



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

Issued by the Chief Inspector

Name of designated centre:	Seirbhis Radharc Arainn
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	17 and 18 January 2023
Centre ID:	OSV-0004955
Fieldwork ID:	MON-0029634

About the designated centre

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

Seirbhís Radharc Árinn provides a full-time and respite residential service to eight male residents with a mild to profound intellectual disability and or autism. Seirbhís Radharc Árinn is made up of two rural houses close to a village in a coastal area. One house is separated into three self-contained dwellings, and the other house's design and layout incorporates separate accommodation for one person. The service has eight beds in total between two houses, and provides care to people from 18 years of age to end of life. The service can accommodate people who present with complex needs such as physical, medical, mental health, mobility, communication and or sensory needs. The physical design of all three buildings renders them unsuitable at present for use by individuals with complex mobility needs or people who use wheelchairs. Residents are supported by a staff team that includes social care leaders, social care workers and support workers. Staff are based in the centre during the day and at night-time to support residents. There is transport available on-site for residents to access community based activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 17 January 2023	10:30hrs to 18:00hrs	Ivan Cormican	Lead
Wednesday 18 January 2023	09:00hrs to 12:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that the centre had a pleasant and homely feel and that residents were supported in a manner which promoted both safety and community access.

The centre provided a full time residential service for seven residents and respite was offered to two residents on a shared planned basis. The centre comprised of two properties which were located within a short drive of each other, with one of these houses offering the respite service. The centre was located in the countryside but it was in close proximity to two small towns and also within a short drive of Galway city. Each house offered services for four residents.

One house comprised of three separate apartments with two residents sharing one apartment and two residents having their own apartment. The inspector found that each apartment was very homely in nature and residents had displayed photographs of family, friends and areas of personal interest such as artworks and their favourite soccer team. One resident also had a love of making jigsaws and they had two separate areas in which they stored their jigsaws and engaged in this pastime. The second house in the centre again accommodated four residents with three residents present during the inspection. Two full time residents had their own bedroom and there was also a designated bedroom for respite users. The remaining resident had their own individualised apartment which consisted of an open plan living, dining and kitchenette area with a separate ensuite bedroom. Again this house was very homely in nature and residents had decorated their own bedrooms with pictures of families and reminders of personal achievements.

The inspector met with seven residents during the inspection. All residents spent time chatting with the inspector and they proudly showed the inspector around their home and apartments. One resident had a love of making jigsaws and they proudly showed the inspector their extensive collection. They discussed how they could complete large jigsaws in a matter of days and they explained how they liked having their own area to engage with this pastime. Another resident chatter freely with the inspector in their own apartment which they said they loved. They enjoyed making their own breakfast and they were happy to let staff make their dinner. They explained that they enjoyed going out for coffee and they were looking forward to watching Liverpool play that evening. Another resident proudly explained how they had engaged in a more healthy lifestyle and they were very proud of the achievements. They displayed reminders of their achievements and they also had their own living area which they could relax.

Residents who used this service had individualised needs which required a knowledgeable, informed and consistent staff team. The inspector met with eight staff members on they day of inspection which included two team leaders. All staff who met with the inspector had a good understanding of residents' needs and they were observed to interact with residents in a warm and person centred manner.

Residents also appeared relaxed in their presence and they chatted freely about their plans for the day with staff. Two staff members discussed directly with the inspector about resident's specific needs and they clearly outlined how both the safety and quality of care was promoted at all times.

Overall, the inspector found that this service promoted residents' involvement in their locality and the centre was adequately resourced to ensure that residents were safe and they had ample opportunity to engage in meaningful pastimes. Although, two areas of care required some adjustment, care in general was maintained to a good standard.

Capacity and capability

The provider had ensured that the oversight and governance arrangements in this centre were robust. There was a clear management structure with clear lines of accountability and these measures assisted in ensuring that residents were safe and supported to enjoy a good quality of life.

The inspection was facilitated by the centre's person in charge and also by a person who participated in it's management. Both individuals were found to have an indepth knowledge of both the service and also of the resources which were in place to meet residents' needs. The person in charge attended the service on at least a weekly basis and two team leaders held responsibility for the day-to-day management of both houses which made up the centre.

The provider had completed all required audits and reviews of care as set out by the regulations with the centre's most recent audit identifying some areas that required minor adjustments. The person in charge also had a schedule of internal audits which assisted in ensuring that areas of care such as medications, fire safety and personal planning would be held to a good standard. The centre's most recent annual review had also discussed the service with both residents and their representatives to get their thoughts on the service with an overall positive response received.

As mentioned throughout this report, the staff who were present during the inspection had a pleasant and caring approach to care. They were observed to chat freely with residents and it was clear that they felt relaxed in their presence. Staff who met with the inspector openly discussed residents' care needs and it was clear that they were committed to the delivery of a good quality and person centred service. Staff members also stated that they felt supported in their roles and that regular team meetings and supervision facilitated them to raise any concerns which they may have in regards to the care which was provided.

The provider also ensured that staff could meet the assessed needs of residents by

facilitating them with a programme of both mandatory and refresher training in areas such as behavioural support, fire safety, safeguarding and also IPC related training. Residents were also actively safeguarded by the recruitment practices which were in place with a review of a sample of staff files showing that all required documents, including vetting disclosures, employment histories and references were in place prior to staff commencing work in this centre.

Overall, the inspector found that this centre was operated safely and that oversight measures ensured that residents were supported to enjoy their time in the centre.

Regulation 15: Staffing

The person in charge maintained an accurate staff rota which indicated that residents were supported by a familiar staff team. A review of a sample of staff files showed that all required documents, including vetting disclosures, employment histories and references were in place prior to staff commencing work in this centre which assisted in ensuring that residents were safeguarded.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a programme of both mandatory and refresher training in place which assisted staff to meet the care needs of residents and also promoted a consistent approach to care. Staff members were also facilitated to discuss any care concerns which they may have by attending both scheduled one-to-one supervision and team meetings. Documented review meetings also showed that staff members attended relevant multidisciplinary team reviews which indicated that they would contribute and remain up-to-date in regards to residents' changing needs.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements in this centre ensured that care practices were closely monitored which promoted both the quality and the safety of service which residents received. Management were actively involved in the running and operation of the centre and it was clear that there was an open and transparent culture within the centre. All required audits and reviews had been completed as required and the provider had appointed two team leaders to oversee the day-to-day operations of

care.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of records indicated that all notifications had been submitted as required by the regulations. Copies of all submitted notifications were also available within the centre.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care offered in this centre was held to a good standard. Residents who used this service had individualised needs which required a strong focus on safety. Even though this focus on safety required the implementation of some restrictive practices, these practices were kept under regular review and the resources which were implemented by the provider ensured that they did not have a negative impact on residents' quality of life.

Residents who used this service had needs which required specific interventions from the provider and the staff team to ensure that safety was promoted and that the quality of the service was promoted at all times. These identified needs required interventions from behavioural support and the designated team also ensured that scheduled reviews occurred and that advice was readily available. It was clear that the staff team were aware and cognisant of the care which residents were assessed as requiring and the provider had ensured that any safety concerns had been risk assessed which also promoted the safety of residents, staff and visitors. Consistency of care was promoted through the use of agreed protocols and procedures for areas such as community access, visits and transport which was provided.

As mentioned above, behavioural support was an integral aspect of care in this centre and residents and the staff team had access to both a behavioural support specialist and psychology services. A behavioural support plan which was reviewed by the inspector gave a good account of the day-to-day support which a resident may require and regular psychology reviews had identified that the behavioural assessment required review to ensure that it reflected some changes and presentations in behaviours of concern.

There were a number of restrictive practices in place which had been implemented in direct response to safety, behavioural or designated issues. The inspector for that there was an open and transparent culture in regards to restrictions and the

provider clearly demonstrated that these practices were subject to regular review. Risk assessments clearly outlined both the basis and rationale for these practices and associated protocols gave staff clear guidance in regards to their use. The provider also had a human rights committee review restrictions in this centre and the resident was supported to attend this review process. This committee also ensured that residents were made aware as to the outcome of the review and they had been supplied with an accessible version of their decision.

Residents had good access to their local community and a review of daily notes indicated that they were out and about on a daily basis going for coffee, having meals out or going shopping. Residents were also assisted to engage in various pastimes such as art classes, attending woodwork sessions or literacy classes. Personal planning was also well supported in this centre and personal plans which were reviewed as part of the inspection were found to be comprehensive, detailed and up to date with relevant and reliable care information. Residents had also been support to attend their individual planning meeting where they also chose some personal goals. All reviewed goals had been progressed as suggested by the resident, with meaningful goals which related to a resident's past such as fishing and going on a boat fully progressed with additional plans to continue and develop these interests into the future.

There were two houses in this centre and the inspector reviewed the arrangements for supporting residents with their finances in each house. In general, detailed records were maintained for all financial transactions including both cash and the use of debit cards. Although detailed records were maintained, one house required some adjustments in regards to the oversight of debit card transactions. For example, one house had a system for monitoring all transactions by reviewing associated bank statements; however this system was not in place in the other house. And on the day of inspection, the provider could not account for one transaction which involved a small amount of money. Although in general, residents were well supported with there finances, this area of care required additional oversight measures.

Overall, the inspector found that this was a good service in which residents were actively supported to engage in activities which they enjoyed. Although there were some restrictive practices in place, the provider ensured that they at the least amount of impact possible and that residents' rights were promoted.

Regulation 11: Visits

A review of records showed that residents were in regular contact with their families who frequently called the centre. There were no overall restrictions on visits to the centre; however, specific visits for one resident had been risk assessed to ensure that safety was promoted at all times.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had measures in place to support residents with their financial transactions and personal belongings. Some residents maintained possession of their own money and assistance was given where it was assessed as required. This inspection did highlight that improvements were required in regards to the oversight of some cashless transactions to ensure that residents' finances were safeguarded at all times.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents had good access to their local community and they were out and about in their own localities on a daily basis. Personal interests in art were promoted and residents had also recently held a collective art exhibition. In addition, a resident was supported to attend carpentry classes and a resident's passion for making jigsaws actively encouraged. The provider had also ensured that the resident had an area to complete their jigsaws with a additional space provided to them specifically for this task.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system for identifying, recording and responding to incidents. The person in charge had a good understanding of incidents which had occurred and there were no trends or patterns of concern. In addition, the provider assessed issues which could impact upon care such as safeguarding, behaviours of concern, epilepsy and COVID 19. The inspector found that these measures assisted in ensuring that the safety of residents was promoted at all times.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had measures in place which promoted the infection prevention and control of this centre. Staff had also received relative training in areas such as hand hygiene and the use of personal protective equipment. The provider had a colour coded cleaning system in place and staff were observed to wear the recommended PPE throughout the inspection. The centre was clean to a visual inspection and also free from clutter; however, some areas such as bathrooms required additional maintenance as some cracked tiles were observed and some bathroom sealants required replacing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were robust fire safety arrangements in place with each house supplied with a fire detection and warning system, fire doors, emergency lighting and fire fighting equipment. Staff were completing regular checks of this equipment to ensure it was in good working order and the provider had service arrangements in place for relevant fire safety equipment. A review of fire drills also indicated that residents could evacuate the centre in a prompt manner across all shift patterns.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had been assessed to manage their own medications with assessments identifying that all residents required support in this area of care. A review of medication prescription sheets and associated administration records indicated that residents received their medications as prescribed. In addition, where residents required rescue medication there were specific protocols in place for its administration and staff who met with the inspector were found to have a good understanding of these protocols.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were reviewed on at least an annual basis. Personal plans gave a clear outline of their assessed needs and they were found to be well maintained and easy to navigate. Residents were supported to attend their individual planning meetings where they decided on their

goals for the coming year. A review of a sample of identified goals showed that residents were well supported in this area of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behavioural support underpinned the quality and safety of care which was provided to residents. This inspection found that the behavioural support interventions which were implemented by the provider and the staff team assisted in ensuring that residents enjoyed a good quality of life and that they were actively supported to safely access their local community. There were some restrictive practices in place; however, the provider ensured that there was good oversight of these interventions.

Judgment: Compliant

Regulation 8: Protection

Safeguarding was actively promoted in this centre and the provider's designated person provided on going support to the centre and the staff team which assisted in ensuring that residents were safe and that safeguarding was promoted at all times. There were no active safeguarding plans at the time of inspection; however, the staff team were well aware of safeguarding procedures should they have a concern.

Judgment: Compliant

Regulation 9: Residents' rights

Residents attended monthly advocacy meetings where they discussed topics such as rights, IPC and complaints. There was a schedule of relevant topics in place which assisted residents to understand issues which may impact upon them. It was also clear that rights were actively supported in this centre and residents had good access to the locality and all observed interactions with staff were respectful.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Seirbhis Radharc Arainn OSV-0004955

Inspection ID: MON-0029634

Date of inspection: 17/01/2023 and 18/01/2023

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: In accordance with Regulation 12 (1) the Person in Charge along with teams shall ensure that an auditing system is in place within the Designated Centre, whereby bank visa statements will be checked against local accounts ensuring that all transactions and receipts are accounted for on a monthly basis. This will allow any discrepancies to be identified and rectified in a timely fashion, safeguarding residents and their finances.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: In accordance with Regulation 27 the Person in Charge and team will organise for maintenance to be completed, to include the issues identified during the inspection; replacement of tiles and replacement of bathroom sealants.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/03/2023
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	Substantially Compliant	Yellow	28/04/2023

	infections published by the Authority.			
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