



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

Issued by the Chief Inspector

Name of designated centre:	Heather Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	25 November 2024
Centre ID:	OSV-0004461
Fieldwork ID:	MON-0036913

About the designated centre

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

Heather services, is a residential service located on the outskirts of Co Roscommon. Heather Services can provide accommodation and support for up to nine adults of both genders over the age of 18 years. Support are offered to people who present with a moderate to severe intellectual disability, behaviours that challenge and mental health illness. The service also offers support to people with physical disabilities and mobility issues and also to people who present with epilepsy and autism. The centre consists of three houses. The larger building accommodates six residents and is divided into two residential units which are interconnected. The second bungalow can accommodate one resident and the third house can accommodate two residents. All residents have their own bedrooms with some have ensuite bathrooms. All houses have adequate communal rooms for people to have visitors and privacy. The location of the centre provides residents to local amenities including restaurants, bars, hotels, shops, parks, cinemas, arts centres, libraries, church, a bowling alley, and swimming pools. Residents are supported by a staff team of nurses, social care workers, community facilitators and community connectors, and staff are present to support residents both during the day and at night time.

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
Monday 25 November 2024	10:00hrs to 17:30hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Heather services consists of three houses which are located in close proximity to each other and is registered to provide care to nine residents. House A is registered to provide full time residential care to 5 residents, House B and C are both registered to provide care to two residents. The inspector found, that residents were supported to enjoy a good quality of life. The inspector observed practices, interaction of residents with staff and other residents, met with all residents, five staff, the person in charge, area manager and a visitor and found, that residents were supported to enjoy a good quality of life. An established staff team was available which was crucial to ensuring continuity of care in this service due to the assessed needs of residents. Residents were observed to have active lives and were supported to access the community. House A had two vehicles available for residents which meant that most residents accessed the community daily. House B and C also had transport to assist residents with accessing the community. The inspector engaged with all residents over the course of the inspection. While some residents were unable to verbally express their views, they used other communication methods such as vocalisations, facial expressions and gestures to communicate. Staff could describe to the inspector the meaning of the communication expressed by the resident. Staff also used a communication system based on 'objects of reference' (An object of reference is an object which has a particular meaning associated with it.) For example, keys of the car was used as an object of reference for one resident going out in the community. The inspector spoke with a visitor who attended the centre regularly. They were complimentary of the service provided and the staff. They stated that they were very happy with the care provided to their loved one and were made welcome by staff and could visit anytime they wished.

Residents had access to speech and language therapy services and the person in charge stated that they had referred a resident to this service to enhance their communication and to look at ways to support residents to access advocacy services as the current accommodation was not fully suitable to meet their needs.

Residents who were able to communicate with the inspector stated they were happy with the service provided to them. In Houses B and C, The inspector observed that bedrooms were personalised and living areas were homely clean and bright with personal items of residents displayed however House A required some updating of paint work and was not homely in nature. This is further detailed under regulation 17-premises.

The staff who met with the inspector had good knowledge of the resident's care and support plans such as the resident's specialist nutritional care and the resident's daily preferences for example one resident was very keen to attend swimming, another resident enjoyed walking and another resident wished to relax on his bed after his dinner. Another residents had a mobile phone and was supported by staff to send photographs to his family regularly. The inspector observed that these

residents completed these activities on the day of inspection. There was information available in the house in an easy-to-read format on areas such as, safeguarding, advocacy, human rights, and complaints. Staff had completed human rights training and were seen to be aware of the rights of residents and spoke of how important it was for the choices of the residents to be respected residents to and have choices in how they wished to live their lives. Each resident was provided with their own bedroom and there was adequate sanitary facilities to meet the needs of residents.

The next two sections of the report outline 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 care and support provided to the residents.

Capacity and capability

Overall the inspector found evidence of good practice and a high level of compliance with the regulations, however governance of the use of restrictive practices and the maintenance of house A required review.

Restrictive practices in house A required review to ensure that the restrictive practices in place were the least restrictive option for all and enacted for the shortest period of time as required for upholding human rights of residents and for compliance with the national policy for all residents. Restrictive practices in houses B and C were the least restrictive options. A system was in place for recording accident, incidents and complaints and there were processes in place to audit these so as to identify trends and learn from events. The centre was managed by a person in charge who was recently appointed and had the required qualifications and experience according to the legislation. The monitoring and oversight of the centre was completed by the person in charge in consultation with the area manager who attended the centre on the day of inspection and met the inspector and confirmed that they were in regular contact with the person in charge.

The service delivered to residents was enhanced by the provider ensuring that adequate resources were available to ensure the care and welfare of residents was protected. This announced inspection was carried out as part of the Chief Inspector's regulatory monitoring of designated centres to assist with assessing whether this centre was suitable for renewal of registration. The registered provider is the Brothers of Charity, West Services had applied to renew the registration of this centre as it expires on 9 May 2025. The previous inspection of this centre was carried out on the 3 November 2022. Post this inspection the provider submitted an action plan detailing work they proposed to complete to come into compliance with the required regulations. The inspector found these actions had been addressed. These actions related to the premises and the residents guide.

Registration Regulation 5: Application for registration or renewal of registration

The provider had applied for the renewal of registration of this service. Information is required to be submitted to the chief inspector by the provider to complete this process. The provider had submitted all the required information in line with the required time frames.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person who had the qualifications, skills and experience necessary for the duties of the post. The person in charge worked full-time and was person in charge for Heather services only. Regional person in charge meetings were held which had a briefing and education focus. An out of hours on call service was in place and staff knew how to use this service and the person in charge stated it worked well. Staff meetings were held on a regular basis and minutes were available of these. This meant that staff who were unable to attend had access to minutes to update them of any areas required.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff met with the assessed needs of residents. The inspector reviewed the actual and planned staff duty rota for the month of November. The rota supported that where they were staff vacancies these were covered by consistent agency staff. This supported person centred care as it meant that staff knew residents well and were aware of the meaning of their communication strategies, their assessed needs and their behaviour support plans. Rotas reviewed also provided an accurate account of the staff present at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of a continuous professional development programme. A staff training matrix was

maintained which included details of when all staff had attended training and those that required training and time lines thereto. Documentation reviewed supported that all staff had attended mandatory training and other training specific to the needs of the residents including epilepsy management, administration of buccal midazolam and safe administration of medication. The person in charge had a supervision schedule in place and supervision was completed annually. Staff spoken with said that the person in charge was freely available in the centre and was approachable. The person in charge reported directly to the area manager who they met regularly. Team meetings occurred regularly and minutes were available of these meetings so that staff who could not attend were aware of any discussions undertaken.

Judgment: Compliant

Regulation 22: Insurance

The provider had a valid contract of insurance in place which met with the requirements of the regulation. The provider submitted their insurance as part of the application seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority and accountability. The centre was adequately resourced to ensure the effective delivery of care and support to residents. The provider's systems to monitor the quality of care and support for residents included six-monthly reviews and an annual review. The inspector reviewed the previous two six monthly reports completed on the 18 April 2024 and 30 August 2024. These reviews were completed by personnel independent of the centre. Where any deficits were identified a corresponding quality improvement plan was enacted. The person in charge was completing audits of their own internal procedures which included reviews of personal outcomes, accidents, incidents and medication management. This meant that the service was auditing compliance with their own internal procedures and making sure they were enacted by staff and were fit for purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been revised in preparation for this inspection. It accurately reflected the service provided and was in compliance with the relevant regulation.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer who assisted with swimming for one resident in the service. The provider had a volunteer co-ordinator in place. The person in charge confirmed that the volunteer was Garda vetted and their roles and responsibilities were set out in writing. The person in charge was complimentary of these arrangements and stated they worked well.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Some of these policies were reviewed by the inspector and they had been reviewed in the last three years.

Judgment: Compliant

Quality and safety

This was a good service where residents' wellbeing and welfare was maintained and residents had access to regular activities of their choice. The inspector reviewed four residents care files and found that assessments of care needs for all residents were in place with corresponding care plans. Care plans were person centred and demonstrated a good amount of knowledge about the residents. Each resident had a specific key worker and link worker who were primarily responsible for assisting residents to reach their goals. Personal goals were reviewed regularly and included activities both in the centre and in the wider community. The personal plans focused on residents' choices and interests and goals were respected, planned for and achieved meaning residents could reach their full potential and experience enjoyment and achievements. Where residents attended medical appointments or were admitted to the acute hospital a staff member from the centre stayed with the

residents throughout their stay.

Regulation 11: Visits

An open door visiting policy was in place where visitors could attend at any time. Suitable facilities were in place for residents to meet with visitors.

Judgment: Compliant

Regulation 17: Premises

The provider ensured that the premises provided was of sound construction. All three houses provide a comfortable home to residents with adequate personal and communal space available and secure safe gardens, however there was chipping of paint from some doors and skirting in House A and there was a slight odour out of one of the bedrooms. The house was also sparse and was not as homely as Houses B and C, which were bright airy and well decorated.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which contained the relevant information outlined in the regulations and was available in an easy to read version.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises. The inspector found that regular fire drills were occurring regularly and supported that good fire safety procedures were in place at the time of this inspection. The person in charge had contacted the local fire services to discuss fire safety in the centre and to inform the fire services of the location of residents in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plans in place which reflected these needs and were reviewed annually. Comprehensive person-centred care plans were in place to support staff to meet the assessed needs of residents. These plans assisted staff in the delivery of safe, quality and person-centred care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of health and social care professionals which included behaviour support, speech and language therapy and psychology. There was information recorded of when residents were referred to health or social care professionals the reason for this and the outcome of their appointments. Residents had very good access to medical practitioners and staff were complimentary of the service provided. Documentation also supported that annual health checks were being completed by their medical practitioner and regular blood analysis was being undertaken, ensuring residents health was protected. Residents had access to national screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge had ensured that positive behavioural support plans were enacted to support residents with behaviours of concern. A sample of positive behaviour support plans were reviewed. The inspector found that these were detailed and clearly outlined proactive and reactive strategies that were person centred to support each resident. Restrictive practices were in use in this centre. In House A there were 5 residents accommodated but most of the environmental restrictive practices were in place due to the assessed needs of one resident but were restrictive for all residents. Consequently, as previously referred to under governance and management the restrictive practices were not in compliance with the national policy or upholding the human of all rights of all residents. The person in charge had recently met with the placement team and a priority referral was

completed for the resident who required to environmental restrictions to have an individual service.

Judgment: Substantially compliant

Regulation 8: Protection

There was one safeguarding plan in place at the time of this inspection.concern at the time of inspection. This was being subject to regular review. All relevant personnel had been informed A safeguarding and protection policy to guide staff was in place. Staff training in safeguarding was up-to-date. Staff spoken with were aware of the identity of the designated officer and aware of what to do should a concern arise.

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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Heather Services OSV-0004461

Inspection ID: MON-0036913

Date of inspection: 25/11/2024

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person In Charge has identified areas within house A that require painting works and works will be completed in a timely manner. Cleaning schedules are in place and are reviewed weekly by the Person In Charge.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Restrictive Practices in place within this Designated Centre have all been referred to the Human Right’s Review Committee. Restrictions in place are reviewed every quarter in an effort to ensure that any restriction in place is the least restrictive and reduced where possible. Planning continues to take place for one person supported in an effort to offer a more individualised service to this person. The Person in Charge will complete a business case on behalf of the person supported to achieve individualised funding. This business case will be forwarded to our funders for approval. On receipt of funding a new service can be developed to meet individualised needs.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/06/2025