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

Issued by the Chief Inspector

Name of designated centre:	Aoibhneas/Suaimhneas
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	21 October 2024
Centre ID:	OSV-0004782
Fieldwork ID:	MON-0036840

About the designated centre

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

In this centre the provider provides accommodation, care and support to a maximum of 13 residents; 12 residents can live in the centre on a long-term basis and there is one respite bed which provides support to a number of other residents for pre-planned short breaks each month. The centre is staffed full-time and the staff team is comprised of nursing staff and care assistants. A 24 hour nursing presence is maintained and the service provided is designed to meet the needs of residents with complex medical needs including end of life care needs. The provider aims through the care and support provided to promote independence, well-being and quality of life. The premises are purpose built to meet the needs of residents with high complex needs in terms of its design and layout and the equipment provided. The centre is comprised of two separate buildings while there is a third building where residents can access day-services and where the person in charge has an administration office. The centre is located in the heart of the local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

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 21 October 2024	08:40hrs to 17:20hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre were provided with appropriate supports that met their individual needs. Residents were offered a high level of medical and nursing care in this centre. Residents were seen to be well cared for in this centre, and there were local management systems in place that were overall ensuring a safe and effective service was being provided. Some fire safety issues were identified during the inspection and the provider took some steps immediately after the inspection to address these.

The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them and that residents were supported to access the community, although for some residents this was more difficult due to their changing and assessed needs.

The centre comprises two community based purpose-built bungalows, situated next to one another and located next to a day-service building. The centre was located in the centre of a town, close to local amenities such as the church, shops and restaurants. One house can accommodate six full-time residents and the other six full-time residents and one respite resident. Each resident has their own bedroom in the centre and there were communal areas and outdoor areas available to residents and a day-service building located next to the houses that provided further facilities for recreation and activity. Residents' bedrooms were decorated in line with their own preferences and were personalised according to their likes and dislikes. Residents had access to hoist facilities if required and the centre was accessible to residents who used mobility equipment, with wide doors and corridors and spacious communal areas. Overall, the centre was being maintained to an adequate standard. Some minor issues identified in the upkeep of the properties are addressed under Regulation 17: premises**.**

This centre was registered to accommodate thirteen residents. At the time of this inspection, there were 10 full-time residents living in the centre, and the respite bed was used by a number of residents. This meant there were two vacancies in the centre at the time of the inspection. The inspector had an opportunity to meet with or observe all of the residents living in this centre and to view all parts of the designated centre. The inspector spent time in both parts of the centre throughout the day. A resident who had departed from the centre following a respite break on the morning of the inspection met with the resident briefly in the day service building also. Residents communicated with the inspector using their own communication styles and staff were observed to be familiar with the communication needs of residents. Some residents chose not to interact at length with the inspector.

Residents were observed being supported by staff to attend to personal care, spend time in communal areas, watch TV or listen to music of their choice in their bedrooms or the main communal areas, and some were observed moving about

their homes. Residents were also observed departing and returning for the on-site day services and a staff member was seen taking a resident out for a walk in their wheelchair. The inspector observed residents being supported with snacks and meals and saw that staffing and supervision levels were good during this and that residents were afforded time to enjoy their meals and interact socially during mealtimes. Residents were nicely presented and the pace of life in the centre was seen to be relaxed and to afford residents opportunities for rest and relaxation throughout the day.

Some residents spoke with the inspector about their life in the centre, things they enjoyed and the staff that supported them. One resident met with the inspector in their bedroom and showed the inspector photographs that demonstrated their interests and achievements. This resident also sang a song with the person in charge and was clearly looking forward to a planned party later in the day. Another resident told the inspector some riddles and spoke about their recent surprise birthday party in the centre. This took place in a marquee on the centre grounds and she told the inspector about how nice it was to have all of her family and friends in attendance. In the afternoon, one resident was observed to go out with a staff member to purchase a birthday card while others took a rest after lunch before attending a birthday party in one of the houses. The inspector observed residents enjoying this birthday party, singing with staff and enjoying music and banter with each other and with the staff team. The inspector also reviewed documentation and spoke with staff and management of the centre.

Throughout the day, staff were observed and overheard to interact respectfully with residents and to respond to residents' requests promptly. One staff member was observed to spend time assisting a resident with a word game and all staff were observed chatting and interacting with residents as they spent time in the communal area. One resident, who had moved into the centre full-time during the COVID-19 pandemic, told the inspector that the staff working in the centre are "worth their weight in gold" and that the centre is "like home to me". Staff spoken with during the inspection were very familiar with the residents and knowledgeable about their support needs. They told the inspector that the residents in this centre were very well cared for and that they enjoyed a good quality of life.

This centre provided end-of-life care for residents if required and a number of residents had died in the centre since the previous inspection, including some residents that had lived in the centre for a long period of time, and others that were admitted more recently to receive enhanced nursing supports as they aged or their assessed needs increased. The person in charge and staff spoke with the inspector about how residents were supported at this stage of their lives and the person in charge also told the inspector about a number of supports she had put in place for staff and residents to help them with the bereavement process. If residents required a transfer to hospital, they were supported by staff that were familiar to them. One resident had recently received round-the-clock support from staff until they passed away. Funeral arrangements were made by the centre if families required this support and it was evident that some of the recent deaths in the centre had impacted on both residents and staff. Residents had been supported to attend the

funerals of these individuals if they wished.

As part of this announced visit, residents and their representatives were provided with an opportunity to complete questionnaires about their service prior to the inspection. Some residents completed this themselves and other residents were supported by staff or family members to complete these and the inspector received and reviewed 15 completed questionnaires. The feedback provided in these was mostly positive. One resident commented 'I feel very happy living here'. Another resident indicated that the food could be better. Residents indicated that they liked their homes and the staff that supported them. No family members expressed a wish to meet with the inspector during this inspection. Some family members provided very positive feedback in the questionnaires about the centre, including how much their relatives loved living there and that the staff were "amazing" and that they are kept up to date. Some families indicated that there were opportunities for some enhancements for their family members such as more music and some additional communication with family members about the activities that were offered to residents. The annual review completed for the centre showed that family members were consulted with about their views of the care provided in the centre.

Overall, this inspection found that there was evidence of good compliance with the regulations and this meant that residents were being offered a safe and responsive service. However, some issues were identified in relation to fire safety which will be discussed further in the report. Some issues were also identified in relation to premises and infection prevention and control and 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.

Capacity and capability

Management systems in place in this centre were ensuring that overall the services being provided were of good quality and appropriate to residents' needs. In keeping with previous inspections of this centre, this inspection found that the management and staff team in place in the centre were very familiar with the residents living in the centre and were committed to providing an effective service that met their assessed needs. There was a clear management structure present and overall there was evidence that the management of this centre were maintaining good oversight and maintained a strong presence in the centre. However, significant non compliance was noted in relation to fire safety that had not previously been identified through the providers auditing systems.

A number of issues were identified in relation to the management of fire safety precautions in the centre. These are explained in further detail under Regulation 28 in the quality and safety section of this report. Assurances were received from the provider on the day following the inspection in relation to the actions being taken to

address the risk identified during the inspection. These included a risk assessment outlining that night time simulated fire drills had been completed and some of the fire door issues had been addressed, with a plan in place to address the remaining issues. Based on this information, the risk to residents was reduced and an urgent action was not issued on this occasion.

This announced inspection was carried out to inform the decision relating to the upcoming renewal of the registration of this centre. Following the inspection, the provider submitted an application to renew the registration of the centre within the appropriate time-frame. The previous inspection of this centre took place in March 2023, with overall good findings. The provider had submitted a compliance plan following that inspection and this inspection found that action had been taken to address non compliance identified. The provider had also submitted an application to vary the footprint of the centre to reflect a change in use of some rooms and a minor reconfiguration in one house since the previous inspection. This had provided for enhanced office facilities and an improvement in the access to communal spaces in the centre for residents. There was no negative impact noted during this inspection following these changes.

The management structure in the centre was outlined in the statement of purpose for the centre. The person in charge, reported to an assistant director of nursing (ADON), who reported to the head of integrated services, who in turn reported to the director of services. The director of services reported to the chief executive, who in turn reported to a national board of directors. The person in charge was supported in their role by a team of frontline nursing staff, including clinical nursing managers, staff nurses and care assistants. The head of integrated services and the director of services were both appointed as persons participating in the management of the centre (PPIMs).

The person in charge was present in the centre on the day of the inspection. The person in charge had held the role for a number of years and was seen to be very familiar with the residents in the centre and was very well known by the residents and staff team present. It was evident that residents and staff were comfortable in the presence of this individual. The inspector spoke with the person in charge and staff members during the inspection and a person participating in the management of the centre, attended feedback remotely at the end of the inspection.

Staff in the centre were familiar, consistent, and appropriately trained for their roles. Staffing levels were seen to be appropriate to meet the needs of the residents. The staff team observed on the day of the inspection presented as committed to supporting residents in a manner that best met their individual needs. Staff spoken with were familiar with complaints and safeguarding procedures in place in the centre and were very positive about the management team that supported them and the services offered to residents in the centre. Staff told the inspector that any issues raised to the management of the centre were responded to promptly. A review of incidents in the centre showed that incidents and accidents were responded to promptly and learning identified was shared with the staff team as appropriate.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and this meant that overall, residents were being afforded safe and person centred services. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 8 (1)

The registered provider had made an application to vary a condition of the registration of the centre as required under section 52 of the Act.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and at the time of the inspection was seen to have the capacity to maintain good oversight of the centre. Evidence of the person's qualifications, experience and skills was previously submitted and reviewed by the office of the chief inspector.

Judgment: Compliant

Regulation 15: Staffing

The registered provider was ensuring that the number of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre.

A planned and actual staff rota was maintained in the centre and an eight week sample of staff rotas was reviewed by the inspector. This showed that staffing levels were appropriate to the number and assessed needs of the residents living in the centre. The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. There were no vacancies on the staff team and a period of leave for one staff member was being covered by relief staff. Agency staff were not employed in the centre. Many of the staff on the staff team had worked in this centre for a number of years and knew the residents very well. Residents were supported by a team consisting mostly of nursing staff and care assistants. Generally, residents were supported by three nursing staff and two to three care assistants by day. Two nursing staff and one to two care assistants were

available to support residents by night.

It was clear from speaking to and observing staff that they had the knowledge and skills required to support the residents of this centre and continuity of care was very evident. Occasionally, nursing staff from this centre would be redeployed to other centres under the remit of the provider in response to an acute need elsewhere and a care assistant would be provided in lieu of nursing staff. The person in charge reported that the reduced capacity of the centre at the time of the inspection allowed for this to occur if required, and that the levels of nursing staff working in the centre meant that nursing care remained available if required at all times to residents. There was an appropriate risk assessment in place around this and there was no evidence that this practice was impacting on residents at the time of the inspection. The person in charge told the inspector that this arrangement would not continue in the event that the centre returned to full resident capacity.

Staff files were reviewed by the inspector in respect of the two staff employed under a community employment scheme. The person in charge had ensured that the appropriate information had been obtained in respect of these staff and was available for review in the centre. These were seen to contain all of the appropriate information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff were being appropriately considered and this meant that residents could be provided with safe and good quality care and support appropriate to their needs. The inspector reviewed a training matrix for thirty five staff that were also named on the centre roster. This matrix showed that staff were provided with training appropriate to their roles and that overall the person in charge maintained good oversight of the training needs of staff.

The matrix reviewed showed that mandatory training provided included training in the areas fire safety, safeguarding and manual handling. All staff had completed training in food safety, the management of actual and potential aggression (MAPA) along with a number of other training courses. All of the training reviewed was fully up-to-date. Staff confirmed that they were well supported in the centre and had access to formal supervision when required.

The inspector also reviewed training records for two staff employed on a part time community employment scheme and saw that these staff were provided with appropriate training to their roles also. Training in the area of fire safety had been scheduled for these staff and the person in charge confirmed that they would be aware of the evacuation procedures through a local induction but would not be lone working with residents.

Judgment: Compliant

Regulation 21: Records

The person in charge made available to the inspector any documents requested on the day of the inspection. A sample of documentation was reviewed during the inspection and overall records were maintained as specified under the regulations. For example:

- The person in charge had obtained in respect of community employment staff the information and documents as specified under Schedule 2 of the regulations. A vetting disclosure in accordance with National Vetting Bureau (Children and Vulnerable Persons) Act 2021 had been obtained for all staff.
- Records kept in the designated centre in respect of residents were reviewed during the course of this inspection and included the following as specified under Schedule 3 of the regulations: assessment of resident's needs under Regulation 5(1) and his or her personal plan, a recent photograph of residents, nursing and medical care provided to residents including details of treatments and interventions, details of residents' GP, a record of referrals and follow-up appointments, details of any incident in the designated centre in which a resident suffers abuse or harm, details of methods of communication that may be appropriate in respect of residents, a copy of correspondence to or from the designated centre relating to each resident.
- Other records kept in the centre as per Schedule 4 of the regulations and reviewed during this inspection included a copy of current statement of purpose, copy of current residents' guide, copy of all inspection reports, record of food provided, record of complaints, a copy of the duty roster of persons working in the designated centre, and a record of whether the roster was worked and a record of each fire practice, drill or test of fire equipment conducted in the designated centre and of any action taken to remedy defects found in the fire equipment.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, provider oversight was maintained through reporting and auditing structures and ongoing efforts were being made to ensure the centre was in compliance with the regulations. However, the systems in place in the centre had not fully ensured that all issues had been identified by the provider in a timely manner. This inspection found issues in relation to the fire safety that could pose an ongoing risk to residents. These had not been fully identified or considered through the providers internal systems. It is acknowledged that the provider responded to these issues and took action to address the risks identified in the period immediately

after the inspection. The inspector was informed of these actions and was also told that the provider intended to include a check of fire doors in their annual review process for all their designated centres going forward.

Aside from this, management systems in place were ensuring that the service provided was appropriate to residents' needs. Documentation reviewed by the inspector during the inspection such as provider audits, team meeting minutes, the annual review, and the provider's report of the most recent six monthly unannounced inspection, showed that the provider was maintaining good oversight of the service provided in this centre and that governance and management arrangements in the centre were effective. This inspection found that there was evidence of strong local governance presence and oversight in the centre.

An annual review had been completed in respect of the centre and the inspector reviewed this document. This included evidence of consultation with residents and their family members. Unannounced six-monthly visits were being conducted by a representative of the provider and a report on the most recent of these was reviewed. These unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents and it was seen that this report assessed a number of relevant areas related to residents' care and the governance of the centre. Action plans arising from the most recent audit outlined completed or outstanding actions required to address any issues identified.

Meeting records viewed showed that regular governance and team meetings were taking place and pertinent issues were discussed regularly. Staff members spoken to in the centre reported that the person in charge was very supportive to the staff team and that they would be comfortable to raise any concerns to any of the management team.

There was a clear governance structure in the centre. The person in charge was available to residents and staff very regularly and was based on-site. Staff reported that this individual was very familiar with residents and their support needs and provided very good supports to the staff team working in the centre. Staff also reported that they would be comfortable to raise concerns and that any issues raised to the management team were responded to in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured that a statement of purpose was prepared in respect of the designated centre and that this contained all of the information as specified in the regulations. This document was submitted as part of the application to vary a condition of the registration of the centre and was reviewed prior to the inspector visiting the centre. This document was available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the monthly incident review for a seven month period. The information reviewed indicated that all required incidents had been reported by the person in charge to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a local complaints procedure dated November 2023 that identified the complaints pathway available to residents and their family members and advocates. This was viewed by the inspector in the centre. Guidance in relation to making a complaint was available to the residents. Staff were familiar with the complaints procedures in the centre and told the inspector about how they would respond to complaints received in the centre. From the records viewed, it was seen that staff were comfortable to make complaints on behalf of residents, if they were unable to do so themselves.

Each house held their own complaints log and both of these were reviewed by the inspector. It was seen that complaints were recorded as appropriate in these logs, including the outcome and satisfaction of the complainant. Fpr example, some complaints had been received about the quality of food provided to the service by an external contractor. The person in charge told the inspector about a number of actions taken to address this.

Some further detail was warranted in the complaints log to ensure that the actions taken were fully outlined and documented. This was not impacting on the residents and was discussed with the person in charge on the day of the inspection.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents in this centre was maintained by a good standard of evidence-based care and support. The evidence found on this inspection indicated that overall, safe and good quality services were provided to the three residents that lived in this centre. Issues were identified in relation to the

containment protection offered by the fire doors in the centre and some of the fire safety systems in place.

Residents were supported by a very familiar and consistent staff team in the centre and there was a very low turnover of staff reported. Staff working with residents on the day of the inspection were observed to be very familiar with residents and their preferences and support needs. Staff in the centre presented as having an awareness of human rights and were seen to interact with residents in a manner that respected their dignity and privacy.

Documentation in place about residents was seen to provide good guidance to staff about the supports residents required to meet their healthcare, social, and personal needs, including consideration of the future needs of residents. The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' personal plans, support plans, healthcare plans, risk assessments and information relating to complaints. The documentation viewed was seen to be overall adequately maintained, and information about residents was up-to-date and relevant. Safeguarding information was available to staff in house specific folders.

Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. Person centred plans in place included goals that were identified based on residents wishes and known likes and dislikes, and progress with goals was documented. Support plans were in place to guide staff on how to best provide appropriate care and support to residents.

There was evidence that residents had good access to specific healthcare supports, including access to allied health professionals as required. Restrictions in place in the centre were for health and safety reasons including restrictions associated with specific prescribed equipment that was used by residents. All of the residents living in the centre required specific supports in relation to their mobility and had specific accessibility requirements. It was seen that staff were familiar with these supports and considered how best to ensure that these supports could be met when accessing the community. Communication supports were outlined in residents' files, including communication dictionaries and passports.

Staff spoke about residents in a respectful person focused manner. Staff told the inspector that they felt residents were safe and well cared for in this centre and the evidence found during this inspection showed that residents were being provided with good quality, person centred services.

There was an alarm system in place, fire fighting equipment was available and staff were familiar with the evacuation procedures in place. Evidence was viewed to show that equipment was regularly serviced and regular fire drills had been completed in both houses. However, fire doors in place in a number of areas of the centre were not offering adequate protection from the spread of fire and smoke and some other issues were identified also. This is discussed in further detail under Regulation 28: fire precautions.

Regulation 13: General welfare and development

The registered provider was providing each resident with appropriate care and support and providing access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents were seen to be well supported in this centre in line with their assessed needs and wishes.

There was evidence that residents were supported to attend some community based activities such as visiting local restaurants, shops and hairdresser, and on the day of the inspection, the inspector saw that residents were supported to attend a party if they wished in one of the houses. One resident had been supported to acquire a power chair to facilitate better access to the community. Another residents' personal plan documented how a goal had been adapted to meet the changing energy levels. Residents were supported to maintain personal relationships if desired and there was evidence that residents were supported to maintain contact with their family members.

Residents had access to day services on-site and activity records documented in personal files showed that residents were supported with in-house activity also. For example residents enjoyed music therapy, hand massage, beauty therapy and religion based activities. Some residents told the inspector about the activities that they enjoyed and how staff supported them. One resident showed the inspector new clothes and shoes that they had purchased for themselves in a shopping centre in the nearest city.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was seen to be suitable to meet the assessed needs of the residents that lived there. The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. A walk around of the premises was completed by the inspector.

Both houses were level access throughout and were designed to cater for residents that required assistance with their mobility. Aids and equipment were provided for safe people moving and handling. Overhead hoists were available and the inspector observed labels on these showing that they had been serviced recently. The centre was observed to be clean, warm and bright throughout on the day of the inspection, and overall communal areas were seen to be homely and welcoming. Some minor issues identified are addressed under Regulation 27. Canvas photographs were on display on the walls and there was a fish tank noted in one living area. There was

suitable outdoor areas available for the use of residents, with accessible raised beds and flower pots. Residents had access to laundry and waste facilities also. Resident bedrooms and living areas were seen to be decorated in a manner that reflected the individual preferences of residents and afforded privacy to residents. Most residents shared en-suite facilities with one other resident. Some bedrooms were small given the amount of equipment required by residents, but at the time of the inspection were meeting the current needs of the residents.

Some previous issues in relation to storage had been partially addressed and the function of some rooms had changed to provide for better storage facilities and additional usable communal space for some residents. However, it was observed in a minority of bedrooms that residents personal items continued to be stored on top of their laundry baskets. This is addressed under Regulation 27.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that an appropriate resident's guide was in place that set out the information as required in the regulations. This document was submitted as part of the application to vary a condition of the registration of the centre and was reviewed prior to the inspector visiting the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. Processes and procedures relating to risk were set out in an organisational risk management policy and this had been reviewed as appropriate and was submitted by the provider for review prior to this announced inspection.

The inspector reviewed the risk register and saw overall, this identified risks present in the centre and the control measures in place to mitigate against them. For example, a risk assessments was in place regarding transferring nursing supports on a temporary basis to other centres to provide clinical oversight. All of the risks specified under the regulations had been included in the risk register including the unexpected absence of any resident.

Individual risks were considered in house specific risk registers and these provided information relating to the controls in place to manage identified risks. For example, there was risk assessments in place around falls for residents who had required

medical attention for injuries arising from falls. There were systems in place for review of risk and the inspector saw that all risks identified in the risk register were recently reviewed and reviewed as required following a change in circumstance.

During this inspection it was identified that specific fire-safety risks had not been fully considered. Assurances were provided to the inspector following the inspection in relation to these. This has been covered under Regulation 28: fire precautions.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the centre presented as clean throughout. Colour coded cleaning items were available to staff to prevent cross contamination in the centre. These were observed to be now stored in a separate area. Staff were observed to attend to hand hygiene and wear personal protective equipment at appropriate times during the inspection. Some gaps were identified in cleaning records and there was limited evidence of management oversight of these records. Also, some minor maintenance issues were identified that could impact on effective cleaning in some areas. For example, some shower traps, plugholes and tiling were degraded and discoloured and required attention.

The inspector was informed during the feedback session for this inspection that a new "link IPC" individual was currently being trained for the provider and would be available to offer support to designated centres.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector completed a visual inspection of the fire doors and fire fighting equipment in both houses in the centre and also reviewed documentation kept in relation to the servicing and maintenance of the alarm panel and fire fighting equipment in the centre and the evacuation drills that had been completed in the centre. The inspector also reviewed fire safety documentation kept in one house in the centre including personal emergency evacuation plans, daily and weekly fire safety checklists. The inspector also spoke with staff members and the person in charge about the evacuation procedures for the designated centre.

The registered provider had not ensured that effective fire safety management systems are in place. A number of issues that would prevent some fire doors operating as intended were present that had not been identified. Some identified issues were not responded to. The identified issues could prevent the effective

containment of smoke and fire in the event of an outbreak of fire in the centre. The registered provider had not made adequate arrangements for containing fires.

Some of the issues identified by the inspector in the designated centre included:

- Large gaps were observed under a number of fire doors in both houses of the centre, including the fire doors leading into a bedroom, kitchens, utility rooms and an office. These gaps were reported to have been due to the removal of door saddles during flooring upgrades in the previous year. This issue had been identified by the person in charge in the weeks prior to the inspection and escalated to the facilities manager for the provider. However, no action had been taken at the time of the inspection to rectify this issue. It is acknowledged that this was escalated again by the person in charge on the day of the inspection.
- A hole in a fire door of an office following the removal/replacement of a lock was observed.
- A number of fire doors with automatic fire door closures were not closing fully when released. This had been identified on a number of occasions during weekly fire door checks completed by staff. There was no evidence to indicate that this issue had been escalated or action taken to address this.

The registered provider had also not ensured, 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. All of the residents were observed to be non-ambulant at the time of this inspection and required full support from staff to evacuate the centre. Staff were aware of, and had a good knowledge of, the evacuation procedures in place in the centre and residents support needs in this area. Most bedrooms, with the exception of the respite bedroom, had an external door that could be used as a fire exit. Quarterly fire drills were being completed in the centre. However, the evacuation plans for residents had changed following fire safety training in the centre and at the time of the inspection staff had never completed a fire drill to simulate the evacuation procedures for night now outlined in residents' personal emergency evacuation plans. This meant that there was no evidence that these procedures could be effectively carried out in a timely manner. This evacuation drill was planned at the time of the inspection.

A personal evacuation plan for one resident had not been updated to reflect a very recent change in the presentation and needs of the resident.

Assurances were received from the provider on the day following the inspection in relation to the actions being taken to address the risk identified during the inspection. These included a risk assessment outlining that night time simulated fire drills had been completed and some of the fire door issues had been addressed, with a plan in place to address the remaining issues. Based on this information, the risk to residents was reduced and an urgent action was not issued on this occasion.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that appropriate assessments were completed of the health, personal and social care needs of residents and that the centre was suitable for the purposes of meeting the needs of each resident. Residents had personal plans in place and these were updated to reflect changing needs.

The sample of files viewed showed that regular multidisciplinary team reviews had been completed in respect of residents to guide the support plans in place for the resident and identify any updates required.

The registered provider was ensuring that arrangements were in place in the centre to meet the assessed needs of the residents using the centre. The inspector saw that multidisciplinary team assessments had been completed prior to a resident moving into the centre to ensure that the centre would be appropriate for them and again following their move into the centre. Individual risk assessments were viewed to be in place for residents also. Resident and staff ratios were appropriate to ensure a safe service could be provided to all residents, and staffing levels were considered based on the assessed needs of each resident and were seen to be appropriate to meet the needs of residents.

A sample of three resident's personal plans and files were reviewed. These contained relevant guidance for staff about the assessed needs of residents and these were being updated as required to reflect any change in circumstances. Following a change in circumstance or a documented incident, plans in place were reviewed. For example, following a fall, input was received from the multidisciplinary team such as a physiotherapist and occupational therapist. There was also evidence that an emergency review had been completed when a resident experienced a rapid decline in their mobility. This meant that the care and support offered to residents was evidence based and person centred.

There was evidence that residents had been encouraged to set and achieve goals as part of the person centred planning process in the previous year and there was evidence of progression, completion and ongoing review of goals. Goals varied depending on the particular interests and capacities of residents but some of the goals set by residents included improving access to the local community, day trips and attending events that were important to them. For the most part, the goals in place were seen to be meaningful to the specific resident they were set for.

While some personal goals documented correlated with activities of daily living, goals were identified with residents based on their assessed needs and preferences and it is acknowledged that residents in this centre were offered a slower pace of life in line with their assessed needs. The inspector saw personal outcomes workbooks in place for residents in their files.

Progress with goal setting was documented and there was a system in place to audit

the ongoing documenting and progress of goals set by residents in the centre.

Judgment: Compliant

Regulation 6: Health care

The registered provider was ensuring that residents were provided with appropriate healthcare, having regard to the personal plans in place. Residents were supported to make and attend healthcare appointments as required and where a healthcare need was identified, there were appropriate support plans in place to provide guidance to staff. The person in charge was ensuring that residents receive support at times of illness and at the end of their lives with meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

Healthcare records were reviewed in part or full for three residents in the centre. There was detailed information recorded in each residents' personal file about their healthcare needs and how these were supported in the designated centre. Age Related Care (ARC) plans were in place. Health related support plans were in place for identified healthcare needs and the inspector saw that the records reviewed showed that residents were supported to access appropriate healthcare, including regular bloodwork, and access to appropriate health and social professionals. Residents had received significant allied health input including geriatrician, speech and language therapy, physiotherapy, occupational therapy. Nursing support was available to residents on the staff and management team and full time nursing care was provided for all residents living in the centre. Access to general practitioner (GP) services was reported to be very good in the centre by staff and management. A local general practitioner was in contact with the centre at least three times weekly and visited residents as required.

The centre catered for residents with very specific needs, including some residents who transferred into the centre for receipt of enhanced nursing care, including end-of-life care. This inspection found that there was a focus on supporting residents to spend this stage of their lives in a peaceful and happy environment while maintaining family links that were important to them. Residents were also supported to access appropriate medical care to alleviate symptoms of illness to allow them to maintain the best quality of life possible. For example, pain management was considered on an ongoing basis for a resident with a life-limiting illness.

There were DNAR (do not attempt resuscitation) plans in place for some residents in the centre as part of the plans in place for end-of-life care. Such plans are a serious measure to have in place and require careful consideration and input from appropriate professionals involved, as well as from the resident, and their family members if appropriate. The inspector reviewed one of these plans and saw that there was evidence of input from a general practitioner, an advocate for the resident who was a family member, and the person in charge. Rationale was provided and the plan was clear on what medical interventions were to be withheld and what

should not. Following the introduction of this plan, a multidisciplinary team meeting attended by nine social and health care professionals had been held to review the residents' ongoing care.

Judgment: Compliant

Regulation 8: Protection

The findings of this inspection indicated that the registered provider had measures in place to protect residents from abuse and that residents were safeguarded in this centre. All staff had received training in the area of safeguarding. Assurances were provided to the inspector that a Garda vetting disclosure had been obtained in respect of all staff working in the centre. The person in charge confirmed that these were obtained prior to staff commencing their roles in the centre. All vetting disclosures were dated within the previous 3 years.

The inspector viewed a safeguarding folder that provided relevant information to staff about safeguarding and safeguarding was discussed during team meetings. Staffing levels and facilities available to residents in the centre contributed to ensuring that residents were protected from harm in the centre. An intimate care plan reviewed by the inspector documented important details such as the number of staff required to support the resident during personal care, and their individual preferences.

At the time of this inspection, there were no open safeguarding concerns in the centre. A previous safeguarding concern had been reported to the chief inspector in relation to a resident accessing their own money. Staff and the person in charge told the inspector about how this had been identified and managed and the steps that the provider had taken to support the resident to exercise their rights in relation to this matter.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' files that were reviewed by the inspector documented that residents' consent was obtained for a variety of reasons. There was evidence that efforts were being made to establish how best to obtain consent from residents in relation to the care and supports provided to them. For example, prior to person centred planning meetings there was a form in place to document that consent was obtained from the resident. If is was not possible to determine consent another form was used to document the efforts that were made to obtain this. Menu plans in place showed that residents were offered two choices for meals such as dinner and dessert. A

team meeting held in August 2024 included details of discussion with staff about ensuring that residents directed their own bedtime routines. Documentation was personalised according to residents known likes and dislikes. For example, the inspector saw details of one residents night-time routine included their preference for a spoon of brandy and ginger-ale before bed and this was mentioned by staff and documented in a two month sample of nursing notes reviewed also. Residents were supported to observe religious practices if they wished. A priest visited the centre every fortnight to say mass and some residents enjoyed watching mass on the television.

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	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aoibhneas/Suaimhneas OSV-0004782

Inspection ID: MON-0036840

Date of inspection: 21/10/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Meeting held with Facilities manager following HIQA Inspection on 21/10/2024. • 21/10/2024 Risk assessment completed outlining the existing controls to ensure effective Fire Safety management systems in place. • 21/10/2024 Fire drills completed at night in both houses. • 21/10/2024 Full review of egress plans. • 22/10/2024 Full review of fire safety concerns carried out. • 22/10/2024 All doors checked and closing correctly. • 22/10/2024 Lock changed on clerical office door and working. • 22/10/2024 Health and Safety officer contacted regarding including fire door checks in Annual audit. • Two staff outstanding in fire safety attended Fire Safety training on November 19/11/2024 • Door drop down thresholds ordered and installed on 11/11/2024 • 22/10/2024 Fire Dept contacted for review of Fire familiarisation. Review completed on 04/11/2024. • Respite bed was relocated to another room as an interim protective measure while awaiting maintenance work, which was completed on 11/11/2024.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection	

against infection:
• Meeting held with Facilities manager following HIQA Inspection on 21/10/2024. • Ensuites will be upgraded by 31st March 2025 with the removal of shower traps and retiling the degraded surfaces. • Cleaning records have been reviewed by PIC and page included with dates and signature of reviewer. A new link practitioner has commenced in BOCSILR to offer support in IPC to the designated center.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Meeting held with Facilities manager following HIQA Inspection on 21/10/2024.
• 21/10/2024 Risk assessment completed outlining the existing controls to ensure effective Fire Safety management systems in place.
• 21/10/2024 Fire drills completed at night in both houses.
• 21/10/2024 Full review of egress plans.
• 22/10/2024 Full review of fire safety concerns carried out.
• 22/10/2024 all doors checked and closing correctly.
• 22/10/2024 Lock changed on clerical office door and working.
• 22/10/2024 Health and Safety officer contacted regarding including fire door checks in Annual audit.
• Two staff outstanding in fire safety attended Fire Safety training on 19/11/2024
• Door drop down thresholds ordered and installed on 11/11/2024
• 22/10/2024 Fire Dept contacted for review of Fire familiarisation. Review completed on 04/11/2024.
• Respite bed was relocated to another room as an interim protective measure while awaiting maintenance work, which was completed on 11/11/2024

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 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.	Substantially Compliant	Yellow	11/11/2024
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	31/03/2025

	published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	11/11/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	11/11/2024
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	19/11/2024