapy, nutrition, neurology, occupational therapy psychology and psychiatry. The residents had detailed support plans implemented for all of their identified care needs.

The inspector found that the enduring healthcare needs of the residents were being well monitored and responded to so as to ensure their wellbeing. The staff were observed to be implementing the support plans in how they provided care for the residents. There were individual goals identified for the residents, such as to go home again, get to church, planning for the new wrap around day service, and resuming the nice external activities that they would have enjoyed prior to the pandemic.

The residents presented with high support needs, including physical care needs. The inspector observed and was assured that the residents physical care needs including, personal care and manual handling were managed safely and the number of staff was sufficient to provide this.

However, there was a distinct difference in each of the houses as to how the social access and relaxation needs of the residents was supported. This was primarily influenced by the staffing levels in each house at different times and at weekends, and the subsequent ability of the staff to ensure that all of the residents had access to both external and recreational activities.

It was apparent that despite the best efforts of the staff, some of the residents had time limited access to the community, or external areas at certain times. This was due mainly to the level of support needed, for example, two wheelchairs, and individual residents' preferences to remain at home. It was difficult to go out or get out of the transport for a walk if, as often required after this time, all three residents had to go together. By contrast, the inspector saw that the resident who lived alone had very good access to the community.

Medicine management practices were seen to be safe and the residents' medicines were regularly reviewed for impact on the resident, suitability, and effectiveness.

The systems for safeguarding of residents were satisfactory, and safeguarding plans were implemented where necessary. The residents required full support with their finances and there were good oversight systems in place, to ensure this was safe. The residents' personal care plans had been reviewed following the previous inspection. These were seen to protect the resident's dignity and personal preferences in this matter. There was good access to behaviour support, guidance and clinical oversight and where behaviours of concern had escalated, there was evidence of frequent oversight and review by psychiatry, behaviour support and general practitioner. This had reduced the severity and the number of incidents occurring.

A number of restrictive practices were implemented in the centre. These were assessed by the appropriate clinicians and were implemented for the safety of the residents. However, while these had initially been referred to the providers human rights oversight committee, the systems for ongoing review were not sufficiently robust. This would ensure that they remained the only option available and were not unnecessarily intrusive on the residents.

The systems for the management of risks had been improved and protected the residents, with individual risk assessments and management plans which were specific to the environment and the clinical risks for the residents. They included detailed guidelines for monitoring of choking risks, seizure activity, self-harm or falls. Accidents and incidents, including medication errors, were well and promptly managed. For example, following a fall, the person in charge had obtained additional equipment to prevent a re-occurrence and injury to the resident.

The residents were protected by the fire safety and evacuation procedures implemented. There were a range of fire safety systems in place, including a suitable fire alarm, emergency lighting and extinguishers which were seen to be serviced as required. Staff had received fire safety training and evacuation practices had been undertaken at various times to ensure the residents could be evacuated safely. The renovations to the building had included installing double doors in two bedrooms, so that if necessary, the resident could be evacuated directly from their bedrooms.

The residents were entirely dependent on the staff and their guardians to act to protect their rights. The staff were very familiar with the residents' non verbal communication and how they expressed their preferences for the daily lives and

routines. The residents' guardians were consulted appropriately regarding their care and acted as advocates on the behalf. Since the previous inspection, the provider had implemented a more suitable arrangement for the confidential storage of the residents personal records and they were not now in view of or available, to any person who visited the centre.

One of the residents participated in the provider's local advocacy group, with the support of the staff. This afforded opportunities to be aware of and involved in social events organised the locality.

Suitable arrangements had been made by the provider to protect the residents from the COVID-19 pandemic and this had been effective in protecting the residents who were vulnerable to this illness.

Regulation 17: Premises

The premises were suitable for purpose, on house had been completely renovated resulting in more suitable, easily accessible, comfortable and bright accommodation for the residents. The second house was scheduled for some remedial renovation and redecoration.

Judgment: Compliant

Regulation 26: Risk management procedures

The systems for the management of risk had been improved and protected the residents, with individual risk assessments and management plans, specific to the environment and the clinical risks for the residents. They included detailed guidelines for monitoring of choking risks, seizure activity, self-harm or fall. Any such incidents were responded to promptly.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable arrangements had been made by the provider to protect the residents from the COVID- 19 pandemic and this had been effective in keeping them safe.

Judgment: Compliant

Regulation 28: Fire precautions
<p>The fire safety and evacuation procedures implemented were suitable. There were a range of fire safety systems in place, including a suitable fire alarm, emergency lighting and extinguishers which were seen to be serviced as require, practice drills were held and there were good evacuation procedures devised for the residents who were entirely dependant on the staff to evacuate them safely.</p>
<p>Judgment: Compliant</p>
Regulation 29: Medicines and pharmaceutical services
<p>Medicine management practices were seen to be safe and the residents' medicines were regularly reviewed for impact, suitability, and effectiveness in maintaining the residents' health and wellbeing.</p>
<p>Judgment: Compliant</p>
Regulation 5: Individual assessment and personal plan
<p>The residents complex care needs were supported by good access to range of multidisciplinary assessments, including speech and language, physiotherapy, nutrition, neurology, occupational therapy, psychology and psychiatry. The residents had detailed support plans implemented for all of their identified care needs and their needs were reviewed frequently.</p>
<p>Judgment: Compliant</p>
Regulation 6: Health care
<p>The residents enduring healthcare needs were being well monitored and responded to with prompt review and referral to general practitioner(GP). There was also evidence of good follow up to any interventions or tests undertaken to support the residents ongoing health care and wellbeing.</p>
<p>Judgment: Compliant</p>

Regulation 7: Positive behavioural support

There was good access to behaviour support guidance and clinical oversight and where behaviours of concern had escalated, there was evidence of frequent oversight and review by psychiatry, behaviour support and general practitioners, which had reduced the severity and the number of incidents and benefited the residents daily lives.

The restrictive practices implemented in the centre had been initially assessed and reviewed by the Rights Committee. However, the systems for ongoing review of these practices was not sufficiently robust, in order to ensure that they remained the only option available and were not unnecessarily intrusive on the residents.

Judgment: Substantially compliant

Regulation 8: Protection

The systems for safeguarding of residents were satisfactory and safeguarding plans were implemented where necessary. The residents' finances were carefully managed and their personal and intimate care plans reflected a respect for their dignity and privacy, taking their known preferences into account.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were entirely dependent on the staff and their guardians to act to protect their rights. The staff were very familiar with the residents' non verbal communication and how they expressed their preferences for the daily lives and routines. The residents' guardians were consulted appropriately regarding their care and acted as advocates on their behalf. The provider had implemented a more suitable arrangement for the confidential storage of the residents' personal records since the previous inspection, to protect their privacy.

One of the residents participated in the provider's local advocacy group, with the support of the staff. This afforded opportunities to be aware of and involved in social events organised in the locality.

Judgment: Compliant

Regulation 13: General welfare and development

While the residents had access to their community there was a distinct difference in each of the houses as to how the social and relaxation care needs of the residents was supported. This was primarily influenced by the staffing levels in each house at specific times and the level of support needed for the residents for example, two wheelchairs were required, residents requiring a one to one support when in the community, or on the transport, and individual residents' preferences to remain at home. It was difficult to go out, or get out of the transport for a walk if, as often required after 14:hrs and at weekends, all three residents had to go together. By contrast, the inspector saw that the resident who lived alone had very good access to the community and to activities within the house at times of his own choosing.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 13: General welfare and development	Substantially compliant

Compliance Plan for Azalea Services OSV-0004463

Inspection ID: MON-0032926

Date of inspection: 23/06/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Due to COVID 19, the four people supported in this designated centre have not attended their day service which was previously provided by another organization. Staffing in the centre has been restructured to provide day supports from the people's home. Due to COVID 19 and people's health access to the community was reduced. All people supported now are fully vaccinated and can access the community in line with government guidelines.</p> <p>The structure of the staffing arrangements is being reviewed with an extra staffing resource allocated to ensure that the day supports are tailored to meet the individual needs of people supported across both houses. This review by management will review staff rosters and quality planning for all people supported. This will support access to external activities and recreational supports in a more flexible way throughout the day and evenings.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A Team Leader will commence 12 supernumerary hours in this service on the 5th of August 2021. The supernumerary hours will be rostered in this designated centre and support the PIC in providing effective management and oversight. Until then a temporary team leader will be appointed to this post.</p> <p>Early next year, a restructuring of staffing is planned which will include recruitment of a</p>	

full-time Social Care Leader to work in this designated centre. This Social Care leader will work full-time on the front line roster and have 12 supernumerary hours for governance and management of the centre. This Social Care leader recruited will be appointed as a Person In Charge for the service to further support effective governance and management of the centre.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 All restrictive practices are reviewed on a quarterly basis and are on team meeting agenda's. Restrictive practices in this centre are under review and monitoring plan will be put in place. This will be supported by the organisation's Rights Review Committee. This review is taking place to ensure there is a robust system for ongoing review of restrictions and ensuring there is no unnecessary intrusiveness for people supported.

Regulation 13: General welfare and development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:
 Due to COVID 19, the four people supported in this designated centre have not attended their day service which was previously provided by another organization. Staffing in the centre has been restructured to provide day supports from the people's home. Due to COVID 19 and people's health access to the community was reduced. All people supported now are fully vaccinated and can access the community in line with government guidelines.
 The structure of the staffing arrangements is being reviewed with an extra staffing resource allocated to ensure that the day supports are tailored to meet the individual needs of people supported across both houses. This review by management will review staff rosters and quality planning for all people supported. This will support access to external activities and recreational supports in a more flexible way throughout the day time and evenings.

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/08/2021
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	31/08/2021
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	Not Compliant	Orange	05/08/2021

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/09/2021