Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Suir Services Rathkeevin
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	30 May 2024
Centre ID:	OSV-0005291
Fieldwork ID:	MON-0039811

About the designated centre

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

The centre is registered to provide a full-time residential care service for adults. The centre is based in Co. Tipperary. The capacity of the centre is four people of mixed gender who have been diagnosed with an intellectual disability, including those with a diagnosis of autism spectrum disorder and challenging behaviour. The centre is a single-storey detached building with four bedrooms, a kitchen and living room. A section of the house is allocated for the sole use of one resident. There are large gardens around the premises and outdoor play equipment at the rear.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Thursday 30 May 2024	11:00hrs to 18:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and the purpose of the inspection was to determine the centres ongoing levels of compliance with the regulations. Overall, poor levels of compliance were found with the regulations reviewed.

The inspector met with two residents who lived in the centre. Two residents lived in the centre on a full-time basis with a third resident due to transition to the centre on the evening of the inspection. One resident also attended part time, however was not in attendance at the time of inspection.

One resident was in receipt of day activity from the centre, while the other residents attended a day service. On arrival to the centre, the inspector met with the resident who was supported in the centre. The resident was supported in an individualised living space. The resident gave the inspector a high five while they were watching GAA on a projector in their living room. Three staff were available to the resident at the time. The resident's living area had been personalised in county theme colours and murals.

The inspector met with the the second resident on their return from day services. The resident was seen to spend time in the living room, kitchen and move throughout the house. On one occasion the resident was heard seeking to enter another residents bedroom, while staff attempted to redirect the resident , the resident was focused on removing bed clothing. The resident who the bedroom belonged to was not present at the time however, there are recorded incidents were the resident has entered the residents bedroom to remove bed clothing and or turn off lights with them present .

Safeguarding risks were managed daily through high staffing levels, separate living spaces in the home, separate transport, opposite resident routines and restrictive practices. The levels of peer to peer safeguarding incidents were low due to these measures. It was evident that residents were communicating they were unhappy with the living arrangements. For example, incidents recorded a resident becoming upset seeing the other resident return and attempted to prevent them coming into the house.

As mentioned previously, a fourth resident was due to transition to the centre on the evening of the inspection. While the inspector did not meet with the resident they viewed their proposed bedroom and discussed the transition with the senior manager. The bedroom had been personalised and contained personal belongings which the resident had brought as part of their transition. The resident was reported to have spent time with the other residents, for example two residents had watched a film together.

The inspector completed a walk around of the property with the senior manager. The centre is a single-storey detached building with four bedrooms, a kitchen and

living room. A section of the house is allocated for the sole use of one resident. There are large gardens around the premises and outdoor play equipment at the rear. Some areas of repair were observed such as broken tiles in the bathroom, this required attention in particular due to the assessed needs of the residents.

The next two sections of the report present 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 service being delivered. Overall, a number of issues were noted in areas including resident compatibility, staff training, governance and management, risk management, fire safety and resident rights.

Capacity and capability

There were clear lines of authority and accountability within the centre. A new person in charge had recently been appointed to the centre. They were supported by a service manager and a regional service manager who held the role of person participating in management for the centre.

Findings on this inspection indicated that improvements were required in the governance and oversight systems. These included the assessment of resident need to inform allocation of staffing, provider oversight of staff training requirements and improved risk management.

Regulation 15: Staffing

Improvements were required to ensure support requirements were determined by the residents assessed needs. For example, the specific rational and supports required for one resident was not clearly assessed on the day of inspection. This was seen to negatively impact on other residents in the service with recorded restrictive practices of residents being unable to participate in activities due to staff reallocation. In addition, the inspector reviewed an incident which described a resident becoming distressed and engaging in self injurious behaviour as the staff supporting them were required to return to the centre to assist with another resident's personal care.

There were three vacancies in the centre reported by senior management on the day of inspection, two of which were in the process of commencement and one was at interview stage. From a review of rosters ,agency staff were required to ensure appropriate staffing levels. While it is noted that there had been efforts to ensure consistency, agency continued to be required.

Following the admission of an additional resident to the centre, a revised rota is due

to be implemented post inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had not ensured that all staff had completed training and refresher training in line with their policy and national best practice. This had also been the finding when the centre was last inspected in October 2022. Following a review of staff training records it was found that different staff members were due refresher training in mandatory areas. This posed a risk to residents at times as some staff supporting them did not have up-to-date training in areas of service provision. Following review of records, 50% of staff required refresher training in fire safety, first aid, manual Handling and safe administration of medication. Significant time had passed from staff previously attending mandatory training with staff last recorded as attending fire safety in 2015, 2016 and 2018. Further gaps were also noted in safeguarding, infection prevention and control and epilepsy.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clear management structure in place with a full time person in charge, who was responsible for one other designated centre. The person in charge was recently appointed to the role. The person in charge was on planned leave at the time of inspection, the inspection was therefore facilitated by the senior manager who was also a person participating in management.

Improvements were required in the overall governance and management of the designated centre. The provider had failed to adhere to a compliance plan response submitted to the Chief Inspector following the centres most previous inspection in October 2022.

On the day of inspection, the previous six monthly audit completed in April 2024 had to be sought by the service manager, therefore no action or progress had been made against findings.

Findings indicated that improvements were required in the governance and oversight systems as put in place by the provider. These included as stated already, systems for the assessment of resident need to inform allocation of staffing, in addition to the providers ability to monitor and oversee training requirements and improved risk management.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

A resident was due to transition to the centre on the evening of the inspection. While the inspector did not have the opportunity to meet the resident, they reviewed the individuals' proposed bedroom and living space which had been personalised. It was evident that there was a clear, planned approach to admissions to the centre. Transitions and visits were completed as indicated by the individual needs of the residents. The provider had ensured admissions to the centre took into account the services outlined in the statement of purpose and other residents living in the centre.

Judgment: Compliant

Quality and safety

A number of improvements were required to ensure that the quality of the service provided was appropriately monitored and to ensure that the residents could enjoy a safe service in their home.

Residents were supported by a staff team who were for the most part familiar with their needs and preferences. Improvement was required in the upkeep on the centre, fire safety, the identification and management of risk within the centre, positive behaviour support and resident's rights.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. The centre was a single-storey detached building with four bedrooms, a kitchen and living room. A section of the house is allocated for the sole use of one resident. There are large gardens around the premises and outdoor play equipment at the rear.

The provider had recently reconfigured the internal rooms following an application to vary. The provider outlined planned works in order to improve bathroom facilities for one resident. In addition, some minor works were required in the main bathroom area such as broken tiles and damage to a bath. This is discussed further under regulation 26.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the policies, procedures and practices relating to risk management in the centre. The provider's risk management policy contained all information as required by the Regulation. The provider and person in charge were for the most part identifying safety issues and putting risk assessments in place.

However, the inspector also found potential risks that had not been appropriately assessed. For example, an incident recorded a resident pulling a hot appliance from a counter top . It had been recognised that unplugging items was a reoccurring behaviour however mitigating measures to prevent a similar incident reoccurring were not evident on the day of inspection. In addition, the inspector observed broken wall tiles in a bathroom area, this posed a risk to a resident in particular due to their individual assessed needs.

Judgment: Not compliant

Regulation 28: Fire precautions

The fire safety systems in place required improvement. A night-time drill or minimum staffing drills to demonstrate that all persons would be safely evacuated in the event of a fire had not been completed within the last year, the last recorded drill was completed in May 2022. The inspector also found that the fire evacuation procedures had not been updated to reflect a change in layout of the centre nor were they on display. In addition, staff had not been trained annually as noted under regulation 16.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Some residents presented with behaviours that challenge and they were well supported by a number of professionals including psychologists, psychiatry and a behaviour support specialist. Residents had individualised behaviour support plans in place which were subject to review with the multi-disciplinary team.

A number of restrictive practices were noted around the centre to manage behaviours, including but not limited to the use of a harness for transport, advanced

safety interventions, audio visual monitor and a shutter on bedroom window. It is recognised that there had been a reduction in use of some restrictions in the last quarter. However, action was required to ensure restrictive procedures are applied in line with the national policy on restraint and evidence-based practice. For example, it was not clearly evident that the least restrictive measure was applied in each instance.

The provider had sought an external review of the use of restrictive practices within the centre, in the context of a human rights based approach. The findings of this review which commenced in March were yet to be implemented in full. For example, the use of a harness when transport was stationary was yet to be referred to an OT for review.

Judgment: Substantially compliant

Regulation 8: Protection

Notwithstanding compatibility concerns identified under regulation 9, systems to safeguard residents were clearly evident and staff members knew residents and their individual support needs very well. While safeguarding measures meant that peer to peer safeguarding incidents were minimal in recent months. Residents had set schedules in place to limit interactions with eachother. This impact is discussed further under regulation 9.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the residents' choice and control within their home was limited at times. For example, there was practice in place for two of the residents to spend time separately in order to manage possible negative peer-to-peer interactions. In addition, incidents recorded a resident becoming upset seeing the other resident return and attempted to prevent them coming into the house. It was not evident that the provider had considered the long-term suitability of such arrangements and the overall compatibility of the resident group.

In addition, one resident was restricted in carrying out activities in the event staff were required to support another resident. The inspector reviewed an incident which documented a resident becoming distressed and engaging in self injurious behaviour as staff were required to return to the centre to assist another resident.

Judgment: Not 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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Suir Services Rathkeevin OSV-0005291

Inspection ID: MON-0039811

Date of inspection: 30/05/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The provider continues to recruit for vacant posts to meet the assessed needs of the residents. Interviews have taken place and staff recommended are currently going through the HR processes for onboarding. In the interim, the provider will continue to provide cover using BOCSI staff or agency staff where required. • The day service team lead and person in charge will now be a third staff to enable all residents to participate in planned activities. • The roster has been revised to include additional ad hoc staff to allow for social care needs and community inclusion be met.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The training matrix has been revised to outline all gaps in mandatory and compulsory training. • All outstanding fire training has been planned for all staff to have refresher training completed by 14th August. • The person in charge is working closely with the training department to schedule outstanding mandatory training as outlined in the report.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:
• The Person in charge has devised an action plan to undertake and complete tasks as outlined in the six-monthly internal audit.

• A review a of the current risk register has been completed and all associated risk assessments have been reviewed and updated in line with residents assessed needs.

• A review of the roster will include the allocation of staffing for each resident.

• A review of the training matrix has been completed, in addition to this training will be reviewed and discussed at team meetings each month with the team. Individual training records will be reviewed with the PIC at individual staff supports.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Contractor has been sourced to complete works in the bathroom and replacing tile and broken bath.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• A review a of the current risk register has been completed and all associated risk assessments have been reviewed and updated in line with residents assessed needs.

• Risk assessment regarding the kitchen appliances has been devised.

• Contractor has been sourced to complete works in the bathroom and replacing tile and broken bath.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The Personal Emergency Evacuation Plans in the centre have all been revised to include specific behavioral needs and guidance prior to evacuation.

• A night time simulation has been completed and a risk assessment has been devised to reflect same. Regular night time simulations will be scheduled.

• Floor plans have been laminated and are now display on the notice board in the hall way.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

• An action plan for external restrictive practice audit has been developed.

• New Restrictive Practice Policy is in the final stages of development, which will include a Restraint Reduction Plan.

• IBSP for this individual has been finalized and includes least restrictive measures.

• OT assessed individual 10th May 2024 re Harness, this was communicated to the inspector on the day of the inspection. We await OT report.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• As part of education and supports for each resident, daily consults occur where individuals are educated around boundaries, each person right to privacy and house rules. Interventions are recommended by the Psychologist & Behaviour Support Therapist and implemented by the team.

• During times when residents are experiencing high levels of anxiety, their support staff will redirect them to a preferred activity in order to deescalate the situation however for the most part each individual chooses where they wish to spend time or what activity they wish to engage in.

• There are Safeguarding plans in place and reviewed regularly at Management and Monitoring meetings. The provider is aware of the previous negative peer to peer interactions. This is being monitored.

• The day service team lead and person in charge will now be third staff to enable all residents to participate in planned activities.

The roster has been revised to include additional ad hoc staff to allow for social care needs and community inclusion be met.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	16/08/2024
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.	Not Compliant	Orange	30/09/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/07/2024

	are of sound construction and kept in a good state of repair externally and internally.			
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/07/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/07/2024
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting	Not Compliant	Orange	14/08/2024

	equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	14/08/2024
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Not Compliant	Orange	05/07/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/08/2024
Regulation	The registered	Not Compliant	Orange	31/07/2024

09(2)(a)	provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			