



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

## Issued by the Chief Inspector

Name of designated centre:	Azalea Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	24 July 2024
Centre ID:	OSV-0004463
Fieldwork ID:	MON-0035649

## About the designated centre

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

Azalea Services is a residential service, which is run by the Brothers of Charity Services. The centre provides accommodation and support for five male and female adults over the age of 18 years, with moderate to severe intellectual disability, including those with challenging behaviour and autistic needs. The centre comprises of two bungalows which can accommodate two and three residents in each and have suitable facilities and accommodation. Both bungalows comprise of single residents' bedrooms, en-suites, shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. Both houses are located in close proximity to each other on the outskirts of a large town. Staffing is available all times to support the residents and residents attend day services locally during the week. There are two staff in one house and a single staff in the second. Both waking and sleep over staff are provided.

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

Number of residents on the date of inspection:

4

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 24 July 2024	10:00hrs to 17:20hrs	Mary McCann	Lead

## What residents told us and what inspectors observed

Azalea services consists of two houses which are located in close proximity to each other and is registered to provide full time residential care to three residents in House A and respite care to two residents in house B. This inspection found evidence of good practice and a high level of compliance with the regulations, which ensured that residents received a rights based quality service. 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. Registration of a designated centre with the Health Information and Quality Authority must be renewed at three yearly intervals. The registered provider is the Brothers of Charity, West Services had applied to renew the registration of this centre as it expires on the 14 January 2025. The last inspection of this centre was carried out on the 25 August 2022 and was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. Post this inspection the provider submitted an action plan detailing work they proposed to complete to come into compliance with the required regulation regarding infection prevention and control. The inspector found these actions had been addressed and included enacting site specific cleaning schedules, revising the protocols for the management of potentially infected laundry, ensuring all staff training in infection prevention and control was up to date and the centre's guidance reflected the most up to date public health guidance in infection prevention and control. Another action related to the maintenance of areas of paintwork.

In preparation for this inspection the inspector contacted the person in charge in advance of the inspection to discuss arrangements to best facilitate the residents on the day of inspection to ensure that as little disruption as possible occurred to the residents' daily routine. The inspector reviewed all information that the authority had regarding this centre. This included previous inspection reports, notifications about certain events that had occurred in the centre that the provider and person charge have to submit as part of the regulatory process. The inspector observed practices, interaction of residents with staff and other residents, met with all residents, three staff and reviewed relevant documentation to form judgments on the quality and safety of the care and support provided to residents. The quality of this service delivered to residents was enhanced by the provider ensuring that adequate resources were available to ensure the care and welfare of residents was prioritised and protected. This also ensured that residents' rights to engage in meaningful activities was protected. An established staff team was available which was crucial to ensuring continuity of care in this service due to the assessed needs of residents. The staff team were familiar with their wishes and assessed needs of residents. Residents were facilitated to pursue activities of their choice in their local community by attending community areas such as sensory rooms, sensory gardens, swimming and going out for lunch.

House A is a bungalow which opened in 2021. This house provides full time

residential accommodation to three residents. House B provides respite to two residents, one resident is accommodated at any one time. Both houses provide a comfortable home to residents with adequate personal and communal space available and secure safe gardens with garden furniture. Some of the residents who lived in the centre did not have the verbal capacity to speak with the inspector. The inspector met with three residents and observed the interaction between residents and staff. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences. Residents who were able to communicate with the inspector stated they were very happy with their accommodation. The inspector observed that bedrooms were personalised and living areas were homely clean and bright with personal items of residents displayed. The inspector observed a nice homely atmosphere in the kitchen with staff chatting with residents about their day as they assisted residents. In House A each resident was provided with their own bedroom and two of these bedrooms had ensuite sanitary facilities. An additional bathroom was conveniently located to the bedroom that did not have an ensuite facility. The design and layout of the house supported accessibility. For example, the kitchen and dining area was open plan with good turning space for wheelchair users and residents could spend time together or have privacy away from other residents. It also assisted staff with supervision of residents. Externally, level surfaces supported accessibility and ample provision was made for car-parking. The grounds were well maintained. The person in charge maintained the staff duty rota and confirmed that there were no staff vacancies and no concerning turnover of staff. There were two staff members on duty by day and night excluding the person in charge. The night-time staffing arrangement was one staff member on waking duty and one staff member on sleepover duty. The staff told the inspector that all of the residents got on well together and the inspector observed that residents were content in each others company. Staff on duty knew the residents well and could clearly communicate with residents who used objects of reference and signals to communicate. Staff were observed to be attentive to the needs of residents and responded promptly to any of the residents' requests or vocalisations. Staff could describe to the inspector the meaning of the communication expressed by residents. The staff members met with had good knowledge of the residents' care and support plans such as the residents' specialist nutritional care plans and the residents' daily preferences for example what time they liked to get up at, what activities they preferred.

The resident in the respite house (House B) chatted with the inspector and stated they were delighted with their respite stay and that he got on great with staff who were very supportive to them and arranged any activities they expressed an interest in. The resident liked to be active and had an active routine of football, attending the gym, swimming and attending and stewarding at local GAA matches with the staff. The staff was energetic and displayed a great, warm relationship towards the resident. Staff had set up a football team between the services for residents and one match had occurred.

Each resident was supported by a family member to complete questionnaires sent to them by the office of the chief inspector in advance of the inspection titled "Tell us what it is like to live in your home". There were positive responses in the

questionnaires to all questions asked. Question themes included activities, staff support, and the people you live with, having your say. Responses by family members were very appreciative of the service provided and the care and support their family member received. The inspector met with a family member who came to the service to bring home their loved one for the day and they were delighted with the services provided and the help they received from staff and stated 'I am delighted with the service provided and it couldn't get better, 'it give me great peace of mind that my loved one is so well looked after, the house is lovely and always spotless, I have a great relationship with staff, I can visit at any time.'

A wheelchair accessible minibus was available exclusively to this centre to support residents to attend day services as they wished and activities of their choice. Residents attended sessions in day services and at other times were partaking in activities arranged by centre staff. 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 told the inspector that this training made them aware of the FREDA principles of fairness, respect, equality, dignity and autonomy and they were now more aware of the importance of these principles for residents' care. In summary, from what residents told the inspector and what the inspector observed, coupled with reviewing documentation, the inspector was assured that residents' rights were upheld, their voice was listened to and they enjoyed a good quality of life and were supported to stay in regular contact with their family and friends and had access to meaningful activities. They were supported by a staff team who listened to them and included them in decision making about their care and support.

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 findings of this inspection supported that this was a well-managed and well-run centre. Clear governance and management structures were in place which ensured that the running of the centre was monitored to protect the safety and welfare of residents. This included a system where the provider was aware of incidents and accidents and complaints as these were recorded on a system which alerted senior management and had timescales for review attached. This oversight was important to make sure that the provider was aware of the safety and quality of the services provided to residents and to identify trends and learn from events.

The centre was managed by a person in charge who 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 team leader.

A skill mix of social care and nursing staff was available in the centre due to the assessed needs of residents. The person in charge facilitated the inspection and was found to be knowledgeable of the needs of residents. The person in charge worked full-time and was also area manager for the local service area which included three other designated centres. She was supported by a full-time team leader who was supernumerary. The three staff spoken with displayed a good knowledge of residents and could describe residents' likes and dislikes. 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 process was included on the kitchen notice board. 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.

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. 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. Regular audits were completed, for example, fire safety, medication errors. Deficits identified were addressed. The provider's systems to monitor the quality of care and support for residents included six-monthly reviews and an annual review. These reviews were completed by personnel independent of the centre. Where any deficits were identified a corresponding quality improvement plan was enacted. The team leader was completing audits of their own internal procedures to include review of personal outcomes, quarterly review of finances. 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. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. 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 first aid, epilepsy management, administration of emergency medication and safe administration of medication.

Supervision occurred regularly and staff spoken with said that they felt well supported by the person in charge. Team meetings occurred regularly and minutes were available of these meetings so that staff who could not attend were aware of any discussions undertaken.

Overall the findings of this inspection supported that this was a well-managed and well-run centre. Residents were supported by a staff team who were familiar with their care and support needs. The provider and the staff team were identifying areas for improvement and taking the required actions to bring about these improvements.

<b>Registration Regulation 5: Application for registration or renewal of registration</b>
All of the required documentation to support the application to renew the registration of the designated centre has been submitted.
Judgment: Compliant
<b>Regulation 14: Persons in charge</b>
The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary for the duties of the post.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The inspector observed residents receive assistance and support in a timely and respectful manner during the inspection. The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated for example extra activities at weekends.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. All mandatory training was up to date. A formal schedule of staff supervision and performance management was in place. All required staff training was up to date.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>

The provider had maintained a directory of residents, which was up-to-date and contained the information required in Schedule 3 of the regulations. For example, evidence was seen that this directory had been updated when a resident was transferred to hospital and upon their return to the centre.

Judgment: Compliant

### Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

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. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support to residents. The provider had ensured that a rights based service was enacted in this service to ensure that the voice of the residents was paramount and residents were listened to and their rights to autonomy, respect, dignity and fairness was upheld.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of

the regulation.

Judgment: Compliant

## Quality and safety

This was a good centre which provided a safe quality service to residents. Residents who were able to converse with the inspector spoke positively about the care and support they received from staff. Residents living in the centre were seen to have a good quality of life and staff spoken with described how their focus was to ensure that residents had a good enjoyable quality of life and were eager to continually improve the lives of residents. There was evidence that residents' needs were being met through good access to meaningful activities both in the centre and in the community. Residents healthcare needs were met to a high standard and there was evidence that residents had timely access to services as required. The inspector observed friendly, good natured and humorous interactions between staff and residents. This enhanced the homely atmosphere. The systems in place ensured that residents' voices were sought and listened to and they were actively involved in their day to day choices in the centre. For example one resident who had a huge interest in football was facilitated to play football attend matches and steward at local matches. Another resident who enjoyed sensory activities regularly went to a sensory garden, or a sensory room at the local library. The centre also had sensory equipment. Residents had access to multi-disciplinary supports such as behaviour support services, mental health services and physiotherapy. One resident had recently received an electric wheelchair. Personal plans reviewed were person-centred to inform and guide staff in the delivery of safe care. They also detailed residents' goals which included attending local events, going on day trips. These were reviewed quarterly and there was good evidence that goals were being achieved.

A culture of positive risk taking was evident to improve the lives of residents, and enhance and develop life skills which would enhance their choices and quality of life. The centre had obtained a 'click device' to allow a resident switch on and off the electric kettle safely in preparation for making tea independently. This was reflected in the goals in personal plans. 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 that were in place in the centre. These were generally in place on the recommendation of medical advice and where a risk assessment had been completed. Any restrictive practices in place had been reviewed and sanctioned by the human rights committee. 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. Staff spoke with stated they were confident if they

reported a safeguarding concern to any of the manage team this would be investigated and residents would be protected. Staff had completed training in managing behaviours of concern and human rights. This meant that staff had the knowledge and skills to support residents in a person centred way while respecting their dignity, respect and autonomy. There were systems in place to ensure risks were identified, assessed and managed within the centre. All incidents were reviewed by the person in charge and discussed and escalated to the registered provider as appropriate. Where risks to residents were identified, there were corresponding care plans and protocols in place detailing controls in place to mitigate these risks. This meant that there was a co-ordinated approach to the management of risk and the care and support provided. The provider had arrangements in place to reduce the risk of fire in the designated centre. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans. These were resident specific to ensure the safety of each resident. Fire exits were clearly marked and staff spoke with were aware of which exits they would use depending on where the fire occurred. The provider had a fire alarm system and fire extinguishers in place. All staff had completed fire safety training. Bedrooms were bright and homely and personalised according to the wishes of the residents. The centre was visibly clean throughout and was maintained and decorated to a good standard with lots of personal items of residents. In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. Day to day living in the centre was relaxed and resident focused.

### 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 12: Personal possessions

Residents were supported to have access to and control over their finances. All residents had their own personal bank accounts. Each resident had a suitable place to store their belongings and clothing. Due to the assessed needs of residents most residents required assistance with their laundry or staff carried out the laundry of residents' clothes. Residents' clothing looked well cared for and residents' linen was in good condition and well laundered.

Judgment: Compliant

### Regulation 17: Premises

The provider ensured that the premises provided was of sound construction, in a good state of repair and provided a comfortable clean home for residents.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a residents' guide that contained the relevant information outlined in the regulations and was developed in an easy to read format.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

There was good communication between the centre and day services. Day services had copies of residents' medication charts and speech and language therapy guidelines regarding nutritional intake were available in day services to ensure residents were safely assisted with nutritional intake. Health and communication passports accompanied residents when they went to day services. This meant that residents receive their nutritional care in a safe way and that if residents become unwell at day services staff have the required knowledge to accompany the residents to acute medical services. One resident's health had deteriorated in the past year and they had been admitted to the local acute medical hospital on a few occasions. Where a resident had to be admitted to another service for treatment or assessment relevant information about the resident is provided to the person taking responsibility for the care support and wellbeing. Additionally when a resident returns from being absent from the centre all relevant information is obtained to ensure a safe and orderly transfer back to the designated centre. A process for medication reconciliation was in place.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. The provider had a system where adverse incidents were responded to and reviewed.

Learning was identified following incidents, and supports were implemented to reduce the likelihood of re occurrence. The inspector found that individual risk assessments had been developed for the residents and focused on reducing the risk of harm to residents and those supporting them.

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. Fire drills required review at the time of the last inspection. 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.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which reflected their needs and was reviewed annually.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a range of allied health care professionals, to include GP, psychiatry, physiotherapist and occupational therapy. The residents were supported and informed about their rights to access health screening programmes and vaccination programmes available to them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Person centred positive behaviour support plans were in place as required. Staff had undertaken training in management of behaviour of concerns.

Judgment: Compliant

### Regulation 8: Protection

There were no safeguarding plans in place at the time of this inspection. A sample of residents' intimate and personal care plans were reviewed and found to be suitably detailed to guide staff in the provision of person centred care. The safeguarding and protection policy was up to date and staff were provided with 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant