



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

Issued by the Chief Inspector

Name of designated centre:	Turlough Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	23 November 2021
Centre ID:	OSV-0005883
Fieldwork ID:	MON-0026963

About the designated centre

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

Turlough Services is a designated centre run by Brothers of Charity Services Ireland CLG. The centre provides respite care for up to three male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprised of one house located a few kilometres from a village in Co. Galway and provided residents with a respite service for an allocated number of nights per month. Residents had their own bedroom, shared bathroom, sitting room, kitchen and dining room, utility and staff room. A well-maintained garden was also available to residents to use as they wished. Staff were on duty both day and night to support the residents who availed of this respite service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 November 2021	11:10 am to 3:45 pm	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a centre that put residents' needs, wishes and preferences to the forefront of the service delivered to them.

The centre comprised of one house situated a few kilometres from a village in Co. Galway. Residents had their own bedroom, shared bathroom, sitting room, kitchen and dining area, utility and staff room. A well-maintained garden area was also available for residents to use at they wished. Each resident had their own personal box which contained items of interest to them and staff made this available to them upon their arrival to the centre. Overall, the centre was homely, clean and provided residents with a very comfortable living space.

The person in charge, team leader and a staff member facilitated this inspection. Each spoke confidently about the care needs of each resident and were very familiar with operational needs of this respite service. Towards the close of the inspection, one resident arrived to the centre after their day service. However, due to their communication needs, they didn't engage directly with the inspector about the care and support that they receive. They were pleasantly greeted by all staff members, with one staff member supporting the resident to use their ipad and headphones. This resident appeared very comfortable in the company of staff and moved freely from room to room, at their leisure.

Social care was very much promoted in this centre, with many residents living active lifestyles. Typically, residents attended this respite service after their day service and some spent their weekends here. Staff told the inspector of how these residents liked to go for walks in nearby areas, went swimming, liked to people watch and liked to get take-aways. Some residents who attended at weekends, liked to routinely get a pizza on Friday nights, which they associated with their weekend stays at the centre. Staff also spoke of how some residents had recently trialed new foods, which had expanded their taste for a wider variety of menu choices. Some residents responded positively to more sensory activities and staff had supported these residents to build a rapport with a local barbers, which they now attended to have their hair cut. Sensory work had also been done with these residents around their personal care, resulting in some residents now tolerated to have their arms washed using a shower head, which they previously had not engaged in. Staff spoke with the inspector about the on-going therapeutic activities in relation to personal care that were being promoted for these residents.

Continuity of care was a very important aspect of this respite service. Those who facilitated the inspection, spoke of the behavioural support needs of some residents and of how they had responded well to the consistency in staffing levels. Staff who worked in this centre had done so for quite some time and were very familiar with the residents and their assessed needs.

In the next two sections of this report, the findings of this inspection are discussed.

Capacity and capability

The purpose of this inspection was to monitor the provider's compliance with the regulations. Overall, this was found to be a well-run and well-managed centre that ensured residents received the care and support that they required. Although the provider was found to be in compliance with many of the regulations inspected against, some improvement was required to aspects of health care, risk management, fire safety and infection prevention and control.

The person in charge held a full-time role and she was supported by her staff team, team leader and line manager in the running of the service. She visited the centre on a minimum fortnightly basis and maintained in regular contact with the team leader to discuss any issues arising. She was responsible for another designated centre operated by this provider and current arrangements ensured she had the capacity to effectively manage this centre.

Due to the nature of this respite service, the staffing arrangement was subject to regular review to ensure a suitable and adequate number and skill-mix of staff were on duty to meet the needs of residents. When lone-working in the centre, staff were also supported by an on-call arrangement, meaning they were always supported by a member of management, if required. In response to their assessed needs, some residents required two-to-one staff support and the provider had ensured that this was available to these residents. Arrangements were also in place to provide additional staffing resources to this centre, and the person in charge had ensured these staff were familiar with the residents and the service delivered to them. Due to the behavioural support needs of some residents, this continuity of care had a positive impact for residents as it provided assurances that they would at all times be care for and supported by staff who knew them well. Effective staff training arrangements were in place, ensuring that staff had access to the training they required, appropriate to their role. In addition to this, all staff were subject to regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. Regular team meeting were occurring between staff, the team leader and person in charge, which facilitated regular discussions about the care and welfare of residents. In addition to these meetings, the person in charge also maintained regular contact with her line manager to review operational related matters. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

Registration Regulation 5: Application for registration or renewal of registration

The provider had satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full time role within the organisation. The provider had ensured adequate support arrangements were in place to support her to have the capacity to effectively manage the service.

Judgment: Compliant

Regulation 15: Staffing

The centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were on duty to meet the residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had access to the training they required, suited to their role held within the centre. Furthermore, all staff were subject to supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced and that suitable persons were appointed to manage the service. Monitoring systems were in place, ensuring the quality and safety of care was subject to regular review.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre and it contained all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector of Social Services, as required by the regulations

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre was operated in a manner that provided residents with an individualised service during their respite stay.

The centre comprised of one house located a few kilometres from a village in Co. Galway. Here, each resident had their own bedroom, a shared bathroom, sitting room, kitchen and dining area, utility and staff sleepover room. A spacious garden area was also available to residents to use as they wished. Overall, the centre was found to be well-maintained, clean, nicely decorated and had a lovely homely feel to it.

The provider ensured that a comprehensive assessment of each resident's health, personal and social care needs was completed on a minimum annual basis. However, some improvement was required to the personal planning for residents requiring support with their intimate care needs. For example, in response to the sensory needs of one resident, the provider had implemented a number of measures and routines around ensuring this resident's personal care needs were met while availing of respite. However, the personal plan and risk assessment supporting this didn't reflect what these arrangements were.

Some residents had specific health care needs and staff who spoke with the inspector demonstrated very good understanding of their role and responsibilities in supporting these residents, particularly in areas such as nutrition, manual handling

and neurological care. However, the inspector did identify where improvements were required to some aspects of the overall arrangements in place to support residents' health care. For example, some residents were in use of enteral feeding regimes and although no incident had occurred in relation to this aspect of residents' care and staff were found confident in supporting these residents, the provider had not ensured that staff were supported by policy or procedure with regards to providing this type of nutritional care. Furthermore, enteral feeding related personal plans for these residents required review to ensure clearer guidance was provided to staff on the care and support these residents' required. Improvement was also required to ensure protocols were available to staff in relation to the response required, should enteral feeding tubing become blocked or infected.

Where residents had neurological care needs, the provider had ensured that staff were very familiar with the care and support that these residents required. Although, to date, these residents had experienced very low seizure activity, a review of the night time support arrangements were required to ensure staff would be alerted, should these residents have a seizure. Associated care plans also required adjustment to clearly state the specific care requirements should a seizure occur.

The identification and timely response to risk was largely attributed to the regularity of staff team meetings, quality of staff handover and the centre's incident report system. Although the provider had risk management systems in place, some improvement was required to the assessment of risk. For example, even though risks relating to residents' care needs were being effectively managed, these were not always supported by risk assessment, for example risk relating to nutritional care needs and intimate care. Furthermore, as part of this inspection, a number of risk assessments were reviewed by the inspector and although it was evident that these were updated and reviewed very regularly, in some instances, clarity was required to hazard identification and better identification of specific control measures that the provider had put in place in response to these risks.

Some residents required positive behavioural support and comprehensive behaviour support plans were in place to guide staff with regards to this aspect of their care. Staff who met with the inspectors could clearly outline residents' behaviours and the proactive and reactive strategies which were to be implemented to minimise the impact of these behaviours. The provider was very responsive to the specific needs of some residents requiring positive behaviour support, with some having two-to-one staff support available to them for the duration of their respite stay. This had a positive impact on reducing the occurrence of behavioural related incidents for these residents.

The provider had fire safety precautions in place, including, fire detection and containment systems, emergency lighting arrangements, regular fire safety checks and clear fire exits. Fire drills were occurring on a regular basis and records of these clearly demonstrated that staff could support residents to evacuate in a timely manner. Although there was a fire procedure available at the centre, it required minor review to ensure it clearly described how staff were to respond, should a fire

occur.

The provider had procedures in place for the prescribing, administration and storage of medicines. However, some improvement was required to some prescribing practices. For example, although documentation was available at the centre to inform staff on the enteral feeding regime to be administered to residents, these had not been appropriately prescribed on prescription records.

Regulation 26: Risk management procedures

The provider had systems in place for the identification, response and monitoring of risk at the centre. However, some improvement was required to the risk assessments to ensure clear hazard identification and description of control measures put in place to mitigate against identified risks. In addition, although the provider had responded to risk in the centre, supporting risk assessments were not always in place to demonstrate this, for example, risks relating to residents' personal care and nutrition.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider put a number of measures in place to protect the safety and welfare of staff and residents. However, a review of the provider's contingency plan was required to ensure clarity on the isolation arrangements and response to decreasing staffing levels, should an outbreak of infection occur in this centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting and regular fire safety checks. Although there was a fire procedure available, it required review to ensure clarity was provided to staff, should a fire occur in this centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place to guide staff on the safe administration of medicines. However, some improvement was required to ensure enteral feeding regimes were appropriately prescribed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Although the provider had ensured residents' needs were assessed for on a minimum annual basis, a review of intimate care plans was required to ensure these reflected the interventions that the provider had implemented to ensure residents' personal care needs were met.

Judgment: Substantially compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider ensured these residents received the care and support that they required. However, some improvement was required to aspects of residents' nutritional care. For example, the provider had not ensured that staff were supported by policy and procedure on the care of residents in use of enteral feeding regimes. Furthermore, enteral feeding related personal plans required review to ensure further clarity was provided on the care and support that these residents required. Improvement was also required to ensure protocols were available to staff in relation to the response required, should enteral feeding tubing become blocked or infected.

Where residents had neurological health care needs, a review of their night time support arrangements were required to ensure staff would be alerted, should they have a seizure, Similar updates were also required to the personal plans in place for these residents, to ensure these provided clarity to staff on the response required, should a seizure occur.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had ensured that these residents received the care and support that they required. Where restrictive practices were in use, these were subject to regular multi-disciplinary review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that staff were supported in the identification, response and monitoring of any concerns relating to the safety and welfare of residents. There were no safeguarding concerns in this centre at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured residents rights were promoted and respected in this centre. Residents were supported to be involved in the running of their centre and were given the freedom to choose how they wished to spend their time during their respite stay.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Turlough Services OSV-0005883

Inspection ID: MON-0026963

Date of inspection: 23/11/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk assessments have been completed for Personal care in relation to the limitation of bathing facilities for one person supported and the PEG care for another Person supported. The risk assessment for personal care was completed on 24/11/2021. The risk assessment for Peg care completed on 3/12/2021. A Human Rights referral was submitted on 14/12/2021 for use of monitor at night to monitor possible interruption to PEG feed and seizure activity for one person supported.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Contingency plan has been updated to include step by step clarity on the isolation procedure and arrangements for people supported and staff should Covid 19 be suspected while availing of respite in Turlough.</p> <p>It also includes instructions on our reaction to decreasing staffing levels should an outbreak occur; as Turlough is a respite house it would be the decision of the PIC to close the house and staff would offer support to the families as a wraparound service and staff may be redeployed to the day service (Starling).</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Emergency Fire Action Plan for Turlough was updated on 08/12/2021 to outline and clarify the fire procedure for Staff for a day and night time emergency evacuation. It includes a step by step procedure plan in the event of a fire in Turlough.

This included the addition of listing emergency accommodation in Athenry, should it be required.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

A Kardex which lists all medications being administered has been updated and signed by GP to include enteral feeding for people supported in Turlough Service.

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:

A personal care plan has been updated to reflect the sensory issues of a person supported availing of respite with no bath available in Turlough and outlining the specific interventions that are implemented to ensure his personal care needs are being met was completed on 30/11/2021.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
A new policy on enteral feeding is at almost completion stage and will be available for circulation in January 2022.

The personal care plans for enteral feeding were reviewed for two people supported and now reflect the specific feeding regimes to include times and flushes and there are also gastrostomy feeding recording charts now in use since 30th November 2021.

Protocols for the management of enteral feeding and their complications was reviewed for two people supported and now includes guidelines for managing pegs and complications in regards to infection, tube blockage, pump alarm going off, tube coming out. These were completed on 30th November 2021

The protocol has been reviewed and amended to reflect the change in the administration of Buccal Midazolam for one person supported on 24th November 2021. A referral has been sent to our Human Rights Committee on 14th December 2021 to review the use of using a monitor to alert staff to seizure activity at night.

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 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.	Substantially Compliant	Yellow	03/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	08/12/2021

	published by the Authority.			
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.	Substantially Compliant	Yellow	08/12/2021
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	30/11/2021
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/11/2021
Regulation 06(1)	The registered provider shall provide	Substantially Compliant	Yellow	14/12/2021

	appropriate health care for each resident, having regard to that resident's personal plan.			
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