

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

Issued by the Chief Inspector

Name of designated centre:	Laurel Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	10 November 2022
Centre ID:	OSV-0004462
Fieldwork ID:	MON-0036725

About the designated centre

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

Laurel Services is a service run by Brothers of Charity Services, Ireland. The centre provides a service for up to six male and female adults. Supports are provided to people who present with a mild to severe intellectual disability, behaviours that challenge and mental health issues. The centre comprises of three houses which are located in County Roscommon. One house provides day services Monday to Friday and some weekend overnight care to one adult. The second house provides a fulltime residential service to one adult. The third house can support four male or female adults for respite, and is open Monday to Friday each week and one weekend a month. There is transport available at all locations for residents to access the community in line with their wishes. Staff are on duty at night on a sleep over basis and during the day to support residents with their needs. While availing of respite residents are supported to do activities they enjoy and are interested in.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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
Thursday 10 November 2022	09:30hrs to 15:30hrs	Catherine Glynn	Lead
Thursday 10 November 2022	09:30hrs to 15:30hrs	Eilish Browne	Support

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, inspectors met the person in charge, staff on duty, and residents who lived in the centre. Inspectors also observed the care and support interactions between residents and staff at intervals throughout the day.

Laurel services was located across rural areas of county Roscommon and had good access to a wide range of facilities and amenities. The centre comprised of three houses, two were self contained bungalows and one was a two storey residence. The bungalows provided two individualised services, and the two storey house accommodated residents who attended for respite services. This centre provided residential and respite services for up to six people. Each house had a spacious sitting room, a well equipped kitchen and dining area, an office and laundry facilities. All residents had their own bedrooms and an adequate number of bathroom facilities were provided throughout the centre. Overall, the inspector found the centre to be clean and well-maintained, and provided residents with a comfortable living environment.

Inspectors met one resident briefly throughout the inspection as; the residents attending for respite had attended their day services and some were returning home. In one individualised service, the resident had left with staff to complete a planned day trip to Sligo which included activities of their choosing. In the third house, inspectors completed a the review of documentation after completing a walk-around each of the houses. Inspectors were unable to spend time with the resident in the third house as staff indicated that they had left day services due to behavioural issues. Inspectors heard staff asking the resident if they wished to meet the inspectors and the resident clearly declined. Staff also told inspectors that due to their knowledge of changes in behaviour that it was unsafe to continue in the centre at this time. Inspectors had concluded their review of documentation, walked past the resident and said goodbye after staff had advised the resident inspectors were leaving. Inspectors then attended the head office to complete the inspection process, which was in close proximity to the last house.

From speaking with the person in charge and staff, it was clear that many measures were in place to protect residents from the risk of infection, while also ensuring that these measures did not impact on residents' quality of life. It was also evident that the person in charge and staff had helped residents to understand the implications of the current public health measures and COVID-19 pandemic. A range of information relating to infection control and COVID-19 had been developed and made available to residents in a format that suited their needs. This included residents rights, including rights to be healthy, hand hygiene, guide to COVID-19 for people with disabilities, personal protective equipment (PPE) & the vaccination process.

Overall it was evident from brief 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. Improvement was required in the training attendance of some staff in infection prevention and control courses provided in the centre. This will be discussed in the next section of the report.

Capacity and capability

The provider's arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported and that residents were safeguarded from infectious diseases, including COVID-19. Improvement was required in the area of training as not all staff had completed all IPC training as required by the provider.

There was a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge worked full-time and managed one designated centre at present. The person in charge completed a range of audits such as fire, health and safety, medication management and infection control, in addition to working directly with residents. She also coordinated team meetings and attended various management meetings as scheduled by the organisation. The person in charge told inspectors that they were supported in their role by the centre's person participating in management, who undertook staff supervision meetings and attended other meetings relevant to the centre. It was clear that the person in charge knew both the residents and their support needs very well. At the time of the inspection the person in charge had identified a number of improvements required throughout the centre, such as painting and minor renovation work to the kitchen areas and bathroom facilities. The inspectors noted that the centre was very clean in all houses and this area of practice was monitored by the person in charge. In addition, identified works required at the centre, were also listed on the centre's most recent six monthly unannounced provider visit report, with time bound plans in place to address all works required.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable and comfortable equipment and furnishing, suitable transport for residents to use, and adequate staffing levels to support residents. The centre was also resourced with many physical facilities to reduce the risk of the spread of infection. These included hand sanitising dispensers throughout the buildings, supplies of disposable gloves and aprons and cleaning materials. There was a plentiful supply of face masks, which staff were observed wearing throughout the inspection. Arrangements were in

place for frequent stock control checks of personal protective equipment (PPE) to ensure the supply would not run out.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. Detailed unannounced audits were being carried out twice each year on behalf of the provider. Records of these audits showed a good level of compliance and that any identified issues had been or were being addressed within realistic time-frames. The auditing systems included infection control auditing. The person in charge also used learning from other services within the provider organisation to introduce improvements to the centre. The person in charge had completed a comprehensive infection control audit of the centre prior to the inspection. Overall, audit findings showed a good level of infection control compliance. The person in charge had identified areas where improvements were required and had already commenced work to address these deficits.

Staff training records were reviewed as part of the inspection. The provider had ensured that a variety of IPC training was provided and available to all staff working in the centre. However, inspectors noted that not all staff had completed all IPC courses as required by the provider.

Inspectors reviewed the management of complaints in the centre. Although there had been no recent complaints, there were suitable measures in place for the management of complaints should they occur. These included a complaints policy to guide practice and a clear system for the recording and investigating complaints. Information on how to make a complaint was displayed in the centre and was made available for residents and or their representatives. There had been no complaints or concerns raised about infection control or arrangements for the management of an outbreak of COVID-19 at the centre.

Infection control and COVID-19 documentation reviewed during the inspection was informative and regularly updated. The provider had also developed a comprehensive contingency plan to reduce the risk of infection entering the centre and the management of the infection should it occur.

Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted and that residents were kept safe from infection. Overall, there was evidence of a good quality and safe service being provided to residents living in this centre.

The centre comprised of two individualised, self-contained bungalows and one two storey semi-detached house. All houses were clean comfortable, and were decorated and furnished in a manner that suited the needs and preferences of the people who lived there. Wall and floor surfaces throughout the houses were of good

quality and suitable, Overall, the wall and floor surfaces in bathrooms were impervious material , and joints between kitchen walls and floor surfaces in bathrooms were coved and suitably sealed to allow for effective cleaning. A walk around was completed in all houses and inspectors noted that the centre was well maintained, although improvements were required and upgrades of some areas of the centre was required, the provider had a time bound plan in place for completion of this work.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was located across Roscommon town with access to local amenities and services in the nearby areas. Each house had dedicated transport, which could be used for outings or any activities that residents chose.

The provider had ensured that there were strong measures in place for the prevention and control of infection. 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 the cleaning systems in place. The risk register had also been updated to include the risks associated with COVID-19. A cleaning plan for the centre had also been developed by the provider and management team.

The provider had cleaning schedules in place which outlined the centre's hygiene requirements and staff members carried out the required daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Staff who spoke with inspectors were clear about cleaning and sanitising routines and explained how these were carried out. In addition, the provider had addressed actions identified in the centre's previous inspection in relation to laundry practices.

Residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Residents were supported to access vaccination programmes if they chose, and to make informed decisions when offered vaccines.

Regulation 27: Protection against infection

Overall, there were good measures in effect to control the risk of infection in the centre both on an ongoing basis and in relation to current public health guidelines. However, improvement was required to ensure that all staff completed required IPC courses as specified by the organisation.

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Laurel Services OSV-0004462

Inspection ID: MON-0036725

Date of inspection: 10/11/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>All staff have now completed the required Infection Prevention and Control courses as specified by the Organisation. This ensures that people supported 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.</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 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	28/11/2022