

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

Issued by the Chief Inspector

Name of designated centre:	Holly Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	30 July 2024
Centre ID:	OSV-0004694
Fieldwork ID:	MON-0035480

About the designated centre

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

Holly Services is a residential service which is run by Brothers of Charity Services, Ireland. The centre caters for the needs of six female and male adults who have an intellectual disability. The centre comprises of two houses, both houses are located in close proximity, on the outskirts of Roscommon town. Both houses are within easy access to all local amenities and the community. The houses are comfortable and suitable for purpose with two residents living in one house and four residents in the second house. Staff are on duty both night and day to support residents living in this centre .

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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
Tuesday 30 July 2024	09:30hrs to 16:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This is a centre that very much ensured residents were provided with great care and support that they require. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this is a centre that prioritises the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations and to inform a registration renewal application. The centre comprised of two houses located within close proximity to each other in Roscommon town. One house was occupied by two residents, who had their own bedroom, bathroom and living space and the other house was recently renovated for four residents. At present two residents had moved into this house and were settling into the main area of the house. This house comprised of a main house for up to three people and an adjoining apartment for one person. At the time of the inspection, one resident was present in the new house and was enjoying a relaxing morning with staff preparing to go out for activities such as mass. The other resident was visiting family and enjoying a short break at the time of the inspection. The inspector also saw and noted that the landlord and their staff team were finishing off jobs on the outside areas of the centre, such as the garden space, fencing and gates. The inspector was met by the landlord on arrival before meeting the person in charge. There was suitable space internally throughout and staff were assisting the residents to personalise further on the day of the inspection. The external and garden area provided ample outdoor recreational space as required. The second house was also well maintained and the inspector met one resident during the inspection as the other resident was enjoying a leisurely sleep in. Overall both houses were well maintained, suitably decorated and furnished to the choice and needs of the residents living in each house and provided them with comfortable living space. In addition, the inspector noted that both houses were suitable to the aging profile of the residents and were easily accessible throughout in line with the residents' assessed needs.

The inspector met with two residents in the centre and both were able to communicate with the inspector directly about the care and support and how happy there were with their service. One resident was finishing their breakfast before going out with staff to mass and shopping for the house. In the other house one resident was completing home based activities while another resident was enjoying a sleep in. Staff were assigned in both houses and this meant that residents could engage in activities that were meaningful and suitable for them. While some of the residents engaged in day service activities, at the time of the inspection, these service were closed due to summer breaks. Staff were providing activities during this break around the residents' choice and preferences and some residents were availing of short breaks with family.

The staffing arrangements in this centre largely attributed to the quality and

consistency of care that residents received. Great effort was made by the person in charge and staff team to ensure residents were as involved as much as possible in the planning of their care and running of their home. This was primarily done through effective daily engagement between residents and their staff members supporting them. Staff had worked with the residents for a number of years as well as new members of staff who had recently joined. Staff spoken with knew the residents' assessed needs very well. The person in charge regularly reviewed the number and skill-mix of staffing levels, meaning that where residents required additional staff support, this was clearly identified and responded to. Furthermore, in response to some residents' behavioural support needs the person in charge had also ensured adequate safety arrangements were in place to ensure staff safety while supporting the residents.

In summary, the inspector found residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre. The provider also ensured that residents were supported and encouraged to choose how they wished to spend their time and that they were involved in as much as possible in the running of their home.

The next two sections of the report present the inspection findings in relation to the governance and management of the centre, and describes about how the governance and management affects the quality and safety of service provided.

Capacity and capability

This inspection found that the governance and management arrangements in the centre had improved and that the provider had responded and addressed all actions in a compliance plan response from the previous inspection in February 2023, with significant improvements in the quality and care provided in Holly services. This will be discussed further under each of the relevant regulations.

The governance and management arrangements had changed following the last inspection which resulted in a reconfiguring of the management systems in the centre and service. This had increased the management structure and oversight as there was now a person in charge for the centre separate to the area manager for the centre. This ensured that there was a more effective oversight and monitoring of the centre and that the systems as required to ensure a good quality service was in place. The new persons employed had settled into their roles and were well established at the time of the inspection. Furthermore, the provider had completed significant actions following the last inspection, which included increased management, review of maintenance and remedial works required for all residents. The inspector found that the provider had completed all actions which resulted in the removal of a house and replacement with a suitable and appropriately furnished facility to meet the assessed needs of the residents.

The provider had prepared a statement of purpose which was available to read in

the centre. The inspector found that minor amendments were required and this was completed during the inspection and resubmitted as required for the registration process. The statement of purpose included all of the information as required by the regulations and was also available in an accessible format if required in the centre.

Staffing arrangements were reviewed as part of the inspection. A planned and actual roster was available and it showed an accurate account of staff present at the time of the inspection. The provider ensured that the number and skill mix of staff met the assessed needs of residents and good consistency of care and support was provided.

On review of training records, the inspector found that effective training arrangements were also in place to ensure staff received mandatory and bespoke training as required for the assessed needs of the residents. Training included fire safety, safeguarding, positive behaviour support and epilepsy for example. The person in charge had also completed a training needs analysis to identify any further training required for staff working in the centre. The person in charge also ensured that staff had access to refreshers as required to ensure that their training was up to date at all times.

The provider had also ensured that this centre was adequately resourced in terms of staffing ,equipment and transport for example. The person in charge held regular meetings with their staff team, which allowed for resident care issues to be regularly discussed. They also had regular contact with their line manager to review operational related matters. The oversight of the quality and safety of care at this centre was greatly enhanced by the submission of regular reports from the person in charge to senior management, which meant incidents occurring at the centre were reviewed, along with any provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, actions plans were put in place to address these.

Overall, the inspector found that the governance and management arrangements had significantly improved in this centre which resulted in a safe and effective service was provided. This led to good outcomes for residents' quality of life and for the care provided in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that all the required documentation to support the application to renew the registration of Holly services was submitted within the specified timeframe.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangements were subject to regular review, ensuring a suitable skill mix and number of staff were at all times on duty to support residents. Arrangements were in place should additional staffing be required.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector found that the directory of residents showed of all the information as specified in the regulations.. This was monitored and reviewed by the person in charge regularly in response to any changes in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that all records listed under Schedules 3 and 4 in the regulations, were available and maintained in the centre as required. The inspector reviewed three staff files and found that they met the requirements and were reviewed regularly by the management team.

Judgment: Compliant

Regulation 22: Insurance

The inspector found that the provider had ensured that the centre was insured and that this met the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that all actions from the previous inspection were satisfactorily addressed and the centre was appropriately resourced in terms of

<p>equipment, staffing and transport. The person in charge met with their staff team formally and informally to discuss resident care related issues as well as organisational activities. They also had regular contact with their manager to discuss and plan operational matters and service objectives. In addition, a range of audits were completed in the centre, which included six monthly provider led audits. These were occurring in line with the requirements of the regulations, and where improvements were required, timebound action plans were in place. On the day of the inspection, where minor actions were required, the person in charge addressed them on the day of this inspection.</p>
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
<p>There were contracts of care in place for residents, which clearly laid out the services offered to residents and any charges incurred.</p>
Judgment: Compliant
Regulation 3: Statement of purpose
<p>The statement of purpose included all the information required under the regulations, and adequately described the service provided in the centre. This was also provided in an accessible format for residents living in the centre.</p>
Judgment: Compliant
Regulation 30: Volunteers
<p>At the time of the inspection, there were no volunteers required in this service. The provider did have a policy and procedure on the recruitment and retention of volunteers in the service, should they be required.</p>
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
<p>The provider was aware of their requirement to submit relevant notifications should</p>

the person in charge become absent from the centre as specified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider had various effective systems in place to support the quality and safety of care that residents received in this centre.

The centre comprised of two houses within close proximity to each other. Two residents lived in the new house at present and two residents lived in the established house. At present, there were two vacancies in the centre, and the management team were ensuring that residents were established and settled before any further admissions into the centre. Each resident had their own bedroom, access to bathroom facilities, living space, hallway and kitchen and dining facilities. Both houses had adequate space internally and externally for residents to use as they wished, and provided suitable seating and outdoor recreational space for residents. Overall, the inspector found that the provider had ensured that the centre was well maintained, suitable to meet the assessed needs of residents, suitably decorated and furnished throughout and the person in charge and staff were adding personal touches to the new house with support from residents.

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Where incidents occurred, these were subject to immediate review by the person in charge, which meant that risk was quickly responded to. In addition, the person in charge regularly reviewed and prepared a report for senior management to review, giving an overview of incidents at the centre. This meant that where additional measures were required in response to these incidents, senior management was able to guide and support the person in charge in doing so. Furthermore, along with the ongoing engagement with staff, effective monitoring of organisational risks was largely attributed to the regular presence of the person in charge at the centre.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety checks, emergency lighting arrangements and multiple fire exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. The person in charge had also ensured that two fire drills were completed with residents in the new house before the inspection. A personal emergency evacuation plan was in place for each resident and the inspector found this clearly guided staff on how to support each resident in the event of a fire in the centre. A fire procedure was clearly displayed in each house at the fire panel which showed clear information on the procedure to evacuate the centre.

The provider had procedures in place to support staff in the identification, response

and review of concerns relating to the safety and welfare of residents. In response to safeguarding concerns that were previously raised at this centre, the provider put in place additional measures to safeguard residents. These measures were very effective in responding to this concern, resulting in no active safeguarding concern at the time of this inspection.

As outlined, the premises were clean, comfortable, suitably decorated, furnished and painted throughout. The provider had taken action to ensure that matters identified previously were addressed. Additional decor was in place to personalise each house where appropriate and tolerated by the residents. On the day of the inspection, the inspector found that the houses met the assessed needs of the residents and allowed residents to engage in activities of their choice.

In summary, residents at this centre were provided with a good quality of life and service where their independence and autonomy was promoted. There was good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. The provider provided a person-centred service which enhanced the service and quality of the care and support provided in this centre.

Regulation 12: Personal possessions

The management team had ensured that each resident was supported and assisted to maintain control of their personal belongings and possessions in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences, and were supported in personal development.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was appropriate to meet the needs of the residents at the time of the inspection. The provider had addressed actions from the previous inspection relating to the premises and had replaced one house in the centre with a new premises.

Judgment: Compliant
Regulation 18: Food and nutrition
The inspector noted that residents had access to a variety of snacks and refreshments in the centre in line with their assessed needs.
Judgment: Compliant
Regulation 20: Information for residents
The provider had ensured that a guide was in place in the centre which included a summary of the services and facilities provided, terms and conditions relating to tenancy agreements in place, arrangements to access reports about the centre, and arrangements for visits to the centre.
Judgment: Compliant
Regulation 25: Temporary absence, transition and discharge of residents
The provider had procedures in place for the temporary absence, transition and discharge of residents to ensure that residents were supported in line with their assessed needs.
Judgment: Compliant
Regulation 26: Risk management procedures
There were systems in place for the identification, response, assessment and monitoring of risk in the centre.
Judgment: Compliant
Regulation 27: Protection against infection

The provider had addressed actions identified from the previous inspection and ensured that contingency plans were in place to guide staff about practice and procedures in effective infection prevention and control systems in the centre.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had ensured that appropriate fire safety precautions were in place in the centre. This included, detection, containment, emergency lighting, and regular fire safety checks. Personal emergency evacuations plans were in place for each resident which clearly guided staff on how residents responded and preferred to be supported in evacuations.
Judgment: Compliant
Regulation 7: Positive behavioural support
Effective systems were in place to ensure that residents had access and received support they required in response to their behavioural support needs. Clear plans were in place to guide staff on how best to respond to specific residents' behaviours and access to an appropriate behaviour support specialist was available as needed.
Judgment: Compliant
Regulation 8: Protection
The inspector found that the provider had appropriate procedures in place to support staff in the identification, response and review of any concerns relating to the safety and welfare of residents. At the time of this inspection, there was no active safeguarding concerns.
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 15: Staffing	Compliant
Regulation 19: Directory of residents	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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant