



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

Issued by the Chief Inspector

Name of designated centre:	Suir Services Rathronan
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	20 November 2024
Centre ID:	OSV-0007816
Fieldwork ID:	MON-0040461

About the designated centre

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

Suir services Rathronan is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential services to two adults with a disability. The centre is located in a town in Co. Tipperary close to local facilities including shops, banks and restaurants. The centre is a bungalow which comprises of a sitting room, kitchen/dining area, utility room, an office, two bathrooms and two individual bedrooms. There was an enclosed garden to the rear of the centre. The centre is staffed by a person in charge, social care worker and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 20 November 2024	08:45hrs to 17:00hrs	Sarah Mockler	Lead
Thursday 21 November 2024	08:45hrs to 09:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed across a two day period by one inspector. The purpose of the inspection was to monitor the designated centre's ongoing compliance with the regulations and standards. This inspection was completed as part of a group inspection whereby inspectors were present simultaneously in three centres operated by the provider over a two day period. In addition, on the first day of inspection core documents were reviewed by additional members of the inspectorate team in an office space.

The overall findings of this inspection indicated that the provider was striving to meet the individual needs of the two residents that lived in the home. Improvements in the layout of the premises and improved monitoring and oversight of restrictive practices were resulting in better lived experience for both residents. Continued focus on the use of restrictive practices, staff training and development and adherence to a rights based approach to care and support was required to ensure that full compliance could be met. This is discussed in further detail in the relevant sections of the report.

On arrival at the centre it was noted the residents lived in a detached bungalow building in a rural area in Co. Tipperary. All local amenities associated with a large town were in short driving distance from the centre. The centre had two vehicles which residents could use and these vehicles were parked in front of the designated centre.

The centre had capacity to accommodate two residents and there were no vacancies on the day of inspection. The inspector had the opportunity to meet with both residents across the two days of inspections. Interactions with residents were kept brief in line with their individual preferences.

On the first day of inspection the inspector completed a walk around of the premises and met with one resident. The second resident was visiting family and had not yet returned to the centre.

The residents had access to their own individual bedrooms, a sitting room, a kitchen/dining room, and bathroom. Renovation works on the premises were ongoing on the day of inspection. One resident had an en-suite built onto their bedroom and a utility room was being installed beside the kitchen. Residents had specific preferences on how their living spaces were presented with some residents preferring a more minimalist approach to their decor. Overall, the premises was clean and well kept.

The inspector met one resident in the sitting room on the first morning of inspection. They came into this room and sat on the couch as this was their preferred seat. The resident used gestures, facial expressions and limited vocalisations to communicate their immediate needs. The resident did not engage

with the inspector, and sat on the couch and removed the cushions from the area. The resident was heading out to their day service and their support staff was with them at this time. The staff member stated that the resident seemed very happy and engaged in a range of activities such as horse riding, swimming and reflexology. The staff member used objects of reference such as car keys to indicate to the resident that it was time to leave.

The inspector did not get the opportunity to meet with the second resident on the first day of inspection. They were with family and when they arrived back to the service, they immediately got on their bus and went to their day service.

On the second day of inspection, the inspector met with both residents again briefly. The house was very busy on arrival with three members of staff, the person in charge and two managers present. The staff team explained to all people present that noise was to be kept to a minimum to ensure a low arousal environment for the residents was in place. This demonstrated that the staff team had a very good understanding of each residents' specific assessed needs.

On this morning the inspector heard the staff engage with one resident in particular. The resident at times required time and space to process information and the inspector heard the staff team offer choices and options and then leave the room for the resident to process this information in their own time. All interactions were kind, patient and thoughtful. When the resident was dressed they went straight onto the bus. The inspector went out to the bus to meet with the resident. They were sitting in their assigned seat watching a preferred movie on their tablet device. Again, this resident did not interact directly with the inspector and used a gesture to indicate when they wanted the inspector to leave the vicinity. The adherence to the resident's routine was essential to ensure the resident remained calm and comfortable in their environment and this was respected by the inspector.

On the morning of the second day the other resident briefly came into the sitting room again when the inspector was present. They stayed here for a few minutes and then left with their support staff to attend their day service.

Observations across the two days of inspection indicated that residents were supported by a core staff team that were very familiar with the residents' likes, dislikes and needs. All staff spoke in a respectful manner about residents and advocated for their specific needs to be met across daily routines.

The next two sections of the report 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 delivered to each resident living in the centre.

Capacity and capability

Overall, the findings of the inspection were that residents were in receipt of a service that met their assessed needs. There were a range of systems in place to monitor the quality of care being delivered to residents. The findings of the inspection indicated that improvements were needed in areas such as staff training, the use of restrictive practices within the centre and ensuring a right's based approach was adopted across all areas of care and support.

The person in charge was full-time and had responsibility for this centre and one other centre operated by the registered provider. The person in charge reported into the area service manager who was appointed as the person participating in management of the centre. Both of these staff members were present across the two days of inspection. The person in charge and local management team had systems in place for the day-to-day management and oversight of the centre. This included the use of provider-led audits and local audits to identify relevant actions required to bring improvements across service provision.

Although, the provider has made improvements in relation to the provision of staff training in the centre, there remained a number of staff that required training and or refresher training in a number of key areas of care and support. Ensuring staff had the most relevant up -to -date training would enable evidence- based care to be provided in an effective manner.

Regulation 15: Staffing

On the day of the inspection the provider had ensured that there were enough staff available to support the residents according to their specific needs. There were three staff available during the day and two waking night staff to support the residents at this time.

There were some vacancies within the staff team. Up to one month ago a full team had been recruited, however in recent weeks a small number of the staff team had resigned or left their posts. The provider was in the process of advertising for the vacant positions. In the interim agency staff and regular relief staff were being utilised to ensure there were sufficient staff in place.

The inspector reviewed the most recent four week period of rosters that were available in the centre. The use of agency staff was stated on the roster, however, to minimise the impact of less familiar staff being present they were always working alongside an experienced member of staff.

The staff present on the day of inspection were very knowledgeable around the residents' needs and spoke about the residents being very comfortable and content in their home.

Judgment: Compliant

Regulation 16: Training and staff development

Over the last 12 months the provider had placed an emphasis on ensuring the staff team had access to relevant training and refresher training across mandatory and resident specific needs. On review of the training records for all staff within the centre it was found that a number of staff required training in the following areas, fire safety, de-escalation and intervention techniques, manual handling and first aid. For the most part the provider had self-identified the training needs and had a plan in place to ensure staff would attend training in the coming weeks.

The systems in place to record staff supervision required review to ensure records were accurate and could be retrieved when required. Supervision notes were sent to two separate administration offices before they were placed on a staff members file. This meant that the files reviewed had gaps in relation to records kept. Five members of the staff team did not have up-to-date records on file.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences. The person in charge reported to a Services Manager, who in turn reports to the Regional Services Manager.

The provider had in place a series of audits both at local and provider level. For example, at local level, regular medication management and finance audits were completed. The provider-led audits included the six monthly unannounced audits and annual review. The inspector reviewed the most recent six-monthly unannounced provider audit which occurred in October 2024. 14 actions were identified on this audit and were in the process of being completed. For example, the audit had identified the need for staff to complete training in specific areas.

There were systems in place to trend and review incidents of challenging behaviour, incidents and accidents and the use of prescribed as necessary (PRN) medications. This ensured that relevant information was reviewed and analysed to inform future practices. For example, the trends in challenging behaviour were discussed with the residents' psychologist and psychiatrist on a regular basis.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector of Social Services under the regulations were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. Overall, it was found that the required notifications were submitted and relevant time lines were adhered too. For example, the provider had submitted information on the use of restrictive practices at the end of each quarter of the calendar year.

Judgment: Compliant

Quality and safety

The residents in this centre were found to live in a clean and comfortable home. The two residents although living in the same home very much had separate lives due to their specific needs and preferences. There were sufficient staff in place to ensure this was possible and that residents were afforded opportunities to engage in activities of their choosing. Although a significant piece of work had been completed in relation to the use of restrictive practices in the centre this was an area that required continued focus. Some improvements were also required in ensuring a rights' based approach was utilised across all areas of care and support.

Recently, the provider had adopted a policy entitled 'Moving to a Restrictive Free Environment' which provided guidance to the staff and management team on the use of restrictive practices within the organisation. In the centre, it was found that restrictive practices had been reviewed and reduced as required. However, additional focus on the review of some restrictive practices required additional attention to detail to ensure a least restrictive approach was adopted at all times.

Regulation 17: Premises

The residents lived in a detached bungalow building in a rural area in Co. Tipperary. On the walk around of the premises the inspector reviewed both resident's bedrooms, the en-suite bathroom, the main bathroom, the kitchen- dining area, the utility room and the sitting room. There was also an office available for staff to complete relevant administration tasks.

Overall, the home was well maintained. As previously stated ongoing renovation works were occurring at the time of inspection. One bedroom had a new en-suite bathroom installed. This addition of the bathroom was essential to ensure one

resident's specific assessed needs could be met. Following the installation of this room, some decor in the resident's bedroom required review. This was highlighted in the most recent provider audit and there was a plan to complete this in the coming weeks. The utility room was still a work in progress on the day of inspection. This had minimal impact on the residents due to a separate laundry being available while the works were ongoing.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the arrangements in place to manage identified risks within the centre. This included reviewing the risk register and risk assessments in relation to residents' specific needs and centre specific risk assessments. It was found that risk assessments were up- to -date with associated control measures in place to mitigate relevant risks. For example, one resident has nine specific individualised risk assessments. One risk assessment was in relation to ingesting non-edible items. As there had been no incidents in the last 12 months the risk rating had been reduced and the risk would continue to be monitored for a six month period. This demonstrated that the control measures had been effective in reducing the relevant risk.

There was an effective system in place for recording adverse incidents and accidents. Incidents and accidents over the last 12 months were reviewed by the inspector. Any learning identified was communicated with the staff team as appropriate and accident and incidents were reviewed by the person in charge of service manager as appropriate.

Judgment: Compliant

Regulation 28: Fire precautions

On the walk around of the premises the inspector noted that the designated centre was provided with fire safety systems which included a fire alarm, emergency lighting, and fire extinguishers. Fire containment measures were in place and working effectively on the day of inspection. All relevant equipment had been serviced and maintained by a suitably qualified person. For example, the fire extinguishers had records indicating they had been serviced in November 2024.

There were systems in place to for staff to review the fire safety measure on a daily, weekly or monthly basis. The inspector reviewed the records in relation to the daily inspections of fire routes and monthly inspection of fire fighting equipment and

found that staff had recorded that all relevant checks had taken place.

In addition, the inspector reviewed the fire drills that had occurred over the last 12 month period. Six fire drills records were reviewed and it was found that suitable actions were taken if learning was identified. For example, a resident had refused to take part in a recent fire drill. Their personal evacuation plan had been updated to reflect this information and an addition fire drill was to be completed in the coming week. This was deemed suitable as to date the resident had never refused and had successfully taken part in fire drill up to this point.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents' health needs were suitably assessed with appropriate guidance in place to guide staff as appropriate. For example, on review of one residents individual file it was found that there were support plans in place to guide staff to manage their assessed needs in relation to epilepsy.

Residents attended a range of health and social care professionals as needed. This included visits to dentists, opticians, general practioners and neurology. Clinical nurse specialists were also consulted as needed. Following visits or hospital stays care plans and hospital passports had been updated as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

In order to support the residents a number of measures were put in place around positive behaviour support and the use of restrictive practices within the centre. The inspector saw that both residents had up -to -date positive behaviour support plans in place. The guidance in the plans was clear and concise.

Some restrictive practices were in place in the centre, both environmental and the utilisation of physical holds according to the level of risk present. As previously mentioned a new policy was in place around the use of restrictive practices within the organisation. On review of the restrictions in place in the centre the inspector reviewed the restrictive practice log, the review of the restrictions by the Rights Committee and how restrictive practices were recorded when used. Some improvements were needed in the recording of use of restrictive practices. For example, when physical holds were utilised there was limited information on how long they were used for and what type of hold were utilised. Therefore the systems to review the use of this restrictive practice were not sufficiently detailed to provide

assurances that a least restrictive approach was used at all times.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to ensure residents were sufficiently safeguarded. This included policies and procedures and ensuring staff were trained in safeguarding procedures. Both residents had intimate care plans in place to guide staff and ensure residents were protected in relevant manner. Financial safeguards were also in place, including regular auditing and review of residents' finances.

On the day of inspection there was one active safeguarding plan in place. The inspector reviewed the actions that were in place to ensure the resident's safety. It was found that all actions were either completed or in progress. For example, the safeguarding plan identified the need for additional staff training. This has been completed.

Judgment: Compliant

Regulation 9: Residents' rights

There were a number of positive practices observed in relation to how staff responded to residents' rights across the two days of inspection. This included the use of respectful, professional language when talking with and about residents, kind and caring interactions between staff and residents and staff providing choice around daily living activities were possible.

However, in relation to some decisions in relation to aspects of care and support it was unclear on how the residents' will and preference was being determined. Although the provider had identified this no action was taken on this at the time of inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Suir Services Rathronan OSV-0007816

Inspection ID: MON-0040461

Date of inspection: 21/11/2024

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 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"> • All staff that were due refresher training have now completed training or are booked to complete. • A Learning Needs Analysis outlining training required for staff team in 2025 was completed and returned to training department at the end of November 2024. In turn, a training schedule will be circulated on a monthly basis to management and team leads to allow for booking of staff on required courses. • The training matrix will continue to be reviewed and updated regularly by the PIC. • A monthly management report has been developed and will be rolled out in February 2025 which captures training requirements for each centre to offer adequate oversight of training needs across the service. • A copy of staff support sessions and supervision records are now held locally. 	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none"> • Ongoing reviews of restrictive practices are carried out by the Person In Charge & at 	

Multi-Disciplinary meetings.

- Restrictive practices are a set agenda item at all team meetings.
- A protocol is in place to guide staff on how to correctly record when safety intervention holds are used.
- All staff that implement a safety intervention will record the duration of the hold and this will be available for review in line with policy.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The Person in Charge ensures daily consults are carried out with each resident to ascertain choice.
- The basis on which a residents will and preference, in relation to health related decisions, is established will be clearly documented.
- Circles of support meetings and regular MDT meetings take place.

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 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	30/05/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2025
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	31/01/2025

Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	31/01/2025
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