



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

## Issued by the Chief Inspector

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| Name of designated centre: | Shannon Residential                      |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Clare                                    |
| Type of inspection:        | Announced                                |
| Date of inspection:        | 16 September 2024                        |
| Centre ID:                 | OSV-0004875                              |
| Fieldwork ID:              | MON-0036089                              |

## About the designated centre

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

Shannon Residential Service provides support and care for two residents over the age of 18 years. The designated centre is operated from two adjacent bungalow type properties where each resident is provided with their own bedroom and a open plan kitchen, dining and recreational area. There is one main bathroom and a second bedroom that is used by staff. There is an enclosed garden to the rear of each property. The designated centre is located in a mature residential area on the outskirts of a busy town that offers a range of services and amenities. The model of care is social and there is a staff member on duty at all times. The staff team is comprised of support workers with management and oversight delegated to the person in charge supported by a social care worker in each house.

**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 |
|-----------------------------|-------------------------|------------|------|
| Monday 16<br>September 2024 | 10:00hrs to<br>16:30hrs | Mary Moore | Lead |

## What residents told us and what inspectors observed

The inspection was undertaken on behalf of the Chief Inspector of Social Services to assess the provider's compliance with the regulations. The provider had submitted an application seeking renewal of the registration of this centre. The inspector found that the provider had sustained the improvement found at the time of the last inspection completed in August 2023. The designated centre was consistently and effectively managed. The provider had in place the arrangements residents needed to enjoy the best possible health and quality of life. The provider was judged to be fully compliant with the regulations reviewed.

Two residents live in this designated centre. Each resident is provided with their own home that they share only with the staff member on duty. While the residents might visit each other they largely live independently of each other and are provided with support and care that is responsive to their specific needs. For example, each resident has their own team of familiar staff and there are different night-time staffing arrangements in the houses. One resident has waking staff support while the other resident has the support of a staff member on sleepover duty.

On arrival at the designated centre the inspector was greeted by the person in charge. The person in charge facilitated this inspection with ease and could clearly discuss and demonstrate to the inspector how they planned, delivered and maintained oversight of the centre. The inspector could readily validate these inspection findings as systems such as personal planning, healthcare, risk management and positive behaviour support were well documented and seamlessly integrated. The inspector visited both apartments, met and spoke with both residents and the staff team members on duty.

Both residents were provided with safe and comfortable homes that were well maintained, were in good decorative order and reflected the individual circumstances and preferences of each resident. For example, in each apartment the importance of family was evident in the many photographs of family and family occasions on display. The inspector again noted the friendliness of the estate as neighbours exchanged greetings with the inspector. A staff member described the estate as welcoming and inclusive. The staff member said for example, that one resident had loved the fact that children who were "trick or treating" had called to their home last Halloween.

The location of the centre facilitated access to home and family. One family had a regular weekly schedule of visits to the centre and one resident went home to family most weekends.

The assessed needs of one resident included communication differences. The resident also had limited tolerance for visitors to their home even persons that were known to them. For example, the person in charge said that the resident would at times take the person in charge by the hand and lead them to the front door. The

inspector met with this resident first. The resident smiled and held good eye contact with the inspector and smiled broadly when the inspector mentioned the names of the person in charge and the staff member of duty. The resident was happy to sit and listen as the inspector used the photographs on display to chat with the resident. Staff discussed the probable routine for the day including completing the weekly grocery shop. Staff described how both residents loved a particular shopping centre possibly due to its spaciousness and supermarket staff who were familiar with the residents. The resident loved being outdoors and enjoyed going for walks supported by staff and activities such as swimming and bowling.

Having sat contentedly for a while the resident got up, moved to a seat away from the inspector and changed their facial expression. This was the resident's way of communicating that they had had enough chat and the inspector respected the resident's decision.

The resident living in the adjoining house welcomed the inspector to their house and told the inspector that they loved their home. This resident had come to live in this centre in late 2023. The resident was relaxing in their reclining chair and the staff member on duty described how the resident's days and routines were dependent on the resident's well-being and general energy levels. The resident enjoyed a slower pace of life to their peer. The person in charge was attuned to the resident's fluctuating and changing needs. The person in charge had worked for many years with both residents in different capacities including providing direct support. The inspector was based in this house for the duration of this inspection and noted the easy atmosphere in the house and the positive relationship between the resident, the person in charge and the staff member on duty. The resident had a great sense of humour and laughed at intervals throughout the day. For example, the resident thought it was very funny that the inspector was going to ask the person in charge many questions in the staff office.

The resident had complex interrelated needs and required very specific care and support each day to ensure their health and well-being. These arrangements were in place such as the detailed care plans seen by the inspector, the care observed that was consistent with these plans and, the ready access the resident had to their multi-disciplinary team (MDT). The resident relaxed for most of the morning, enjoyed the lunch the staff member freshly prepared for them and then left with their staff member to enjoy some time in the community.

The provider had formal systems of quality assurance for monitoring the appropriateness, quality and safety of the service. These included the annual service review. Families had been invited to provide feedback to inform the most recent annual review. Both families had provided very positive feedback and both described the service provided as excellent.

In summary, this was a well-managed service. Residents received the support and care that they needed to keep well and to enjoy a good quality of life closely connected to family, peers and the wider community. That care and support was consistently and effectively monitored by the provider and the person in charge so

that the stated objectives of the service were met.

The next two sections of this report will discuss the governance and management arrangements in place and how these assured the quality and safety of the service and, compliance with the regulations.

## Capacity and capability

There was a clear management structure in place that operated as intended by the provider. There was clarity on roles and responsibilities and the centre presented as adequately resourced.

The day-to-day management and oversight of the service was delegated to the person in charge supported by two social care workers. While there were delegated duties and responsibilities it was evident from speaking with the person in charge and from records seen that the person in charge was actively and consistently engaged in the management and oversight of the service. For example, while there were nominated keyworkers the person in charge was actively involved in the planning and review of each resident's personal plan.

The person in charge had responsibility for another designated centre and had an office nearby. The person in charge was available as needed, called at least twice each week to the centre and could work from the office in one of the apartments. The person in charge confirmed they had ready access to and support from their line manager, the community manager. The community manager also actively inputted into the monitoring and oversight of the service. For example, the inspector saw that the community manager had completed recent audits of medicines management and infection prevention and control practice and, maintained oversight of how incidents and risks in the centre were responded to.

Additional systems of quality assurance included the annual review referred to in the opening section of this report and the quality and safety reviews required by the regulations to be completed at least every six-months. These reviews were, based on records seen, completed on schedule and while some quality improvement plans did issue the number that issued was minimal. These quality improvement plans were, based on these positive inspection findings, satisfactorily progressed and implemented.

The staff duty rota was well-maintained. Staffing levels, staffing arrangements and skill-mix were suited to the assessed needs of the residents and, good oversight was maintained of staff attendance at training.

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

The provider submitted a complete application seeking renewal of the registration of this designated centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge had the experience, skills and qualifications required for the role. The person in charge had sound knowledge of each resident's needs and plans of support. The person in charge could clearly describe and demonstrate to the inspector how they ensured each resident received the support and care they needed. It was evident from the knowledge the person in charge had and records seen such as the review of accidents and incidents, that the person in charge was consistently engaged in the planning, delivery and oversight of the service.

Judgment: Compliant

### Regulation 15: Staffing

Staff worked a planned rolling duty rota. The staff duty rota showed each staff member on duty and the hours that they worked. The rota indicated that staff work patterns were well managed. For example, there was no evident pattern of staff on waking night duty working the following day. Staff met with and the sample of rotas reviewed by the inspector demonstrated that residents received the continuity of staffing that they needed. For example, it was well established that one resident could experience more behaviours of concern in response to new or frequent staff changes so these were minimised as much as was possible. The person in charge worked front-line shifts if necessary but said that this was a very infrequent occurrence. Additional relief staff had recently been recruited. Nursing advice was accessed as needed from hospital and community based nursing resources.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a programme of education and training and good oversight was maintained of staff attendance at training. The inspector reviewed the overall staff training matrix and a sample of individual staff training records. There were no training gaps for example, in safeguarding, fire safety, and responding to behaviour

that challenged training. The date refresher training was due was highlighted so that it was booked on time. The majority of the staff team had completed human rights training. The person in charge described how this training highlighted for staff the role of staff as advocates for the residents. The provider operated a system of formal supervision for all grades of staff. The person in charge confirmed that frontline staff supervisions were completed on schedule. The staff team did not work across both houses so the person in charge held staff team meetings for the different staff teams. The inspector saw (from the record of these meetings) that there was good discussion of topics such as the resident's care and support plans, the providers safeguarding procedures and, feedback from accidents and incidents that had occurred.

Judgment: Compliant

### Regulation 21: Records

The provider had in place the records required by the regulations and the associated schedules. For example, a copy of the charges to residents, a record of the food and meals provided, a record of incidents that occurred and, a record of all nursing and medical care provided to the residents.

Judgment: Compliant

### Regulation 22: Insurance

The provider submitted, with the application seeking renewal of registration, evidence that it had contracts of insurance in place such as insurance against injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The provider demonstrated a high level of compliance with the regulations. The provider consistently and effectively collected data and used that data to monitor and assure the support and services provided. For example, the person in charge reviewed each incident that occurred and put additional controls in place as needed. There were systems for monitoring what were at times complex care needs and plans such as medicines and

meal plans. The community manager and formal reviews completed by other stakeholders maintained oversight of the effectiveness of the local systems of management. Overall, the inspector found that the provider could maintain effective and accurate oversight of the centre as the person in charge had robust evidence in place of their local management and oversight. It was easy to validate and confirm what was said, reported and observed in the well-maintained records in place.

Judgment: Compliant

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

In the personal plan reviewed by the inspector the inspector saw a contract for the provision of services. The contract was up-to-date, it detailed the services and facilities to be provided to the resident, any charges that the resident was liable to pay and how these were calculated. The contract also advised the resident and their representative of the insurance that was in place.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was available in the centre. The inspector read the statement of purpose and saw that it contained all of the required information such as the number of residents that could be accommodated, details of the management and staffing arrangements, the arrangements for receiving visitors and, how to make a complaint.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed records including the quarterly analysis of accidents and incidents that had occurred. The inspector was assured suitable arrangements were in place for notifying the Chief Inspector of events such as the use of any restrictive practice and any incident that resulted in an injury to a resident.

Judgment: Compliant

## Quality and safety

This was a well managed service where the care and support provided was person centred, evidence based and individualised to the assessed needs of each resident. Residents received the care that they needed to stay well and healthy and to have a good quality of life. Residents were visible and meaningfully engaged in their local community and remained connected to home and family.

Each resident participated in the process of personal planning. The inspector discussed the care and support needs of both residents with the person in charge and reviewed one personal plan. The plan was person centred, was based on the assessed needs and preferences of the resident and included the goals and objectives it was hoped could be achieved with the resident. For example, it was hoped that the resident would be well enough to resume swimming and to join the local mens' shed. The care and support provided was informed and reviewed at regular intervals by the wider multi-disciplinary team (MDT).

The personal plan included the assessment of the resident's healthcare needs and the care to be provided so that the resident enjoyed the best possible health. The person in charge described to the inspector how they liaised directly with clinicians such as the resident's General Practitioner (GP) and the neurologist.

There were times when both residents could exhibit behaviours that impacted on themselves, on staff and on peers but not each other due to their separate living arrangements. Both residents had a positive behaviour support plan. Possible triggers and antecedents to behaviour of concern were identified in the plan seen and, support and management strategies were integrated into the general operation of the centre and the daily routines. For example, the staff duty rota was planned and managed so that residents were supported by known and familiar staff and, community based activities were planned so that they did not overwhelm a resident.

Controls that met the definition of a restrictive practice were in place in response to risks such as for the risk for falls and seizure activity. The person in charge could clearly describe and rationalise to the inspector why these restrictions were required and why less restrictive interventions were not appropriate. For example, the person in charge explained how the resident had a poor sleep pattern that was exacerbated if staff completed regular checks on the resident as the resident liked to close their bedroom door at night. Monitors were used in lieu of direct staff supervision so that the resident was safe but not disturbed. The inspector saw that risks, how they were managed and the use of restrictive practices was formally recorded, reviewed and discussed with members of the MDT.

The person in charge maintained good and consistent oversight of incidents such as falls, completed trending so as to identify any possible patterns and, reviewed the adequacy of existing controls. Additional controls were put in place as needed. For example, the introduction of protective head-wear and a new wheelchair to ensure

that the resident continued to safely enjoy longer community excursions.

The inspector saw that each house was fitted with the required fire safety measures. There was documentary evidence in place that these measures were inspected and tested at the required intervals. The evacuation procedure for each house was regularly tested.

### Regulation 11: Visits

Residents were supported to have ongoing regular contact with home and family as appropriate to their individual circumstances. Staff maintained a record of family contact and family visits.

Judgment: Compliant

### Regulation 17: Premises

The location, design and layout of the centre met the aims and objectives of the service and the needs of residents. The inspector saw that each house was well maintained, clean and comfortably decorated. Each house was bright and welcoming and nicely personalised to reflect the individuality of each resident. Equipment was provided as needed for resident safety and wellbeing. Equipment was provided following consultation with the occupational therapist. For example, one resident had been provided with a wider bed and told the inspector that he loved his bed. There were laundry facilities in each house and refuse collection services were provided by private contractors.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had particular meal requirements and dietary plans in response to healthcare needs and risks such as for choking. The practice observed confirmed that staff were aware of these active risks and how they were controlled including the resident's safe eating and drinking plan. These plans were devised following SALT review and were reviewed as needed. For example, following a recent hospital admission. The inspector saw that the meal prepared by a staff member was properly and safely prepared, cooked and served. The inspector saw that the resident was provided with the recommended cutlery, was supervised but supported to be independent and, enjoyed the meal that staff provided. The person in charge was very aware of and sought to ensure that healthcare needs and risks did not

overly restrict the variety of the resident's meal choices.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had in place a guide for residents. The inspector read the guide and saw that it contained all of the required information such as the facilities and services provided, how residents were consulted with, the arrangements for receiving visitors and how to make a complaint.

Judgment: Compliant

### Regulation 26: Risk management procedures

The person in charge maintained consistent and effective oversight of risk and how it was managed. This was evident from the risk register that contained a range of centre and resident specific risk assessments and, from the records of the quarterly analysis of incidents and accidents that occurred in the centre. For example, the person in charge described how they had analysed the falls one resident had in the bathroom to see if there was any pattern or particular antecedents to these falls. Controls sought to keep the resident safe from harm and injury. The person in charge was very aware of how controls could impact for example, on the residents privacy. The inspector saw that controls such as safe eating and drinking plans, staff supervision and items to protect the resident in the event of a fall were used and the resident happily complied with them.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety management systems were in place. These included the provision of fire safety equipment such as a fire detection and alarm system, emergency lighting, fire-fighting equipment and doors with self-closing devices designed to contain fire and protect escape routes. Simulated drills tested the fire evacuation procedure and each resident had a personal emergency evacuation plan (PEEP). All staff had completed fire safety training and an external facilitator had also completed site specific training with the staff team. A staff member spoken with confirmed that residents evacuated when requested to do so by staff. Records on file confirmed that the person in charge reviewed the effectiveness of the fire drills and followed-

up with the staff team if corrective actions were needed. For example, where it had taken slightly longer to evacuate a resident or, if insufficient detail was recorded as to how the drill was completed.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Staff administered medicines on the basis of an assessment of resident capacity to do so safely themselves. Medicines were supplied by a community based pharmacy. The inspector saw that medicines were securely stored. The record of the medicines administered by staff was consistent with the medication prescription. There were procedures in place for ensuring medicines were administered as prescribed. For example, stock balance checks were completed and the social care worker monitored the accuracy of the administration record. There were procedures for monitoring and reviewing any medicines related incidents that did occur. Medicines, their impact and effectiveness were considered during clinical reviews.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of residents was completed and individualised personal plans were developed based on the assessed needs of each resident. The inspector reviewed one resident's personal plan. The inspector saw that the plan had been transferred to the new personal outcomes format (POMS). The plan was very person-centred and reflected the knowledge the person in charge and the staff team had of the holistic needs of the resident. Family were invited to participate and input into the development of the plan and staff sought to maximise the participation of each resident in their plan. There was documentary evidence of regular MDT input and plans were reviewed and updated as needed. The resident's personal goals had been agreed at the recent annual planning meeting.

Judgment: Compliant

### Regulation 6: Health care

Both residents had healthcare needs. There were arrangements in place for consistently assessing these needs and ensuring residents maintained and enjoyed

good health. The person in charge described the clinicians and services that residents had access to and records of referrals and reviews, admissions and discharges were maintained. This included consultations and reviews by the general practitioner (GP), neurology, psychiatry, speech and language therapy, occupational therapy and, hospital based and community based nursing resources. One resident required very specific daily care interventions. The inspector saw that staff had comprehensive plans to guide this care and, daily monitoring tools were used to record and then monitor adherence to these plans such as the resident's daily fluid intake. The care observed by the inspector such as in relation to falls prevention and safe eating and drinking was as set out in the plans and the associated risk assessments. The person in charge said that both residents were very agreeable to clinical interventions and described how one family and staff worked together in relation to supporting the resident's healthcare needs. One resident required regular venepuncture to monitor the effectiveness of their care plans. Familiar staff supported the resident to attend these clinical appointments.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents could be challenged at times by particular events and could exhibit behaviour in response. This behaviour could impact on the resident themselves, on peers and on staff. Each resident had a positive behaviour support plan devised in consultation with the staff team by the positive behaviour support team. The person in charge was very familiar with possible triggers for behaviour such as staff changes, unfamiliar staff and environments that were too busy. Arrangements were in place that sought to reduce these triggers such as the planning and maintenance of the staff duty rota and ensuring residents had manageable contact with peers. The person in charge could objectively rationalise on the basis of managing risk the need for the restrictions in place. There was no evidence that these restrictions impacted on resident choice or quality of life. For example, the inspector noted that one resident readily wore their protective head wear during one activity of daily living. The inspector saw that staff recorded their use of accessible materials such as social stories to discuss with the resident the need for the restrictions in place.

Judgment: Compliant

### Regulation 8: Protection

The provider had measures in place to safeguard residents from harm. These measures included safeguarding training for all staff, an up-to-date policy to guide staff and intimate and personal care plans for residents. Staff used accessible material with residents as they sought to increase their awareness and

understanding of safeguarding. However, limitations in this regard were recognised and the person in charge described the importance of monitoring resident mood, incidents of behaviour of concern and any changes in general in resident presentation. The provider implemented as required its safeguarding policy and procedures and took measures to protect residents from harm.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were provided with their own home, their own team of staff and, support and care that was tailored to their specific needs and preferences. While residents were similar in many ways their difference was also respected. One resident could communicate their needs and preferences. Staff described how the resident was very proud of their personal appearance and enjoyed their regular trips to a local barber. However, staff described how the resident asked and was happy for staff to attend to their hair during a recent period of illness. Staff described how the other resident would use gestures or objects of reference to communicate their needs and wishes. For example, in relation to what time they went to bed, what clothes they choose to wear and the activities that they enjoyed. These choices were managed so that other risks were avoided. For example, the resident enjoyed meeting peers from the day service but was happier in smaller groups. Both residents were loved and valued family members and had good consistent access to and support from family. The importance of family was evident in the many photographs displayed in each apartment.

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 15: Staffing  | Compliant |
| Regulation 16: Training and staff development                                      | Compliant |
| Regulation 21: Records   | Compliant |
| Regulation 22: Insurance   | Compliant |
| Regulation 23: Governance and management   | Compliant |
| Regulation 24: Admissions and contract for the provision of services               | Compliant |
| Regulation 3: Statement of purpose   | Compliant |
| Regulation 31: Notification of incidents   | Compliant |
| <b>Quality and safety</b>  |           |
| Regulation 11: Visits  | Compliant |
| Regulation 17: Premises  | Compliant |
| Regulation 18: Food and nutrition  | Compliant |
| Regulation 20: Information for residents   | Compliant |
| Regulation 26: Risk management procedures  | 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 |