



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

## Issued by the Chief Inspector

Name of designated centre:	Acorn Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	25 September 2024
Centre ID:	OSV-0005041
Fieldwork ID:	MON-0036092

## About the designated centre

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

Acorn Services is registered to provide residential services to 6 individuals with moderate to severe Intellectual Disability and/or dual diagnosis and autism. Acorn services comprises of two premises which include a two-storey house located in a town and a bungalow located in a nearby village. The two storey premises has an annexed one bed apartment where one resident resides and the bungalow is divided to provide the two residents who live in that house with their own separate part of the house. Residents are supported by day and by night by a team of social care and support staff in each of the houses. At night, residents in both houses are supported by overnight sleeping staff, who are available to provide assistance if required. The day to day management of the service is delegated to the person in charge with support from a team leader in each house. In addition, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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
Wednesday 25 September 2024	10:30hrs to 18:20hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health and, were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents. Throughout the inspection, it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, offering meals and refreshments, and going out in the local area.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with four residents who lived in the centre. The inspector also met with the person in charge, a member of the management team and four staff on duty, and viewed a range of documentation and processes.

Although residents were out and about at various times during the day, the inspector had the opportunity to meet with four residents during the course of the day. One of these residents spoke at length with the inspector, two spoke very briefly and one did not verbally interact with the inspector. The fifth resident was out during the times of the inspection.

As this was a flexible service, some residents had a home-based service, while others liked to attend day service activities during the week. Staff were available to support residents whenever they were in the centre. One house in the centre was located close to a busy rural town, and the other was in an adjacent village. Therefore residents could go out for walks, shopping or refreshments or to the gym and the inspector observed this on the day. The centre also had dedicated transport at teach house, which could be used for outings or any activities that residents chose.

Overall the centre suited the needs of residents, although a part of the centre did not fully meet a resident's needs. This resident told the inspector that they would soon be moving to more spacious accommodation and that they were preparing and looking forward to the move. The person in charge confirmed that this transition was at an advanced stage of planning and would take place in the very near future. There was both shared and individualised accommodation in the centre which ensured that residents could enjoy the levels of privacy that suited their needs. The centre was nicely furnished, bedrooms were personalised to each person's taste and residents had sufficient space to store their belongings. The needs of residents living in each house were diverse and their accommodation was decorated and laid out to suit each person's individual needs and preferences. For example, a spacious, comfortable, covered and heated outdoor structure had been provided in a garden

to house swings and other outdoor equipment for a resident who loved these activities. This ensured that the resident could take part in these activities at any times and in all weathers. During the inspection, the inspector saw that the resident was very happy using the swings and playing ball in the garden on their return from an afternoon in a leisure centre. Another area of the centre was furnished with minimalist decor in keeping with a resident's preference, which ensured that the resident was comfortable in their surroundings.

A resident who lived alone in individualised accommodation invited the inspector to come in for a chat, and they were happy to talk about their life in the centre. This resident knew that there was an inspection taking place and they knew the purpose of the inspection. They said they were well supported by staff, who provided them with good care, and that they always made their own choices around their lives. The resident said that they would raise any concerns with staff and that any issues would be addressed. The resident knew who was in charge, knew when the person in charge was present in the centre, and they said that they trusted the staff. This resident was also aware of their human rights. They told the inspector that they were registered to vote and had the option of voting if they chose to. They also confirmed to the inspector that their religion was very important to them and that staff supported them to practice their religion as they wanted. Furthermore, the resident said that they retained control of their own money and property, and could have the level of support that they required from staff to achieve this. They were happy with the current arrangements. The person in charge told the inspector that the other residents were also registered to vote. This resident also talked about being busy each day and having meaningful activities that they enjoyed. These included being outdoors and looking after the garden, going to the gym, meeting up with friends, visiting family, and involvement with various activity groups. In the centre the resident like to do jigsaws, play computer games, watch television and does some art.

Some residents did not have the capacity to discuss their life in the centre with the inspector. Two residents had limited interactions with the inspector, but did indicate that they were enjoying their meals, liked living in the centre and that staff were nice. One of these residents said that they loved going to soccer and horse riding.

It was evident that residents were involved in how they lived their lives in the centre. The person in charge and staff who spoke with the inspector were very clear about residents' likes, dislikes, preferences and support needs. Throughout the inspection residents were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Processes were in place to support residents and staff to communicate with each other. Information was made available to residents, including pictorial meal plans.

The next sections of this report present the inspection findings in relation to the governance and management in the centre and, how governance and management affects the quality and safety of the service and quality of life of residents.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team. The person in charge was supported by two managers who were based in the centre and worked alongside the person in charge in the day to day running of the service. The person in charge was very familiar with the running of the service and knew the residents well. Throughout the inspection, the person in charge was very knowledgeable of the provider' processes, their regulatory responsibility, and residents' support needs.

There were a range of processes in place oversee the quality and safety of care in the centre. These included ongoing audits of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the service which included consultation with residents. The centre was also suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, and access to Wi-Fi and televisions. Sufficient staff were on duty during the inspection to support residents to take part in the activities that they preferred, and to ensure that each resident had individualised care and support. The provider had also ensured that the service and residents' property were suitably insured.

Documents required by the regulations were kept in the centre and were available to view. A sample of documents viewed during the inspection included a directory of residents, audits, healthcare information, medication records and fire safety records records. The records viewed were up to date, clear and accessible. There was also a statement of purpose which gave a clear description of the service and met the requirements of the regulations.

## Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted.

Judgment: Compliant

## Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the centre. The role of person in charge was full-time, and the person who filled this role was suitably qualified and experienced.

The inspector read the information supplied to the Chief Inspector in relation to the person in charge and this indicated that they had the required qualifications and experience for this role. The person in charge was very knowledgeable regarding the individual needs of each resident, and was also knowledgeable of their regulatory responsibilities. The person in charge worked closely with the wider management team and staff.

Judgment: Compliant

## Regulation 19: Directory of residents

A record of all residents residing in the centre was being maintained. The inspector viewed the directory of residents and found that it included the required information relating to all residents who lived in the centre.

Judgment: Compliant

## Regulation 22: Insurance

The provider had ensured that the centre was suitably insured. The provider had submitted verification of insurance to the Chief Inspector prior to the inspection. The inspector viewed this certification and found that it was up to date at the time of inspection.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.



The provider had developed a clear organisational structure to manage the centre and the inspector saw that this was clearly set out in the statement of purpose. There was a suitably qualified and experienced person in charge who worked closely with staff and the wider management team. The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support. The inspector viewed these audits, which showed a high level of compliance. The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose had been prepared for the service, and it was available to view in the centre. An inspector read the statement of purpose and found that it met the requirements of the regulations, was up to date, and was being reviewed annually by the person in charge.

Judgment: Compliant

### Quality and safety

Based on these inspection findings, there was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a person-centred service. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents who lived there. The inspector found that residents were supported to enjoy activities and lifestyles of their choice and, that residents' rights and autonomy were being supported. Overall there were good systems in place in the centre to safeguard residents from the risk of fire. However, improvement to fire drill practices was required.

Throughout the inspection, the inspector found that residents' needs were supported by staff in an individualised way which enabled each resident to take part in whatever activities or tasks they wanted to do. Residents were involved in a range of activities both in the centre, in the local community and at day service centres. These included activities such as shopping, day trips, attending entertainment events and sporting activities and, going out for something to eat. Residents'

contact with family and friends was also being supported in line with their preferences.

There were systems in place to support residents' human rights. Throughout the inspection, it was clear that residents had choices around how they spent their days, and how their lifestyles were being managed. Information was supplied to residents through ongoing interaction with staff and the person in charge. Suitable communication techniques were being used to achieve this.

Residents had access to medical and healthcare services to ensure that they received a good level of healthcare. These services included access to healthcare supports such as psychiatry, psychology and behaviour support therapy which were supplied directly by the provider. Each resident also had access to their own a general practitioner (GP). Residents' nutritional needs were well met and they could choose what meals they would like to have each day. Furthermore there were safe practices in the centre for the management of residents' medicines.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished. All residents had their own bedrooms which were decorated to their liking. The centre was maintained in a clean and hygienic condition throughout, was equipped to meet the needs of residents, and had Wi-Fi supplied for residents to use. There was garden surrounding the houses, where residents could take part in outdoor activities.

Overall, the provider had good systems in the centre to manage and reduce the risk of fire. These included staff training, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout the building to limit the spread of fire. Improvement was required, however, to some aspects of fire evacuation drills.

## Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre, at day service and in the local community.

Suitable support was provided for residents to carry out their preferred activities in accordance with their individual choices and interests, as well as their assessed needs. It was evident from observation in the centre that residents were being supported by staff to be involved in activities that they enjoyed, including day service activities, swimming, pub visits, going for walks, outings, drives to places of interest, and visiting their families. Residents could take part in household tasks, such as laundry, recycling and food preparation at a level that suited them. Residents also had opportunities to take part in everyday community activities such as shopping, going to the barber, and eating out.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service. The accommodation was comfortable, clean and well maintained, and suited the needs of residents.

The centre was made up of two houses, one of which had an adjoining self-contained apartment, while the other consisted of two separate living units. During a walk around the centre, the inspector found that these houses were well maintained, clean, comfortable, suitably decorated, and individualised to suit each person's preferences and assessed needs. There were enclosed gardens behind each dwelling. The centre was served by an external refuse collection service and there were laundry facilities available for residents to use.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents' guide that contained a wide range of information for residents. The inspector read the residents guide and found that it met the requirements of the regulations.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, there were good measures in the centre to safeguard residents, staff and visitors from the risk of fire. However, improvement to emergency evacuation drills was required.

The person in charge showed the inspector records of fire drills, equipment servicing, fire training records, and residents' personal evacuation plans. There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. Records viewed by the inspector showed that these processes were being carried out and were up to date. On a walk through the centre, the inspector saw that there were fire doors throughout the building to contain and reduce the spread of fire. Fire evacuation drills involving residents and staff were being carried out frequently. The inspector viewed records of fire drills carried out in all parts of the centre in 2024 and found that these had been

completed in a timely manner, and that all residents had been promptly evacuated to safety. However, no drills had been carried out to simulate night time arrangements in the centre. Therefore it was not known how residents would respond at night or if they could be evacuated promptly if a fire occurred while they were in bed asleep.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

The inspector viewed the arrangements for the management, storage and disposal of medication for two residents and found that these were safe. Medicines were being securely stored, and there were suitable arrangements for the storage, recording and return of unused or out-of-date medicines to the pharmacist. There were also clear records for prescription and administration of medicines, including discontinued medicines. Individual medication management plans for residents had been developed to guide staff. The inspector read two of these plans and found that they informative and up to date.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to medical and healthcare services to ensure their wellbeing.

Each resident had their own general practitioner (GP) and records viewed indicated that residents could visit their GPs as required, including for annual medical check-ups. Residents, who were eligible, were support to attend national health screening programmes. Residents also had access to allied healthcare professionals within the organisation and appointments and assessments were arranged as necessary. Residents also attended community based appointments for their welfare, including reviews and treatments by chiropractors, opticians and dentists.

The inspector viewed two residents healthcare files which included records of medical assessments and appointments. Assessment of residents' health support needs had been carried out and individualised care plans had been developed for each resident based on their assessed healthcare needs.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' human rights were being well supported in the centre. Throughout the inspection, it was clear that residents had choices around how they spent their days, and how their lifestyles were being supported. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

Comfortable accommodation was provided for residents. During a walk around the centre the inspector could see that clean, comfortable accommodation was provided for all residents and that accommodation was laid out and equipped to meet each individual's specific needs.

Some residents did not have the capacity to discuss their understanding of human rights with the inspector. However, the inspector saw that these residents were being offered choices around how they would spend their day and they were being supported to attend activities that they enjoyed. The inspector observed that residents were included in decision making in the centre and suitable communication aids were used as required to support decision making and activity planning.

One resident told the inspector that they were registered to vote and had the option of voting if they chose to. The person in charge told the inspector that residents were registered to vote. A resident also confirmed to the inspector that their spiritual preferences were supported and that they could practice their religion as they wanted. Furthermore, the resident said that they retained control of their own money and property, and could have the level of support that they required from staff to achieve this.

The resident also told the inspector that they were very involved in decision making in the centre, and explained that they could live their lives as they chose and received staff support as required to do this. The provider had an advocacy process in the service and external advocacy services were also available to residents in the event that they wished to avail of these services at any time. The resident who spoke with the inspector knew about their rights and advocacy and confirmed that staff had told them about these. They knew the complaints process and felt confident that if they made a complaint that it would be addressed.

Staff had were in the process of attending human rights training.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Acorn Services OSV-0005041

Inspection ID: MON-0036092

Date of inspection: 25/09/2024

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In response to the Substantially Compliant finding under Regulation 28, the Person in charge has put a plan in place to address the night time fire drill issue identified within the Acorn services during the inspection.</p> <p>A serious of night time fire drills were carried out within the designated Centre. From this, some additional supports were identified for one person supported and changes were made to their personal evacuation plan and the house evacuation plan.</p> <p>A change was also made to the fire alarm system, this change is seen as an added support to the evacuation plan.</p> <p>A person supported Personal Emergency Evacuation Plan was reviewed and updated on the 09/10/24, a change was made to the support plan giving additional supports to ensure a safe evacuation.</p> <p>The residential evacuation plans was reviewed and updated to reflect any additional needs required during night time evacuations.</p> <p>All changes and additional supports made to the personal evacuation plan and the house evacuation plan were communicated to the support staff and team leader by email from the person in charge. These changes will be on the next house team meeting agenda.</p> <p>The changes to the alarm system and the additional supports required from staff were explained to the person supported.</p> <p>A schedule of night time fire drills is in place for quarter 4 in 2024. A schedule of night time and day fire drills will be in place for each quarter during 2025.</p>	



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Substantially Compliant	Yellow	10/10/2024