



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

Issued by the Chief Inspector

Name of designated centre:	Suir Services Rathkeevin
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	17 October 2022
Centre ID:	OSV-0005291
Fieldwork ID:	MON-0029122

About the designated centre

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

This centre is registered to provide a full-time residential and shared care service for children and adults. As part of the application to renew the registration of the designated centre, the provider had applied to change the centre to an adult only centre. At the time of this inspection, only adults were supported in the centre. The centre is based in Co. Tipperary. The capacity of the centre is four people of mixed gender who have been diagnosed with an intellectual disability, including those with a diagnosis of autism spectrum disorder and challenging behaviour. At the time of this inspection there were two residents living there, a third resident is in receipt of shared care. The centre is a single-storey detached building with five bedrooms, a kitchen and living room. A section of the house is allocated for the sole use of one resident. There are large gardens around the premises and outdoor play equipment at the rear. The staffing complement is described in the statement of purpose as matching the particular needs of the people supported. The staffing team in place consists of a team leader (the person in charge), social care workers and care assistants. The statement of purpose sets out that the centre aims to provide a warm and homely environment that is tailored to individual preferences and needs. The centre has the use of three vehicles for the transportation of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 17 October 2022	10:00hrs to 16:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with all three residents who lived in the centre. Two residents lived in the centre on a full-time basis, while one resident lived there part-time. Residents could not verbally express their views on what it was like to live in their home. At all times, residents' physical gestures and prompts indicated that they were comfortable and content. Staff spoken with knew the residents well, with many working with residents in their home for over ten years. This insight and knowledge of residents' needs was invaluable, and meant that residents received consistent support.

All residents attended day services. The inspector met with one resident before they went to their day service, and met with the other two residents on their return. It was evident that residents were supported to engage in activities in line with their choice and their pace. For example, staff spoken with told the inspector that they give one resident some time in the morning before they go to their day service. The resident was observed using sensory items, before they indicated to staff that they were ready to go to day services. Staff members were aware that one resident was displaying symptoms indicating that they may be in pain. The resident was provided with pain relief and supported to relax at home for the evening, instead of going on a planned walk.

The inspector observed residents' interactions with their environment and staff members. When a resident opened the cupboard and gave the staff a coffee sachet, staff members made this for the resident. When the resident indicated that they wanted to use a different cup, this request was facilitated immediately in a kind and caring manner. These actions indicated that the promotion of residents' choice and rights was common practice.

In line with the interests of one resident, murals had been painted on the walls in their home. This had been carried out following multi-disciplinary team discussions, to personalise the residents' home. The charge for this painting was paid for by the resident. However, it was not documented that consent for this purchase had been sought by the resident's representatives, in line with organisational policy. It was also not clearly outlined if the resident was to be refunded for this purchase, in the event they moved from the designated centre. This required review.

Overall, it was found that residents were provided with supports in line with their assessed needs and personal preferences. The next two sections of this report will 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 provided.

Capacity and capability

This inspection was carried out following an application to renew the registration of the designated centre. As part of the renewal of registration, the provider was changing the age range of residents to individuals over 18 years of age. This was appropriate as all residents had now transitioned into adulthood. The registered provider had also requested to reduce the maximum capacity of the designated centre from four residents to three.

A series of audits and reviews were carried out to ensure effective oversight and monitoring of supports provided to residents in their home. This included an analysis of incidents, accidents and medicines errors, to ensure learning and prevent re-occurrence. In addition, annual reviews and unannounced six monthly visit reports were completed.

Staff spoken with were aware of the lines of authority and responsibility in the centre. All staff reported directly to the person in charge, and communicated that they were well supported in their roles. The person in charge had regular interactions with their line manager to discuss the supports provided to residents.

Overall, the registered provider demonstrated a good level of oversight which meant residents received a good level of care and support in their home.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application to renew the registration of the designated centre had been completed. This included the submission of documents and the payment of a fee. On review of the documentation, it was noted that they had been submitted in the correct format, in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre had a person in charge. The person in charge carried out this role for a total of two designated centres. In line with the statement of purpose, they assigned 0.5 of their whole time equivalent (wte) of their working week to the oversight of this designated centre.

It was evident that they were a skilled and qualified individual, and that they held the relevant managerial experience and qualifications for their role.

Judgment: Compliant

Regulation 15: Staffing

Staff working in the centre were qualified social care workers and health care assistants. A rota outlined the staff members on duty each day and night. At the time of the inspection there were no staffing vacancies in the centre.

It was evident that there was an appropriate number of staff on duty to support residents to meet their assessed needs, and to access the community if they wanted to. The staffing levels in the centre had increased since the inspection in November 2021. This additional staffing arrangement facilitated the provision of community based activities to a resident who lived in the centre on a part-time basis.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre received mandatory training in areas including the management of behaviour that is challenging, the safeguarding of vulnerable adults and infection prevention and control. 29% of staff members required refresher training in fire safety, while 8% of staff members required refresher first aid training. These trainings were mandatory in line with the regulations, and the assessed needs of residents living in the designated centre.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff records were reviewed as part of this inspection. It was evident that these contained key information about staff working in the centre, as specified in Schedule 2 of the regulations. This included details of relevant qualifications, evidence of their identity and their previous employment history.

Judgment: Compliant

Regulation 22: Insurance

The designated centre had a contract of insurance in place against injury to residents. This was submitted prior to this inspection, as part of the designated centre's application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place ensured that the centre was effectively monitored. An annual review of the services provided to residents in their home was carried out. This review incorporated a review of aspects of residents' care, including medical interventions and fire evacuation. It also included consultation with residents and their representatives about the service received in their home.

There was a clear governance and management structure in the centre. One managerial post was being recruited at the time of this inspection, and as an interim measure an alternative reporting structure was put in place. Relevant staff members were aware of this arrangement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

As residents had now entered adulthood, the centre was changing its registration conditions to reflect that it provided supports to residents over 18 years of age. However, one resident's contract stated that they lived in a children's residential service. Therefore it did not reflect the arrangements for which they now resided in the centre.

There had been no new admissions to this designated centre since the inspections previous inspection by the Health Information and Quality Authority (HIQA).

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was available to residents in the designated centre. This document set out the specific care and support provided to residents in their home. This document contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible complaints policy was available to residents. This clearly outlined the complaints process, and the supports available to residents to resolve a complaint. The inspector reviewed the designated centres complaints log and found that no complaints had been made since the previous HIQA inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

A folder containing all policies and procedures as specified in Schedule 5 of the regulations was provided to the inspector upon request. However, it was noted that ten of these policies were not dated as reviewed within the previous three years. Therefore, it was not evident that staff members had up-to-date guidance in areas including the provision of behavioural support, the use of restrictive practices and communication with residents.

Judgment: Substantially compliant

Quality and safety

This inspection was carried out during the COVID-19 pandemic. As a result, specific actions were taken by the inspector to ensure the safety of residents and staff members. This included the use of personal protective equipment (PPE) and symptom monitoring. Throughout the inspection, staff members were observed wearing an appropriate level of PPE for the care tasks they engaged in.

Residents living in the designated centre required full support to manage behaviour that is challenging and their health needs. Staff members provided support to residents to meet these needs, and in doing so ensured that they received a safe service in their home. It was clear that staff members on duty knew residents well, and it was also evident that residents were familiar and comfortable with the staff

supporting them. Although there were areas for improvement in the centre, these areas had a minimal impact on the quality of service residents received.

One resident was provided with an individualised service in an apartment area in the designated centre. It was evident that this resident could not engage with other residents, in line with their assessed needs. It was noted that there was a low level of incidences occurring for this resident, who previously displayed a significant level of behaviours that challenged. This evidenced a good level of support was being provided proactively to the resident.

Regulation 12: Personal possessions

A resident had a money management competency assessment in place which identified that they required full support to manage their finances. Organisational policy stated that residents should not pay for fixed items in their home. However, it also stated that if a resident wished to paint their environment when painting was not necessary, approval from the resident's representatives should be sought. This resident paid €800 for a mural on the wall of their apartment. It was not documented that agreement had been sought from the resident's representatives, in line with the organisation's policy. It was also not clear if the resident would be refunded for this, should they be discharged from the designated centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

A resident's guide had been prepared by the registered provider, in line with the regulations. This guide was in an accessible format, and it contained information to residents about the services they would receive in their home. This guide contained information including details about the complaints process, the terms relating to residency and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

An online incident reporting system was used in the centre. Staff members reported incidences of challenging behaviour, accidents and medicines errors that occurred. Based on the risk rating applied, these reports alerted to relevant persons including

the person in charge and their line manager. This ensured there was a good level of oversight of risk.

In line with a resident's behaviour support plan, a sitting room with minimal decoration had been identified for use when a resident engaged in behaviours that put staff members, and the resident at significant risk of injury. As a control measure, a viewing window was provided so that staff members could observe the resident in this area, in the event they sustained an injury. The inspector observed that it was difficult to monitor an individual through the window in this room, due to the level of obscured tint on the window. This control measure required review. It was noted however, that this strategy had not been used in the six months before the inspection took place.

Judgment: Substantially compliant

Regulation 27: Protection against infection

A contingency plan for COVID-19 was available to staff in an accessible location. This outlined the measures to be enacted in the event of a COVID-19 outbreak. A check-in station was provided on arrival to the centre. Here, staff and visitors could take their temperature and access PPE. At all times, staff members were observed adhering to best practice in relation to infection prevention and control.

There was a good level of cleanliness in the residents' home.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines were prescribed by their general practitioner (G.P) and documented on the medicines prescription record. This included details of the medicine, dosage and time of administration. It also included details of special considerations in relation to medicines administration. For example, it was documented that one resident took their medicines with food and water.

Medicines were stored in a locked cabinet in the office. As residents' medicines were received from the pharmacy, they were signed in using a log book. If medicines were disposed of, they were also logged in the book. This ensured any medicines errors were identified. It was observed that two liquid medicines did not have a date of opening documented, to ensure they disposed of as specified on the medicine.

A medicines audit had been completed in the days before the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had healthcare plans which outlined the supports they required to meet their healthcare needs. This included an epilepsy care plan, and a care plan for a resident who had reoccurring dislocations. There was evidence that these plans contained clear guidance for staff working with residents. These plans were also overseen, and based on the recommendations of appropriate health professionals including residents' G.P and hospital consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had mental health and positive behaviour support plans as required. These plans included details of the proactive and reactive strategies in place to support residents. Staff spoken with were familiar with the content of these plans. One proactive strategy for the management of behaviour that challenges was not outlined as such in a resident's sensory assessment or behaviour support plan. Although staff members were clear on its use, it was not subject to review as part of the personal planning process.

Restrictive practises were used in the centre, as a reactive strategy in the management of behaviour that challenges. Oversight of restrictive practices was completed by the organisation's restrictive practice committee. There was a clear protocol for specific restrictive practices to ensure the safe application of the practice. This ensured clear guidance was available for staff members. In one instance, it outlined the requirement for staff to have specific training in first aid and an advanced level of training in the management of behaviour that challenges.

Judgment: Substantially compliant

Regulation 8: Protection

The organisation had a national policy and procedure on the safeguarding of vulnerable adults. These documents outlined the steps to be taken, in the event of an allegation of suspected/confirmed abuse. A designated officer was appointed, so that staff could raise concerns in line with national policy.

There were no safeguarding or protection concerns in this designated centre.

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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Suir Services Rathkeevin OSV-0005291

Inspection ID: MON-0029122

Date of inspection: 17/10/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Outstanding mandatory training is in the process of being scheduled and completed as required 	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: <ul style="list-style-type: none"> • All residents have been provided with an up to date contract which reflects their current arrangements. 	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	

- The Policy folder for the centre has been updated to ensure that a current copy of each policy is available onsite.
- Any policies which are overdue for review are currently in the process of being updated by the Provider.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- Documented evidence of consent from the resident’s next of kin will be added to the existing supporting documentation for the addition of the mural to the resident’s living space.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The use of the observation window is due to be reviewed with the Multi-Disciplinary Team on 12/12/22. Should this restriction be determined as continuing to be the most suitable option, the required works will be carried out to improve visibility.

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

- All liquid medications have been labelled to indicate when they were opened. Staff were reminded of this requirement at a team meeting following this inspection.
- The PIC will ensure that this is regularly monitored.

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none">• Following the inspection the sensory integration therapist provided clarity on the use of the strategy identified. This has been included on the recommendation activity document.• The IBSP is scheduled to be reviewed on 12/12/22 and will incorporate guidance on the use of this strategy.	

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	30/11/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/01/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and	Substantially Compliant	Yellow	30/10/2022

	welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/01/2022
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	31/10/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in	Substantially Compliant	Yellow	28/02/2023

	paragraph (1) available to staff.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	17/12/2022