



# 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:	Announced
Date of inspection:	20 August 2024
Centre ID:	OSV-0004462
Fieldwork ID:	MON-0035384

## 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 overnight respite breaks. 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
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## How we inspect

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 20 August 2024	11:20hrs to 18:30hrs	Angela McCormack	Lead
Tuesday 20 August 2024	11:00hrs to 18:30hrs	Catherine Glynn	Support

## What residents told us and what inspectors observed

This inspection was an announced inspection to monitor compliance with the regulations and as part of the monitoring for the renewal of the registration of the designated centre. As part of the announcement, an information leaflet about the name of inspectors that were visiting was provided. In addition, questionnaires were provided so as to establish the views of residents living in the centre. These questionnaires were completed by, and on behalf of, two residents and were reviewed as part of the inspection.

Inspectors got the opportunity to meet with all residents and staff supporting them throughout the day of inspection. In addition, the person in charge was met with and available throughout the inspection. The centre comprised three houses. For the purposes of this report 'House A', 'House B' and 'House C' will be used. 'House A' provided full-time residential care to one resident. 'House B' provided respite care and day supports to one resident at set days and nights throughout the week. 'House C' provided respite care to up to four residents each night that it was open. The centre was registered to accommodate six adults in total across the three houses.

Overall, inspectors found that there were good systems in place to ensure that a person-centred and safe service was provided. Six residents were met with during the inspection. Observations and discussions had indicated that residents were happy in the centre. The questionnaires that were completed showed that residents were happy with the homes, the staff supports and about how their choices and rights were promoted.

Inspectors started the inspection in House B, where they met with one resident and their support staff. Inspectors were shown around the home and spent time talking with the resident and staff before they went out for the day to do activities. All other residents attended an external day services and they were met with when they returned from their day services that evening. Residents spoken with talked about the activities that they enjoyed and the things that they liked to do in the centre. Residents who were availing of respite said that they enjoyed coming to the centre for breaks, and one resident said that their favourite thing was to meet friends.

Some residents did not communicate verbally with inspectors; however staff supporting them spoke about their likes and preferences. Staff were observed supporting residents with their communication preferences and were responsive to residents' requests and communications. Residents appeared comfortable and happy around staff and in their homes.

Inspectors reviewed documentation such as residents' care plans, personal plans and risk assessments. One resident agreed to go through their personal file with an inspector. They spoke about various aspects of their care and support. They also spoke about their family members and pointed them out in the photographs in their

personal plan. It was clear that they were an active participant in their own care and support.

Throughout the day residents were observed freely moving around the homes and interacting with each other and with staff. The service had vehicles for residents to access activities and other interests outside the home. Residents spoke about activities that they enjoyed, such as bowling, going to get their hair done, going out for meals and meeting with friends. One resident showed inspectors photographs on their mobile phone of their meetings with friends. On the day of the inspection residents were taking part in various activities that were of interest to them, including bowling and going to the cinema. All residents in the respite house were looking forward to going out for their evening meal that day.

From a walkaround of the houses, they were found to be spacious, clean and nicely decorated inside. There were soft furnishings, framed photographs, table lamps and artwork on display which helped to create a warm and homely atmosphere. Residents had space to store their personal property and had facilities for laundering their clothes. Residents who used the service for respite breaks had storage facilities in their bedrooms also, which supported them to bring in personal belongings from home when they were having a respite break. The furniture appeared comfortable and well maintained. Residents' bedrooms were nicely decorated in warm colours that they chose. The kitchens were spacious for the numbers of residents, and were well equipped with appliances. The local management team spoke about plans to get the kitchen cupboards upgraded in one house and to get the back garden area in the respite house done up, so to enhance the outdoor space.

Staff met with spoke positively about their job and about how residents were supported. In one house, staff reported that a resident's communication had greatly improved since their admission to the centre. Residents' preferred communication methods included verbal communication, a picture exchange communication system (PECS), and the use of choice boards. Interactions between staff and residents were observed to be warm and respectful. Staff were seen to support residents through their preferred communication methods. In addition, there were visual schedules and easy-to-read documentation in accessible locations throughout the homes. These included information on human rights, advocacy, fire evacuation, hand hygiene, the complaints procedure and about how to keep safe from abuse.

Overall, the service was found to provide person-centred care and support to residents and residents' safety and wellbeing were monitored and promoted.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

## Capacity and capability

This inspection found that there were good arrangements for the management and oversight of the centre. In addition, there were good systems in place to ensure the ongoing review of the care and support provided. Overall, the centre was found to have good compliance with the regulations assessed.

The centre was managed by a person in charge who was suitably experienced and qualified for the role. They were responsible for two designated centres and divided their time between the two centres.

The centre was staffed with a skill mix of social care workers, intensive support workers and support workers. There was one vacancy in one house that was covered by familiar relief staff. Staff were provided with training to support them to have the skills to support residents with their needs. Staff spoken with said that they felt well supported and could raise any concerns that they may have to the person in charge.

The provider had in place a range of policies and procedures to inform the safe provision of care and support. Documentation was well maintained and provided clear guidance to staff. However, there was a gap in some of the documentation where it was unclear about what basic furnishings were provided by the service and about what furnishings residents were expected to pay for. For example; the contract for the provision of services which included information about the terms for admission and fees to be applied, said that basic furnishings were provided; however this did not specify what this included. Improvements in this area would help to ensure a more transparent system.

There was ongoing monitoring of the centre through local management audits and through the provider's six monthly unannounced visits. In addition, an annual review of the service was completed and included consultation with residents and their representatives.

The centre appeared to be well resourced for the numbers and needs of residents. The service had a high number of behaviour incidents. These were found to be reviewed regularly and any trends identified. The provider ensured that there was ongoing multidisciplinary team (MDT) supports provided to residents affected. This helped to ensure that risks were assessed and monitored and that causes of behaviours could be established and managed effectively.

In summary, this inspection found that the management team had the capacity and capability to manage the service and ensured a person-centred approach to care.

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

A complete application to renew the registration of the designated centre was completed by the provider within the time frames required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had the qualifications and experience required to manage the designated centre. The person in charge worked full-time and had responsibility for two designated centres in total. The arrangements that the provider had in place supported the person in charge to effectively manage and oversee Laurel services.

Judgment: Compliant

#### Regulation 15: Staffing

There was a planned and actual rota in place in the centre, which was well maintained. The skill-mix of staff included a team of social care workers, support workers and intensive support workers. There was a sleepover arrangement in place in each of the three houses every night. There was one vacancy in 'House B' that was actively being recruited for. In the interim, staff cover was provided by relief staff who were familiar to the resident. This helped to ensure continuity of care and support.

A review of a sample of staff files found that the information as required under Schedule 2 of the regulations were in place.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider had a list of training that all staff were required to complete to ensure that they had the skills and competencies to support residents with their needs. Where refresher training that was due for some staff, these had been booked and were due to be completed over the coming weeks. These included refresher training in minimal handling, fire safety and behaviour management.

Staff were provided with support and supervision sessions with their line manager. Staff spoken with said that they felt well supported.

Judgment: Compliant



## Regulation 22: Insurance

The provider ensured that there was up-to-date insurance in place for the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear governance structure in place with clear roles and responsibilities for members of the management team. There were good arrangements in place for monitoring and oversight of the centre by the local management team and provider. These included; the completion of audits by the person in charge and unannounced visits by the provider representative every six months, as required in the regulations. In addition, the provider ensured that an annual review of the quality and safety of care provided in the service occurred which included consultation with residents and their representatives, as relevant.

The centre appeared to be suitably resourced with the numbers of staff and transport to meet residents' needs. Staff were supported through ongoing training and support as well as through supervision meetings with their line manager. In addition, staff had opportunities to raise any concerns that they have about the quality and safety of care and support in the service through regular team meetings. Staff spoken with said that they felt well supported.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The provider ensured that there was a policy and procedure in place that outlined the criteria for admission to the service. Residents had written contracts for the provision of services , including the fees to be charged. However, the following was found:

- The provider's policy and procedure and the written contracts of care were not clear on the fees to be charged in relation to furniture that was included as part of the service offered. For example; the contracts of care said that 'basic furnishings' were provided; however it was not clear about what this included. Through a review of one resident's financial records it was found that they were supported to purchase a mattress out of their own funds, however it was not clear if this should have been part of the provision of 'basic furnishings' or not. Improvements in this would ensure a more

transparent system about the fees to be charged.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
The provider ensured that there was an up-to-date statement of purpose in place that included all the information required under Schedule 1 of the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge ensured that all information that was required to be submitted to the Chief Inspector of Social Services, under the regulations, was completed as required.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
<p>The provider had a complaints' policy and procedure in place that outlined the process for making complaints/ This included information about who the person handling the complaint was. This also included information about how to appeal the outcome of complaints.</p> <p>There was an easy-to-read version of complaint procedures for residents to aid with understanding. Residents spoken with said that they would go to staff if they had any concern.</p>
Judgment: Compliant
<b>Quality and safety</b>
This inspection found that Laurel services provided a person-centred service. Residents' needs were assessed and kept under ongoing review for changes. In addition, residents were supported to identify personal goals for the future, which

were kept under review for completion.

The person in charge ensured that an assessment was completed of residents' health, personal and social care needs. Care plans were in place for any area of support required. These included health support plans, behaviour support plans and communication plans.

Residents' health and wellbeing were promoted in this service. Residents had access to multidisciplinary team (MDT) supports and allied healthcare professionals as required. Staff were found to be strong advocates for residents with healthcare concerns and advocated for them with external services to ensure that they received the best service.

The service was found to promote a rights based culture. There were a range of easy-to-read documents and social stories, as well as different forms of communication aids available to support residents in understanding topics and in making choices in their lives.

Systems in place in the centre promoted the safety of residents. These included policies and procedures for risk management, behaviour support and restrictive practices. There were good systems in place for infection prevention and control (IPC) and fire safety, which further ensured that the service was safe and to a good quality.

Overall, inspectors found that the service provided ensured that the residents were safe and that their individuality and interests were listened to and promoted.

## Regulation 10: Communication

There was a policy and procedure in place for communication, which promoted a 'total communication' approach. Residents who required supports with communication had care plans in place to guide staff in the supports required. Staff spoke about how one resident's communication had greatly improved in recent years and about how this helped to reduce behavioural incidents.

Residents had access to telephones, mobile phones, televisions, radios, music devices, magazines and the internet in line with their individual preferences. In addition, technology devices to assist more independent living for residents, were being explored and which aimed to reduce restrictive practices.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents were supported to retain access and control of their belongings. Residents had individual bedrooms that had space for storage of personal belongings. The centre had facilities for laundry and residents could launder their clothes as they wished.

Residents had their own bank accounts and were supported to manage and safely store their personal finances in line with their wishes. Regular checks were completed by the staff and management team to ensure that records of finances were well maintained. Residents had an inventory of their personal belongings.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents spoken with talked about the wide range of activities that they enjoyed. These included; going to the cinema, going out for meals, visiting family and friends, swimming, going to concerts, going for beauty treatments, going on shopping trips and going on holidays. Residents had access to an external day service that they attended, depending on their preferences.

Within the house residents had access to a range of leisure and recreational activities such as; baking equipment, exercise equipment, board games, arts and crafts, watching movies and access to the Internet.

Judgment: Compliant

### Regulation 17: Premises

The premises were designed and laid out to meet the numbers and needs of residents. The homes were clean, homely, spacious and well maintained. There were suitable facilities for completing laundry in each house.

Residents had their own bedrooms which were personalised and which had space for the storage of personal possessions. There were ample communal rooms for residents to relax in and to receive visitors. In addition, the back garden spaces were accessible. As mentioned previously the local management team had plans to enhance and upgrade aspects of the kitchen in 'House A' and the garden in 'House C'.

Judgment: Compliant

## Regulation 20: Information for residents

There was a residents' guide in place which contained all the information that was required under this regulation.

Judgment: Compliant

## Regulation 25: Temporary absence, transition and discharge of residents

The provider had a policy and procedure for admissions, transfers and discharge of residents. This outlined the procedures for supporting residents when they were absent from the centre (for example; if they required a hospital admission) and as they transfer between services. This included guidance to ensure that residents' items of importance were transferred with them and that any necessary information for their care was transferred between services. This would help to ensure effective information sharing to support the safe continuity of care.

Judgment: Compliant

## Regulation 27: Protection against infection

There were good arrangements in place for infection prevention and control (IPC) in each of the houses. Each of the houses were found to be clean and well maintained. In addition, they had suitable facilities to promote good hand hygiene practices. There were suitable arrangements in place for waste management and for completing laundry. Staff had undertaken training in various IPC modules.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider ensured that there were good arrangements in place for fire safety in each of the three houses. These included; regular fire drills, a fire alarm system, fire fighting equipment, emergency lights and fire doors. Fire drills demonstrated that residents could be evacuated to a safe location under different scenarios. Each resident had a personal emergency evacuation plan (PEEP) in place to guide staff in the supports required, as relevant.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that comprehensive assessments of need were completed for each resident. Where the need was identified, care and support plans were developed. These were found to be kept under ongoing review and updated as required.

Residents and their representatives were involved in the annual review of each residents' care and support. Residents were supported to identify personal goals for the future. These goals were found to be kept under review to ensure that they were completed. Goals that residents were supported to achieve included; various day trips, overnight hotel breaks and music therapy sessions.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to achieve the best possible health. Residents were facilitated to access a range of allied healthcare professionals and interventions, where recommended. Residents were given information in an easy-to-read format to aid their understanding of various healthcare appointments, where required. Health support plans were in place for residents who required additional support with various assessed healthcare needs.

In addition, staff supporting residents were found to be strong advocates in promoting the best possible care for residents' health concerns with external healthcare services and in ensuring that they have equitable access to healthcare services.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and restrictive practices. Where residents required support with behaviour management, this was in place. Residents had access to MDT professionals, such as behaviour therapists, who had input into the development of support plans. Behaviour plans were found to be comprehensive and included important information about communication, triggers to behaviour and about how staff should respond to provided the best

supports. They also included detailed information about restrictive practices and provided a clear explanation for the rational for their use.

Ongoing reviews of restrictive practices were completed to assess if they could be reduced or eliminated safely and to ensure that they were the least restrictive options. In addition, the provider had a rights review committee in place who were also involved in the review and monitoring of restrictions.

Judgment: Compliant

### Regulation 8: Protection

There was an up-to-date policy and procedure in place for safeguarding and for the provision of personal and intimate care. Staff completed training in safeguarding vulnerable adults. There were no safeguarding concerns at the time of this inspection. There were documents and notices in place to provide guidance on what to do if a safeguarding concern arose. Residents were supported to learn about how to self-protect through accessible easy-to-read information. In addition, a DVD to explain safeguarding was observed to be available for residents. Residents' care plans were kept up-to-date and provided clear guidance to staff on how to support residents in the area of personal care. This further helped to ensure residents' protection.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre was found to promote a rights' based service. Residents were consulted in the running of the centre through ongoing discussions about everyday life choices. Residents were provided with information on rights and advocacy services in an easy-to-read format.

Residents were supported to practice their faith and to engage in activities that were meaningful to them. Residents spoke about the activities that they chose to do. These included; going to the gym, going bowling, going to the cinema and going out for dinner. Some residents spoke about getting respite breaks with friends. It was clear from communications and observations on the day, that residents' choices about how they lived their lives were respected and promoted. Furthermore it was clear that every effort was made to get to know residents' preferences about how they lived their lives.

Judgment: Compliant

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## 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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 Laurel Services OSV-0004462

Inspection ID: MON-0035384

Date of inspection: 20/08/2024

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The registered providers Applications, Admissions, Transfers & Discharges procedure will be reviewed by the provider and clarity given on 'basic furnishings' to ensure a transparent system about the fees to be charged.	

## 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 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	31/01/2025