



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

## Issued by the Chief Inspector

Name of designated centre:	Suir Services Rathronan
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	11 January 2023
Centre ID:	OSV-0007816
Fieldwork ID:	MON-0029640

## About the designated centre

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

Suir services Rathronan is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential services to two adults with a disability. The centre is located in a town in Co. Tipperary close to local facilities including shops, banks and restaurants. The centre is a bungalow which comprises of a sitting room, kitchen/dining area, relaxation room, an office, two bathrooms and two individual bedrooms. There was an enclosed garden to the rear of the centre. The centre is staffed by a person in charge, social care worker and care assistants.

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

Number of residents on the date of inspection:	2
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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 (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 11 January 2023	08:45hrs to 13:00hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with the two residents that lived in the designated centre. Both residents engaged in a strict routine in line with their assessed needs, and staff members supported the inspector to meet with residents at a time that would be suitable for the residents. Residents could not verbally tell the inspector their views on the supports received in their home, therefore the inspector observed residents' interactions with their environment, and spoke with staff members about the supports they provided to residents.

The inspector met with one resident briefly as they waited on their bus to go to their day service. The resident had various items with them, as outlined in their behaviour support plan. The resident declined to engage with the inspector, and when they indicated through gestures that they would like the inspector to leave this choice was respected.

The second resident was observed getting ready for the day ahead, having a drink and leaving to attend their day service. This resident appeared content and relaxed as they interacted with their environment and staff members. Staff members spoke about the importance of routine for residents, and the provision of consistent supports. It was very clear that staff members on duty had a great knowledge of the assessed needs of the residents.

Staff members identified that they ensured good communication with residents' families, and that they understood the importance of residents' families in the residents' lives.

The inspector received two questionnaires completed by residents and their representatives about the care and support they received in their home. Overall, the questionnaires were positive, and noted that residents were happy in their home. Where one resident's questionnaire identified wishes to further enhance their bedroom and the garden area, these plans were being developed by staff and management in the centre.

The next two sections of this report will present 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 service being provided.

## Capacity and capability

Overall, the inspector found that governance arrangements ensured that residents

received a good quality service that was safe and effectively monitored.

The purpose of this inspection was to make a decision regarding an application to renew the registration of the designated centre. In advance of this inspection, the registered provider had submitted documentation for the inspector to review. This included a statement of purpose, resident's guide and floor plans outlining the footprint of the designated centre. This information had been submitted in the correct manner, and it accurately outlined the supports that would be provided to residents in their home.

Oversight of the designated centre was maintained in a number of ways. The person in charge was regularly present in the designated centre, which ensured that they were available to staff members if required. The location of their office in this centre meant that they could observe direct supports provided to residents, ensure supervision of staff members and identify areas for action and improvement. They also completed a series of audits and reviews to ensure continuous quality improvement in the centre.

#### Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of the designated centre had been made by the registered provider. This included the submission of documents and the payment of a fee. On review of the documentation, it was noted that they had been submitted in the correct format, in a timely manner.

Judgment: Compliant

#### Regulation 14: Persons in charge

This designated centre had a person in charge who was employed on a full-time basis. The person in charge carried out this role for a total of two designated centres. In line with the statement of purpose, they assigned 0.5wte of their working week to the oversight of this designated centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff members had received training in fire safety, the safeguarding of vulnerable adults, manual handling and medicines administration. Some staff were awaiting refresher training in the management of behaviour that is challenging, as required in

line with the assessed needs of residents.

In response to the COVID-19 pandemic, all staff members had been supported to receive training in infection prevention and control and the use of PPE.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A directory of residents had been established in the centre. This included information as set out in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

The inspector completed a review of a sample of staff member's files. The files included information and documents specified in Schedule 2 of the regulations including evidence of staff members' identification and appropriate vetting disclosures.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured. Evidence of this was submitted with the centre's application to renew registration.

Judgment: Compliant

### Regulation 23: Governance and management

Annual reviews and unannounced six monthly visits had been carried out in line with regulatory requirements. These audits were comprehensive, and identified clear actions and areas for improvements in service provision. In addition, quarterly reviews of accidents, incidents and medicines errors were completed by the person in charge. These reviews ensured learning for the staff team. They also noted

reductions in the use of restrictive practices for one resident over the course of a year.

Staff members were supported to receive regular supervision from their line manager.

Judgment: Compliant

### Regulation 3: Statement of purpose

The designated centre had a statement of purpose. This document outlined the care and support residents would receive in their home, as outlined in Schedule 1 of the regulations. This was submitted in advance of the inspection as part of the centre's application to renew registration.

Judgment: Compliant

### Regulation 34: Complaints procedure

The designated centre had a complaints policy which outlined the procedure relating to complaints made about the care and support provided to residents. The complaints policy was also available in an accessible version.

There were no open complaints in the centre at the time of the inspection.

Judgment: Compliant

## Quality and safety

Throughout the inspection, staff members spoken with were aware of the assessed needs of residents, and their roles and responsibilities in providing a safe and quality service to residents.

The residents' home was well-maintained and clean. It was decorated with residents' personal items in some areas, and minimal decoration in other areas in line with the assessed needs of residents. There were plans to enhance the designated centre's garden and purchase a swing and trampoline for residents. This recommendation was based on a sensory assessment completed for residents. It was identified however that one resident's bedroom required alternative flooring to manage an infection control risk, and ensure the resident's bedroom could be

cleaned appropriately and kept free from odour.

Residents were subject to an assessment of their needs, and from this a plan of care was developed to direct their care and support. Where one resident's health needs meant that they may receive a reoccurring injury, a clear plan was in place to guide staff on how to support them to manage the injury, and when to seek further medical assistance. In response to this, a first aid box was available with relevant medical supplies should the resident receive the injury. A comprehensive risk assessment was also in place in relation to this, ensuring that the unavoidable injury was well-managed.

### Regulation 13: General welfare and development

Residents were supported to access recreational opportunities in line with their likes and wishes. Residents were offered a variety of activities, and although they may decline these activities, staff members were hopeful that by offering such activities that residents may widen the variety of activities they engaged in. Residents also had regular activities they enjoyed such as walks and swimming. Residents' goals reflected their aims to access a wider variety of activities.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was a bungalow with a sitting room, kitchen/dining area, two private resident's bedrooms, two bathrooms and an office. An external laundry and storage area was also provided. There was overall a good level of cleanliness in the centre.

There were plans to upgrade one bathroom where dampness had been identified, and to increase ventilation in a second bathroom.

Judgment: Compliant

### Regulation 20: Information for residents

A resident's guide had been prepared by the registered provider. This guide was in an accessible format, and it contained information to residents about the services they would receive in their home. This guide contained information including details about the complaints process, the terms relating to residency and arrangements for

visits.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk assessments were completed outlining individual risks to residents and centre specific risks. These included risk assessments relating to safety awareness, swallow care and epilepsy. These assessments outlined the controls measures in place to reduce risks to residents, in line with their support needs.

Health and safety audits were completed on a quarterly basis.

Judgment: Compliant

### Regulation 27: Protection against infection

A check-in station had been located at the front door, where staff and visitors could check their temperature and put on appropriate personal protective equipment (PPE). A COVID-19 contingency plan was also available to guide staff members in the event of an outbreak in the centre.

It was identified that one resident's bedroom had a strong odour due to the infection control needs of the resident. It was evident that alternative arrangements including maintenance works were required to eliminate the odour and to prevent reoccurrence of this issue. Although such works had been discussed, there was no clear plan or timeline to address the issue. This was also required to ensure effective cleaning of the area could be maintained.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire-resistant doors, fire-fighting equipment and emergency lighting were provided to aid safe and effective evacuation. Fire evacuation drills were held on a regular basis, including on minimal staffing to simulate night-time staffing levels.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspectors reviewed residents' medicines prescription records. These included information regarding the time, dose and route of administration of medicines. Protocols were also in place to guide staff on the administration of PRN medicines (medicines only taken when required).

Residents' medicines were stored in a locked press. When liquid medicines were opened, the date of opening was recorded.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents participated in a circle of support meeting annually, where members of their support team including their family, identified goals that residents would like to achieve. These goals included the development of specific life skills, opportunities for socialisation and engagement in activities.

Judgment: Compliant

## Regulation 6: Health care

Each resident had access to their general practitioner (G.P) at times of illness. When one resident received an injury that required medical assistance, they were supported by staff members to attend their local hospital for treatment. It was evident that residents were supported to seek treatment from medical practitioners when required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents had regular input from psychology and psychiatry departments in line with their assessed needs. When required, residents had a positive behaviour support plan in place. These were devised by behaviour specialists as part of a multi-disciplinary team approach. These plans included potential triggers and events that may make incidents more likely to occur. It also included proactive and reactive

strategies that were in place to support residents.

Restrictive practices were used in the centre to ensure resident safety. These were reviewed regularly by the organisation's restrictive practice committee. It was noted that there had been a significant decrease in the use of physical restraint for one resident from 2021 to 2022. This indicated that they were provided with supports that were meeting their behavioural support needs.

Judgment: Compliant

### Regulation 8: Protection

A designated safeguarding officer had been identified to review all safeguarding concerns. A safeguarding policy was in place which guided staff on what to do should a safeguarding concern arise. Staff spoken with were aware of this process. There were no safeguarding concerns in the centre at the time of the inspection.

Each resident had an intimate care plan outlining the supports they required to meet their hygiene needs.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, residents were supported with dignity and respect in their home. Care provided was done so in a caring and respectful manner at all times. It was evident that residents' choice was respected and promoted in their home.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Suir Services Rathronan OSV-0007816

Inspection ID: MON-0029640

Date of inspection: 11/01/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff who require refresher training in the management of behaviour that is challenging have been scheduled for same.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Required premises works to address the IPC needs of the centre have been scheduled to be carried out.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2023
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	31/03/2023

