



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

## Issued by the Chief Inspector

Name of designated centre:	Rusheen Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	05 April 2022
Centre ID:	OSV-0008123
Fieldwork ID:	MON-0035466

## About the designated centre

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

Rusheen services is a designated centre which provides residential services in a community based setting in Galway city. The centre supports four residents who have an intellectual disability and who may also have reduced mobility. Residents have their own bedroom and there is a separate apartment available for one resident. Residents are supported both day and night by a staff team comprising nursing staff and health care assistants.

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

Number of residents on the date of inspection:	3
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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
Tuesday 5 April 2022	10:00hrs to 15:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that residents enjoyed living in this centre and they were actively supported to enjoy a good quality of life. The inspector met with the three residents who were availing of this service on the day of inspection. The inspector also met with three staff members and the person in charge who facilitated the inspection. The centre was a large detached single story dwelling which had recently been renovated and located in a suburb of Galway city. The provider had recently registered this centre, which facilitated residents to move from a congregated setting to the community.

The centre was large, spacious and had a warm and welcoming feel. One resident had their own self contained apartment which could be accessed by their own front door or via the main house through an interconnecting door. This apartment had a modern yet cosy feel and the resident had decorated the walls and display areas with pictures of their family. The main aspect of the centre was bright, airy and had a comfortable and homely atmosphere. Two residents were using this area of the centre and there was one vacancy on the day of inspection. Each resident had their own bedroom, each of which had large ensuite facilities. Overhead hoists were available to support a resident with reduced mobility and the hallways and doorways were wide to facilitate ease of use for wheelchair users. The centre was also wheelchair accessible with ramped access available on entrance and exit points.

The inspector met all residents who were using this service. Residents used a combination of some words, sounds and gestures to communicate and staff members who were supporting them were able to understand their individual communication styles. Although residents were unable to discuss directly their views and opinions on the service, it was clear to the inspector that residents were supported to enjoy a good quality of life. Residents appeared happy and content when they were supported by staff, with one resident observed to smile and laugh as staff members chatted to them about the day ahead. The same resident also smiled warmly as the person in charge spoke to them about their love of going for beauty treatments and they had recently gone to a local hair salon to have their hair styled and nails manicured.

Both residents who resided in the main aspect of the house had a sleep-in on the morning of inspection and they got up for the day at a time of their own choosing. Staff discussed how one resident loved classical music and staff played this music for the resident as they were assisting them with breakfast. The resident went freely about their own affairs and they stopped and interacted with staff on their own terms throughout the morning. Staff also indicated that a music therapy session was due to occur later that evening and that all residents loved attending.

Staff who were supporting residents were kind and caring in their approach to care. They had a warm and friendly manner when chatting and supporting residents and all observed interactions placed residents at ease. For example, two residents

required modified diets and staff were observed to sit in close proximity, and at eye level when supporting them with breakfast. One resident walked freely around the kitchen and observed a staff member preparing their modified breakfast. Throughout this interaction the staff member chatted about what they would like for breakfast and also their potential plans for the day. Although, the resident did not interact verbally, it was clear that they enjoyed the interaction and the time spent with the staff member.

The inspector met with three staff members on the day of inspection, with one staff member assigned to support one resident on a one-to-one ratio. The three staff members had a very good understanding of residents' likes, dislikes and also their individual care needs. One staff member described how one resident's days were improved by staff having a positive attitude and being bright and cheery. This care need was also clearly outlined in the resident's personal plan which also included the importance of the resident's family to them. On the morning of inspection, this resident was assisted to go through old family photographs as they were planning a collage for an arts and crafts project.

Overall, the inspector found that residents were supported to enjoy a good quality of life and it was clear that the staff team and management of the centre were committed to ensuring that residents' wellbeing was actively promoted.

## Capacity and capability

The inspector found that the provider and the person in charge had arrangements in place to ensure that the service was safe and effectively monitored. Although, there were some areas for improvement identified, it was clear that residents were happy in the centre and that overall they were receiving a good quality of care and support.

This announced inspection was conducted following the completion of the provider's application to register this centre to provide a residential service for four residents with an intellectual disability. This centre was registered to facilitate residents to move from a congregated setting which was also operated by the same provider. Residents had moved to this house in the community in the months prior to the inspection.

The person in charge was in a full-time role and they held responsibility for the day-to-day operation and oversight of the designated centre. The centre was their sole place of work and they had assigned management hours to fulfill the duties and responsibilities assigned to them. They also had a range of internal audits which assisted in ensuring that the quality and safety of care was maintained to a good standard. Audits included medications, fire safety, resident's finances and staff training. The person in charge also reviewed each individual incident in the centre and there was a quarterly review these incidents to monitor for potential trends

which may impact on the safety of care which was provided to residents.

As mentioned earlier, staff who met with the inspector had a good understanding of residents' care needs and all observed interactions were warm and caring in nature. The provider also had a mandatory and refresher training programme in place and a review of records indicated that all staff members were up-to-date with required training. The inspector found that these measures assisted in ensuring that residents were supported by staff members who could meet their assessed needs.

The person in charge facilitated the inspection and they were supported in their role by a senior manager. The person in charge indicated that they would have responsibility for completing the centre's annual review when it was due, and the provider intended to complete all required unannounced audits. Although the provider had clear arrangements in terms of oversight, improvements were required in regards to the review of some policies which guided care practices within the centre. For example the provider's policy on visitors had not been reviewed in-line with the regulations but at the time of inspection the person in charge indicated that this policy was under review and due for approval in the coming weeks. However, the provider's policy on supporting residents with their personal property and finances had not been reviewed at the time of inspection. In addition, the provider did not have an individual policy on the provision of information for residents, although there was relevant information contained in a separate communication policy, this required further review to ensure that all required policies were in place as set out in the regulations.

#### Regulation 14: Persons in charge

The person in charge facilitated the inspection and they were found to have a good understanding of residents' care needs and of the services and resources which were in place to meet those needs. They also attended the service as part of their working week and their schedule of internal audits assisted them in maintaining oversight of care practices.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured that the number and skill mix of staff members were meeting the needs of residents. Residents who required one-to-one staffing had this arrangement in place on a daily basis and a review of the rota indicated that continuity of care was provided to residents by a familiar staff team. Staff who met with the inspector also had good understanding of residents' care needs and they could clearly describe resident's individual preferences in regards to their care.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a training programme, including refresher training, which assisted in ensuring that staff were able to meet residents' needs. The person in charge also maintained records which stated that all staff had received relevant training. The person in charge attended the centre as part of their working week which also assisted in ensuring that staff were appropriately supervised.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had an internal auditing system in place which ensured that the centre was safe and effectively operated. The management structure provided oversight of the centre and the provider was aware of the responsibility to carry out all required audits and reviews of care practices as set out in the regulations. Staff members had recently attended a team meeting which facilitated them to raise issues in relation to care practices and a schedule of individual staff supervision was in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had submitted all required notification as set out by the regulations and they maintained records of these within the centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider had policies and procedures in place to guide care practices in this centre. However, one policy had not been reviewed as required and the provider did not clearly demonstrate that a policy was in place in relation to the provision of information to residents.



Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that residents enjoyed a good quality of life and that their move to the community from a congregated setting had been positive.

Residents had moved from a congregated setting to this community based centre in the months previous to the inspection. The centre was based in a suburban setting and within a short drive from a nearby city in the west of Ireland. The centre was centrally located with various shops, restaurants and leisure facilities within a short walk and drive from the centre. The person in charge explained that residents were still settling into the locality and finding their feet in the community. The person in charge felt that one resident would benefit by getting involved in local committees and staff were looking at suitable groups which may interest them. As mentioned earlier, one resident really enjoyed beauty treatments and they had recently sourced a local beauty saloon which they had attended.

The person in charge indicated that the aim of the centre was to get residents out and about in the local area as much as possible and a review of daily notes indicated that residents enjoyed going for coffee and shopping. On the day of inspection, residents headed out for walks in the local area and one resident planned to go to the nearby promenade to people watch, an activity which they really enjoyed.

Residents had been supported to develop personal plans and a review of a sample of these plans found them to be comprehensive in nature. Personal plans were reflective of resident's individual care needs and also their preferences in regards to supporting these needs. One resident's personal plan clearly highlighted the importance of their family. The person in charge explained how they recently purchased a smart phone so they could make video calls, and also share pictures with their family. This resident had also recently developed some personal goals for the year ahead and they had a meeting planned, which their family would attend, to put an action plan in place to support them with their goal choices.

The provider had a system for the recording and responding to incidents. A review of incidents indicated that the overall safety of residents was promoted with the person in charge providing oversight and review of all incidents in this centre. The provider also had risk management procedures in place which assisted in promoting residents' overall safety. Individual risk assessments had been completed for issues such as falls and choking, with preventative measures implemented to promote these resident's individual safety. Centre based risk assessments were also implemented for issues which had the potential to impact on all residents such as COVID 19 and fire. Although, risks within the centre was generally well managed, some improvements were required in regards to supporting documentation for supporting a resident with their manual handling needs. For example, the resident had a manual handling assessment in place, but this document did not contain

relevant information in regards to recommended equipment and also it did not outline manual handling requirements for all manual handling practices for this resident.

### Regulation 17: Premises

The centre was large spacious and comfortable furnished. Each resident had their own bedroom and one resident had their own individual apartment. Additional equipment was also in place to support a resident with reduced mobility and residents had access to a number of ensuite and shared bathrooms. The centre was also well maintained and residents could freely access all communal areas of their home.

Judgment: Compliant

### Regulation 26: Risk management procedures

A resident required support with mobility and their assessed needs stated that they required manual handling support. Although there was a manual handling assessment in place, additional information was required to guide staff in regards to recommended equipment and also in relation to the procedures for all manual handling practices that this resident may require.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider had a infection prevention and control (IPC) policy in place and the centre was found to be clean and well maintained. Staff were wearing appropriate face masks while supporting residents and they had a good understanding of IPC measures in the centre. Contingency planning was in place should an outbreak of COVID 19 occur and relevant information in regards to COVID 19 was on display. A robust cleaning schedule was in place and individual isolation plans were also in place should residents be required to isolate as a result of contracting COVID 19.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety systems in place which promoted the overall safety of residents. Fire doors were in place throughout the centre and a fire alarm was in place to give warning of any potential fire. Fire evacuation procedures were also on display and residents had individual evacuation plans in place to ensure a consistent and informed approach to supporting residents in an emergency was promoted. Fire safety equipment was also serviced by relevant people and staff were conducting scheduled reviews to ensure that equipment was in good working order. Fire safety drills also indicated that residents could be evacuated across all shift patterns. Although, fire safety was generally well promoted, some improvements were required as the provider did not demonstrate that one fire door in the centre would close in the event of a fire occurring.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate facilities for medications in place with residents' medications stored in a locked unit in each resident's individual bedroom. A local pharmacy had recently conducted an audit and a review of medication prescriptions and associated recording documentation indicated that all medications were administered as prescribed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which were reviewed on a regular basis to reflect changes in relation to their preferences and care needs. Residents also had good access to their local communities and staff were found to have a good knowledge of resident's individual care needs. Residents were also scheduled to attend individual planning meetings in which they would finalise their chosen goals for the coming year.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to their general practitioner for scheduled health check-ups and also in times of illness. Health care plans had also been developed by staff to

ensure residents received a consistent approach in regards to their health care needs. Hospital passports had also been developed to give ease of access to relevant information for medical professionals should a resident be required to attend hospital. Although resident's day-to-day health care needs were well cared for, some improvements were required in supporting residents to partake in preventative health screening. For example, a resident was supported to undertake some preventative screening, but not all national preventative screening had been explored.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

There were some restrictive practices in place which were implemented in response to safety concerns. The person in charge ensured that these were risk assessed and they were also subject to a formal rights review. The person in charge also indicated that one restrictive practice would be subject to multi-disciplinary review in the coming weeks with the aim of it's removal.

Judgment: Compliant

### Regulation 8: Protection

Residents appeared to enjoy living in this centre and all observed interactions were warm and caring in nature. There were no active safeguarding plans in place and staff could clearly articulate safeguarding procedures, including identifying the designated person to manage allegations of abuse.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Rusheen Services OSV-0008123

Inspection ID: MON-0035466

Date of inspection: 05/04/2022

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Policies that are out of date and require further information have been referred to the National Policy management group.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Additional information to guide staff in regard to recommended equipment and procedures for all moving and handling practices has been included in the manual handling documentation for the resident in question.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A mechanical door closer will be added to the fire door to ensure that it is closed when not in use.</p>	

Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Participation in National Health screening programmes will be reviewed in consultation with the GP.	



## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/05/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2022
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	04/11/2022
Regulation 04(3)	The registered provider shall review the policies	Substantially Compliant	Yellow	04/11/2022

	and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/05/2022