



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

## Issued by the Chief Inspector

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|----------------------------|--|
| Name of designated centre: | Radharc an Inbhir                        |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Clare                                    |
| Type of inspection:        | Short Notice Announced                   |
| Date of inspection:        | 04 March 2021                            |
| Centre ID:                 | OSV-0004966                              |
| Fieldwork ID:              | MON-0032133                              |

## About the designated centre

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

Radharc an Inbhir is a centre run by Brothers of Charity Services Ireland CLG. The centre can cater for the needs of up to three male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two houses located within close proximity to each other near a town in Co. Clare. Residents have their own bedroom, access to shared bathrooms, sitting rooms, kitchen and dining area and garden area. Staff are on duty both day and night to support the residents who live at this centre.

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

Number of residents on the date of inspection:

3

## 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 - 2015 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 |
|-----------------------|----------------------|------------------|------|
| Thursday 4 March 2021 | 10:00hrs to 13:00hrs | Anne Marie Byrne | Lead |

## What residents told us and what inspectors observed

This was a centre that very much ensured residents were provided with the care and support that they required. 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 was a centre that prioritised 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. Three residents lived at the centre, two lived together in one house and one resident lived on their own in another house. The residents who lived together had done so for many years and got on very well together. The inspector visited one of these houses as part of this inspection where she had the opportunity to meet with these two residents. These residents were in the middle of art and craft work when the inspector arrived to the centre and were being supported to do so by a member of staff. One of the residents told the inspector that they were making a birthday card for a family member and that they were taking part in a virtual singing group later that day. This resident also spoke of how they were looking forward to the activities that staff had planned for them ahead of Mother's Day, St Patrick's Day and Easter. Staff who spoke with the inspector said that prior to the introduction of public health safety guidelines, these residents led very active lifestyles and were very much involved in the local community. Since these guidelines were introduced, much of residents' activities were taking place at home. These residents now engaged in virtual group activities, including, singing and exercise sessions. They also enjoyed watching television and liked to keep up-to-date on current affairs. They also enjoyed going for short drives and had taken part in socially distant visits with family members in recent months. Due to the communication needs of one of these residents, they were unable to engage directly with the inspector about the care and support they receive. However, the person in charge spoke at length with the inspector about how staff interpreted this resident's wishes and much efforts were made to ensure this resident's communication style was understood by the staff who supported them.

The centre comprised of two houses located within close proximity to each other near a town in Co. Clare. Residents had their own bedroom, shared bathrooms, sitting rooms, kitchen and dining areas and access to a garden. The house visited by the inspector was tastefully decorated and comfortable furnishings and seating were available to residents in all living areas of the centre, which gave them plenty of choice as to where they wished to sit and relax. Furnishings were in a good state of repair and the general decoration and personal touches of the house gave it a warm and homely feel.

Much effort was made by the person in charge and staff to ensure residents were as involved as possible in the planning of their care and running of their home. This was primarily done through effective daily engagement between residents and the staff members supporting them. The person in charge told the inspector that one

resident living at the centre was preparing to transition to another centre in the coming weeks. Work was underway to support this resident to plan for the move and to ensure continuity of care, the provider had ensured that the staff currently supporting this resident would also be supporting them in their new home.

Due to the suitability of this centre's staffing arrangement, residents at all times had access to the level of staff support that they required. This had a very positive impact on their social care needs. For example, an additional two hours staff support was available in the evening to the residents, which meant they each had one-to-one staff support to take part in whatever activities they wished.

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

## Capacity and capability

This was a well-run and well-managed service, which ensured residents received and safe and good quality of service. Since this centre's last inspection in September 2019, the provider made improvements to fire drills, six monthly provider-led visits and to the centre's statement of purpose. However, this inspection did identify some minor improvements were required to aspects of risk management, fire safety and infection prevention and control.

The person in charge held the overall responsibility for this service and she was regularly present to meet with staff and residents. She knew the residents and their needs very well and was also familiar with the operational needs of this service. She was supported by her line manager and staff team in the running and management of this centre. This was the only designated centre operated by the provider in which she was responsible for and current arrangements gave her the capacity to effectively oversee and manage this service.

An adequate number and skill-mix of staff were at all times on duty at this centre to support residents with their social, personal and health care needs. Staffing levels were subject to regular review by the person in charge and many of the staff working at this centre had supported these residents for a number of years and were very familiar with their assessed needs. This had a very positive impact for residents as it ensured that they were always supported by staff who knew them well. Where newly recruited were appointed to this service, a robust induction programme was in place to support these new staff members to get to know these residents and their needs prior to working directly with them. Effective training arrangements were also in place to ensure staff received refresher training, as and when required. In addition to this, all staff were subject to regular supervision from

their line manager.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. Since the last inspection, the provider had improved this centre's provider led visits, ensuring that these were now occurring in line with the requirements of the regulations. Where improvements were identified through this monitoring system, time bound action plans were put in place to address these. For example, the most recently completed six monthly provider-led visit identified that some improvement was required to the grounds of one of the houses and plans were in place to complete these works in the coming months. The person in charge met with staff on a regular basis to discuss any concerns regarding the care and welfare of residents. She also maintained regular contact with her line manager to discuss any operational issues relating to the quality and safety of service delivered to residents.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider successfully applied to renew the registration of this centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was regularly present at the centre to meet with both residents and staff. She held strong knowledge of the residents' needs and of the operational needs of the service delivered to them. This was the only designated centre run by the provider that she was responsible for and current arrangements gave her the capacity to effectively manage this service.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured consistency in this centre's staffing arrangement. A suitable skill-mix and number of staff were at all times on duty to meet the needs of these residents. Planned and actual rosters were also in place and subject to regular review.

Judgment: Compliant

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| <b>Regulation 16: Training and staff development</b>   |
| Effective staff training and re-fresher training arrangements were in place. All staff were also subject to regular supervision from their line manager.   |
| Judgment: Compliant  |
| <b>Regulation 23: Governance and management</b>  |
| Since the last inspection of this centre, the provider ensured six monthly provider-led audits were completed in line with the time frame set out in the regulations. In addition, where improvements were required, time bound action plans were put in place to address these. The person in charge met with staff on a regular basis to discuss any issues arising within the service. She also held regular contact with her own line manager to discuss operational issues. |
| Judgment: Compliant  |
| <b>Regulation 3: Statement of purpose</b>  |
| There was a statement of purpose available at the centre and the person in charge was in the process of updating this document to support the provider's application to renew the registration of this centre.   |
| Judgment: Compliant  |
| <b>Regulation 31: Notification of incidents</b>  |
| The person in charge had a system in place to ensure all incidents occurring were reported, responded to and reviewed on a regular basis. All incidents were reported to the Chief Inspector of Social Services, as and when required.   |
| Judgment: Compliant  |
| <b>Quality and safety</b>  |



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

Residents' needs were subject to regular re-assessment which meant that any changes to residents' needs were quickly identified and responded to. Personal plans were then developed to guide staff on how they were required to support residents with their assessed needs. For example, in response to the mobility needs of one resident, the provider had ensured their needs in this area were regularly re-assessed and that a clear personal plan was in place to guide staff on their responsibility in ensuring this resident was maintained safe when mobilising inside and outside of their home. Similar arrangements were in place for residents with assessed communication needs. Suitable arrangements were also in place to ensure residents had access to a wide variety of allied health care professionals, as and when required. The provider had systems in place for the prescribing, administration and storage of medicines. This medication management system was subject to regular review by the person in charge and where improvements were identified, these were addressed in a timely manner.

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. Although organisational risks were monitored through the centre's risk register, some risks which were monitored on an on-going basis by the person in charge were not always supported by this system. For example, although the person in charge was continually monitoring risks relating to this centre's staffing arrangement, there was no supporting risk assessment in the risk register to allow for the specific control measures that were in place to mitigate against this risk to be subject to regular review. Furthermore, this centre's fire containment arrangements included the use of manually operated fire doors. Although the centre's fire safety arrangements were subject to regular review through risk assessment, this risk assessment didn't clearly guide on the specific fire containment arrangements to be adhered to as part of this fire containment system, particularly at night and at times during the day where the centre was not occupied.

Fire safety precautions were subject to regular review by the provider, including, fire detection and containment arrangements, fire safety checks and emergency lighting arrangements. Since the last inspection, the provider had made improvements to the fire drills, ensuring these now included drills using minimum staffing levels. Each resident had a personal evacuation plan and the person in charge was in the process of reviewing these at the time of inspection to ensure further clarity to staff on their role in supporting residents to safely evacuate the centre. However, some improvement was required to the centre's fire procedure to ensure it clearly guided staff on the specific response to fire at the centre.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of staff and residents. Regular temperature checks were occurring, social distancing was practiced and

staff wore appropriate PPE when supporting residents. The provider had contingency plans in place in response to an outbreak of infection at this centre, which included arrangements should residents require isolation as well as the response to decreasing staffing numbers. Although these plans were subject to regular review, they required further clarity on the specific isolation arrangements that would be required for residents, should an outbreak of infection occur at this centre.

### Regulation 10: Communication

Where residents had assessed communication needs, the person in charge ensured that suitable arrangements were in place to support these residents to express their wishes. In addition, their communication needs were subject to regular re-assessment and personal plans were in place to guide staff on how best to understand and support these residents to communicate.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, response and monitoring of risk in this centre. Although the provider had responded very effectively to identified risk in this centre, improvement was required to some risk assessments to ensure these clearly identified the specific measures that the provider had put in place in response to risk, for example, the monitoring of specific risks relating to fire safety and to the centre's staffing arrangement.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of all residents and staff. Although the provider had contingency plans in place in response to an outbreak of infection at this centre, some of these plans required further review to ensure they provided clarity on the specific isolation arrangements that may be required for residents.

Judgment: Substantially compliant

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| <b>Regulation 28: Fire precautions</b>   |
| The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, fire safety checks and regular fire drills. Although there was a fire procedure in place, it required further review to ensure it provided clarity on how staff were required to respond, the event of fire at this centre. |
| Judgment: Substantially compliant  |
| <b>Regulation 29: Medicines and pharmaceutical services</b>  |
| The provider had systems in place for the safe administration, prescribing and storage of medicines at this centre. All staff were subject to regular training in the safe administration of medicines. This system was also subject to regular monitoring by the person in charge.  |
| Judgment: Compliant  |
| <b>Regulation 5: Individual assessment and personal plan</b>   |
| Residents' needs were subject to regular re-assessment and where needs were identified, suitable personal plans were put in place to guide staff on how best to support these residents.   |
| Judgment: Compliant  |
| <b>Regulation 6: Health care</b>   |
| Where residents had assessed health care needs, the provider ensured these residents received the care and support they required. All residents had access to a wide variety of allied health care professionals, as and when required.  |
| Judgment: Compliant  |

## Regulation 7: Positive behavioural support

Positive behaviour support plans were in place for residents who were assessed as requiring this support. The person in charge ensured staff were aware of these plans and of how to implement them in practice. There were no restrictive practices in use in this centre at the time of inspection.

Judgment: Compliant

## Regulation 8: Protection

The provider had procedures in place to support staff in the identification, response and monitoring of any concerns relating to the health and safety of residents. There were no safeguarding concerns in this centre at the time of inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider ensured these residents' rights were protected and promoted. Residents were encourage to be part of the planning of their care and in the running of their home.

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 - 2015 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 23: Governance and management   | Compliant               |
| Regulation 3: Statement of purpose   | Compliant               |
| Regulation 31: Notification of incidents   | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication   | Compliant               |
| Regulation 26: Risk management procedures  | Substantially compliant |
| Regulation 27: Protection against infection  | Substantially compliant |
| Regulation 28: Fire precautions  | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services                               | Compliant               |
| Regulation 5: Individual assessment and personal plan                              | Compliant               |
| Regulation 6: Health care  | Compliant               |
| Regulation 7: Positive behavioural support   | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights  | Compliant               |

# Compliance Plan for Radharc an Inbhir OSV-0004966

Inspection ID: MON-0032133

Date of inspection: 04/03/2021

## 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 26: Risk management procedures   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures:<br>Specific measures will be reviewed and updated regarding risk assessments, especially the monitoring of risks relating to fire safety and to the centres staffing arrangements |                         |
| Regulation 27: Protection against infection   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Protection against infection:<br>Contingency plans in response to an outbreak of infection will be reviewed and clarity will be provided on isolation arrangements for residents                              |                         |
| Regulation 28: Fire precautions   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>Fire procedure will be updated to guide staff on specific responses in the event of a fire day or night.   |                         |

## 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).

| <b>Regulation</b> | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|-------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 26(2)  | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.  | Substantially Compliant | Yellow             | 01/04/2021                      |
| Regulation 27     | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections | Substantially Compliant | Yellow             | 01/04/2021                      |



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|                  | published by the Authority.  |                         |        |            |
| Regulation 28(5) | The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre. | Substantially Compliant | Yellow | 01/04/2021 |