Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Creg Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	20 May 2024
Centre ID:	OSV-0005007
Fieldwork ID:	MON-0043693

About the designated centre

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

Creg services provides a residential service to four adults. Residents of this service require a high level of support from staff in the context of their assessed needs. Residents may also have medical needs and a combination of nurses, social care workers and care assistants work in this centre. The centre is located on the outskirts of a city where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Suitable cooking and kitchen facilities are also available and reception rooms are warm and comfortably furnished. A social model of care is offered to residents in this centre, some residents are receiving an integrated type service with both day and residential supports, provided in the designated centre; other residents attend separate off-site day services. One staff member supports residents during night time hours and three staff members support residents during the day. The day to day management of the centre is assigned to the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Monday 20 May 2024	09:30hrs to 15:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with the regulations. The inspection was facilitated by the person in charge. The inspector also had the opportunity to meet with two staff members who were on duty and with two of the residents who were living in the centre.

The designated centre comprises of a single storey detached house set on its own grounds in a rural area but close to a village and near by city. Three residents had their own bedrooms and one resident had their own apartment. There was an adequate number of toilet and bathroom facilities provided. There was a variety of communal day spaces provided including a sitting room, dining room, sensory room and lounge seating area off the kitchen. Residents had access to a large garden area at the rear of the house. There were raised beds, outdoor furniture and swings provided. Staff reported that residents enjoyed spending time outside and some residents were interested in gardening activities. The inspector noted a range of colourful potted flowering plants, strawberry plants in window boxes, and a variety of vegetables and herbs which had been planted in raised beds. Works were also in progress to provide a sensory garden area. While the house was furnished in a homely manner, some repairs and redecoration was required internally and further maintenance works were required to the external areas of the house and garden. The person in charge outlined that there was a plan in place to carry out extensive works to both the house and garden areas.

On the morning of inspection, all residents had already left the house. Two residents were attending their day service while the other two residents who were provided with an integrated day service from the house had gone for a drive and a walk in the nearby city. The inspector met with the two residents when they returned to the centre at lunch time. While they were unable to tell the inspector their views of the service, they both appeared in good form and were relaxed and content in their environment and in the company of staff. One resident relaxed on the sofa in the sensory room and the other indicated to staff they they would like to have their lunch time meal. Staff were observed to prepare the meal in line with the recommendations of the speech and language therapist. Residents were then observed to go about their own routines, one resident relaxed as they listened to music in their bedroom while the other was observed to engage with floor puzzles as they viewed cartoons on the large projector screen in the sensory room.

From conversations with staff, observations made while in the centre, and information reviewed during the inspection, it appeared that residents had good quality lives in accordance with their capacities, and were regularly involved in activities that they enjoyed in the community and also in the centre. Residents were supported to take part in a wide range of activities, including regular walks, drives and day trips. Residents regularly enjoyed shopping trips, eating out and recycling at the bottle bank. Some enjoyed overnight stays away for short holiday breaks and residents had been on trips to visit the aquarium, Fota wildlife park, light shows in

Mullingar and wonder lights show at Dublin Zoo. The inspector saw photographs of residents clearly enjoying many of these activities and events. The centre had its own vehicles, which could be used by residents to attend outings and activities. Residents also enjoyed spending time relaxing in the house and sensory room, watching television, listening to music, using their iPad, having foot spa treatments, baking and gardening activities.

Residents were actively supported and encouraged to maintain connections with friends and families. Visiting to the centre was being facilitated in line with national guidance and there was adequate space for residents to meet visitors in private if they wished. Residents were supported to maintain contact and to regularly visit their families at home. One of the residents had recently been supported to attend a family wedding.

In summary, the inspector observed that residents were treated with dignity and respect by staff. Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. Staff continued to ensure that residents' preferences were met through the personal planning process, through the trialling of new activities and ongoing communication with residents representatives. It was evident that residents lived active and meaningful lives, had choices in their daily lives and that their individual rights and independence was very much promoted. From a sample of two personal plans reviewed, it was clear that residents had been supported to achieve their goals during 2023, however, one of the personal plans required updating to reflect personal goals for 2024.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was well generally well managed and the provider had a plan in place to address issues identified in relation to the premises.

There was a full-time person in charge who held responsibility for this centre. The person in charge had a regular presence in the centre. They were supported in their role by a staff team, service coordinator and area manager. There were on-call arrangements in place for out of hours.

There was a consistent staff team in place to support residents with their assessed needs. Staffing levels had been assessed and recruitment of additional staff had taken place following the last inspection. Staffing levels had increased and there

were now three staff on duty during the day time which facilitated more meaningful activities for residents living there. Regular staff meetings were taking place and topics such as staff training, health and safety, restrictive practices, infection, prevention and control were discussed. There were some staff vacancies at the time of inspection, with regular agency and locum staff employed to cover some shifts.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2023 was completed and had included consultation with service users families. Questionnaires returned as part of this consultation indicated complimentary feedback of the service. Priorities and planned improvements for the coming year were set out. The provider continued to complete six-monthly reviews of the service. The most recent review completed in November 2023 had identified areas for improvement, including planned renovation and upgrading works to the premises.

The local management team continued to regularly review areas such as incidents, health and safety, infection, prevention and control and medication management. These reviews were being completed on a computerised system. Recent reviews completed indicated satisfactory compliance.

Regulation 14: Persons in charge

There was a person in charge who was employed on a full-time basis and who had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. The need for additional staffing in order to facilitate more meaningful activities for residents had been addressed. There was a team of consistent staff in place to ensure continuity of support and care for residents which included both nursing and social care workers. Regular agency and locum staff were available when additional staffing resources were required.

Judgment: Compliant

Regulation 16: Training and staff development

All regular staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection prevention and control, administration of medication and epilepsy care had been provided to staff in order to meet the specific support needs of some residents. Further refresher training in safeguarding was scheduled for all staff. While some training certificates were made available for agency staff, all mandatory training records were not available, therefore the inspector could not be assured that all agency and locum staff had completed all mandatory training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had systems in place to ensure that this service was well managed and also had systems in place for reviewing the quality and safety of care and support in the centre. They had ensured the centre was adequately resourced to meet the assessed needs of residents.

The provider had a plan in place to address identified issues in relation to the premises. While the person in charge outlined that drawings and costing for upgrading, reconfiguration and renovation works had been submitted, there was no time bound plan in place for completion of works at the time of inspection.

Improvements and further oversight were required to ensure that training records were available for all staff who worked in the centre, to updating of some residents risk assessments, care plans, personal plans, personal emergency evacuation plans, and to ensuring that all fire doors were effective.

Judgment: Substantially compliant

Quality and safety

The inspector found that the care and support that residents received was of a good quality and ensured that they were safe and well supported. Residents and service users appeared to be comfortable in their environments and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis.

Improvements were required to the premises, updating of risk assessments and care plans, ensuring that personal plans were in place for 2024, updating of some personal emergency evacuation plans (PEEPs) and to ensuring that works required to the surrounding area of the fire door installed on the corridor was addressed to ensure its effectiveness.

Residents' health, personal and social care needs were assessed and care plans were developed, where required. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences, and which provided detailed information about how residents communicate their likes, dislikes and how they should be offered choice. Communication protocols had been developed in consultation with the speech and language therapist (SALT) who had also provided training to staff. Staff spoken with were familiar with and knowledgeable regarding resident's up to date health and social care needs.

The inspector reviewed a sample of two residents files. The person in charge outlined that files were in the process of being uploaded to a computerised information system. While risk assessments and care plans were in place for all identified issues, many had a last review date of February 2023 and therefore, required review and updating.

Residents had access to general practitioners (GPs), out of hours GP service, consultants and a range of allied health services. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had an annual medical review.

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of comprehensive intimate and personal care plans. While safeguarding risks had been identified, safeguarding plans were in place and the provider had plans in place to complete internal reconfiguration works to the premises so as to provide a resident with their own suite with the aim of reducing safeguarding incidents.

There were systems in place for the management and review risk in the centre. The inspector reviewed the risk register which had been recently reviewed. Staff spoken with were aware of specific risks relating to residents' care and support, and were aware of the additional control measures that they were required to implement, on foot of these risks being identified. However, during the course of inspection, some risks were noted that had not been identified. A personal emergency evacuation plan required updating to reflect the night-time evacuation needs of a resident. Works were required to ensuring the effectiveness of a fire door provided to the corridor.

The person in charge demonstrated good fire safety awareness and knowledge on the workings of the fire alarm system. Weekly fire safety checks were being carried out. Regular fire drills continued to take place involving all staff and residents. The inspector reviewed the the last day and night time scenario fire drills which indicated that residents could be evacuated safely in a timely manner.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage regularly in meaningful activities and the provider had ensured that sufficient staffing and transport arrangements were in place to facilitate this. The centre was close to a range of amenities and facilities in the local area and nearby city. Staff spoken with confirmed that residents enjoyed daily outings, regular trips away and were supported to attend a range of activities that they enjoyed. There were several photographs showing residents clearly enjoying a wide range of activities during recent months.

Judgment: Compliant

Regulation 17: Premises

Improvement works were required to the premises to ensure it was maintained in a good state of repair externally and internally. The provider had a plan in place to address these identified issues in relation to the premises, however, at the time of inspection, there was no time bound plan in place for completion of works. Improvement works required included repairs and repainting to internal wall surfaces, some walls were damaged and flaking paint was evident. The raw wooden frame surrounding the projector screen to the sensory room required finishing with a readily cleanable surface.The broken drawer to the kitchen required repair. Repair and upgrading was required to some bathroom finishes including wall/floor junctions and bath panel. The defective shower outlet cover required repair or replacement. The external walls required repainting and the fascia and soffit required cleaning. Parts of the garden area to the rear of the property were overgrown with weeds and required maintenance.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk in the centre. However, some improvements were required to ensuring that risks identified during the inspection were addressed. A personal emergency evacuation plan required updating to reflect the night-time evacuation needs of a resident. Works were required to ensuring the effectiveness of a fire door provided to the corridor. There was no intumescent strip provided and gaps were noted around the door frame posing a risk of the spread of smoke and fire in the event of fire.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Weekly fire safety checks were carried out and recorded. The fire alarm and fire equipment were serviced regularly. All staff had completed training in fire safety. Regular fire drills continued to take place involving both staff and residents. Works required to ensuring the effectiveness of a fire door has been included under Regulation 26: Risk management procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident had an assessment of their health, personal and social care needs. However, improvements were required to ensure all assessments and care plans were updated to reflect the changing needs of each resident and no less frequently than on an annual basis. Risk assessments and care plans were in place for all identified issues, however, many had a last review date of February 2023. These documents required review and updating in order to comply with the requirements of the regulations. The person in charge outlined that files were in the process of being uploaded to a computerised information system and undertook to ensure that appropriate reviews would be completed and recorded.

Personal plans were developed in consultation with residents, family members and staff, however some personal plans required updating to reflect and set out residents personal goals for the coming year. Review meetings took place annually, at which, residents' personal goals and support needs for the coming year were

discussed and progress reviewed, however, there were no goals set out for 2024 in one of the files reviewed. Resident's personal outcomes for 2023 were documented in an easy-to-read picture format in both files reviewed and it was clear that residents were supported to progress and achieve their chosen goals in 2023. There were regular progress notes recorded and photographs demonstrating achievement of goals.

Judgment: Substantially compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health-care that they needed. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents' files indicated that residents had been regularly reviewed by the physiotherapist, occupational therapist, speech and language therapist and psychologist. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to regular psychology review and had updated positive behaviour support plans in place. Staff spoken with were knowledgeable and familiar with identified triggers and supportive strategies. Restrictions in place were regularly reviewed. There were written protocols in place to guide staff in the event that restrictions were required.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, all staff had received training in safeguarding and further training was scheduled. While safeguarding risks had been identified, safeguarding plans were in place and the provider had plans in place to complete

internal reconfiguration works to the premises so as to provide a resident with their own suite with the aim of reducing safeguarding incidents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to communicate in accordance with their needs. Restrictive practices in use were reviewed regularly by the organisations human rights committee.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Creg Services OSV-0005007

Inspection ID: MON-0043693

Date of inspection: 20/05/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The PIC contacted the relevant Agency and obtained training records in respect of the 3 staff identified. Following this, the PIC transposed these training records onto the training matrix of the designated centre, reviewed all mandatory training requirements of the centre's full team, all of which will be fully up to date by the end of July.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The PIC carried out a review of all mandatory training requirements of the centre's full team including Agency staff, all of which will be fully up to date by the end of July. • The PIC has sought a timeframe for completion of works from the Estates Dept of the Organsiation, and was informed that the required work would be complete by the 30/09/2024. • The relevant Risk Assessments, Personal and Care Plans were reviewed and have been updated. • The defective fire door was repaired on the 22nd of May 2024	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The PIC has sought a timeframe for completion of works from the Estates Dept. of the Organsiation, and was informed that the required work would be complete by the 30/09/2024.
• The raw wooden frame surrounding the projector screen to the sensory room was primed and sealed to provide a readily cleanable surface on the 13th of June 2024.
• The broken drawer in the kitchen was required o the 13th of June 2024.
• The identified issues with the wall/floor junctions and bath panel in the identified bathroom were sealed and repaired on the 17th of June 2024.
• The defective shower outlet cover was repaired/replaced on the 13th of June 2024
• The external walls and soffit were power washed in advance of repainting on the 14th of June 2024.
• Parts of the garden area to the rear of the property were overgrown with weeds and required maintenance.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• An intumescent strip was inserted and all gaps were sealed around the identified door, ensuring the risk of the spread of smoke and fire in the event of a fire has been eliminated, on the 23rd of May 2024.

• The night time evacuation plan in respect of the identified resident has been reviewed and updated on the 17th of June 2024.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

• The Goals from the Individual planning meeting for the person identified were clearly documented in an easy read format on 29th of May 2024

• All Care Plans and Risk Assessments reviewed in a paper format on the day of the inspection are now available to view electronically having been completed on the 5th of June 2024.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/07/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/09/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	20/07/2024

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	17/06/2024
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	29/05/2024