

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

Issued by the Chief Inspector

Name of designated centre:	Nagle Services Dundrum
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	04 April 2023
Centre ID:	OSV-0005064
Fieldwork ID:	MON-0030611

About the designated centre

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

The service is described as offering long-term residential care to 9 adults, both male and female with intellectual disability autism, mental health and age related care needs who require support with nursing oversight available. The designated centre comprises of two houses that are located in a community setting in a rural town with good access to all amenities and services. There are day services and training services locally which residents participate in. All residents have their own bedrooms and there is communal living space and suitable shower and bathroom facilities and gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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 4 April 2023	10:20hrs to 17:45hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor levels of compliance with regulations to inform the upcoming decision in relation to the renewal of the centre's registration.

The designated centre is made up of two houses located in a rural setting close to a town in Co. Tipperary. On arrival at the first house within the centre, it was noted it was a well-maintained home. The house, internally was for the most part well kept, warm and clean. Each resident had their own bedrooms which were decorated according to their individual preferences. The centre was surrounded by a large well maintained garden. The second property was unoccupied at the time of inspection, however a walk around of the property was completed as part of the inspection.

Some improvements were required regarding the upkeep of the properties such as chipped paint on doors and walls in the first premises, the second premises required additional work following the identification and assessment of proposed future residents. This was self-identified by the registered provider and plans were being put in place to ensure this designated centre would meet the requirements of regulation.

The inspector met with three residents on the day of inspection. One resident attended the centre on a part-time basis and was not in the centre at the time of inspection. The inspector observed a resident was visibly upset, staff explained that this was following witnessing behaviour displayed by another resident. Staff were seen to provide reassurance and support to the resident and after a short time the resident appeared more at ease. The resident and staff spoke about upcoming activities such as lunch and shopping and preparing for an upcoming birthday. A second resident indicated they did not wish to engage with the inspector, the resident's wishes were respected. The third resident was relaxing when the inspector met with them, the resident expressed concerns to their support staff regarding a lock on a cupboard. Staff provided reassurance regarding the lock and were seen to implement strategies noted in the resident's behaviour support plan. The three residents later left the centre for the afternoon to go shopping and for lunch with two support staff.

As this inspection was announced, the residents' views had also been sought in advance of the inspectors' arrival via the use of questionnaires. Three residents used these documents to provide information on the care and support being provided within the centre. Residents expressed they were happy and satisfied with the quality of care and support being provided. Residents expressed satisfaction with areas such as meal times, activities and their bedrooms.

The next two sections of this report will 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 provided.

Capacity and capability

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge.

There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six-monthly audits. These quality assurance audits identified areas for improvement and action plans were developed in response. However, some improvement was required in the effective monitoring of incidents as discussed under regulation 26.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place and the use of regular relief staff which ensured continuity of care and support to residents.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre for the most part had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge provided direct care to the residents however was allocated protected administration time. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection the staff present were represented on the roster. There

was a committed staff team and a review of rosters indicated that continuity of care was promoted through the use of regular relief staff and regular agency staff. The agency staff had worked within the centre for a number months and were familiar with all residents' specific needs. Schedule 2 files were reviewed for three staff and were found to contain the information as required by the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre for the most part had up-to-date training in areas including infection prevention and control, medication, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the area manager, who in turn reported to the regional services manager.

There was evidence of quality assurance audits taking place. The quality assurance audits included the annual review 2022 and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response. In addition the annual review 2022 included feedback from residents and their representatives.

Improvements were required to ensure local management systems in the designated centre ensure the service provided is safe, appropriate to residents needs, consistent and effectively monitored. For example, the effective monitoring

of incidents as discussed under Regulation 26 and the effectiveness of audits as outlined further in Regulation 8.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector 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. While some of the required notifications had been submitted, it was noted that the Chief Inspector had not received notifications in line with the requirements of regulations. For example, the most recent end of quarter return included three restrictions however a number of additional environmental restrictions were observed on the day of inspection. The inspector acknowledges that the provider submitted a notification in relation to alleged psychological abuse following the inspection. This is referred to under Regulation 8.

Judgment: Not compliant

Quality and safety

As noted previously the centre is made up of two houses, one of the houses was unoccupied at the time of inspection. For the most part the house which was occupied on the day of inspection presented as a warm and comfortable home. Some minor improvements were required regarding the upkeep of the properties such as chipped paint on doors and walls in the first premises. The second premises required additional work following the identification and assessment of proposed future residents. This was self-identified by the registered provider and plans were

being put in place to ensure this designated centre would meet the requirements of regulation.

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and for the most part suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

At the time of the inspection, there were concerns regarding behaviours displayed by a resident which had negatively impacted residents' lived experience living in the centre. For example, residents were visibly upset following witnessing or hearing behaviours displayed by a resident, a resident had entered other residents room without prior permission and as a result other residents were locking their bedrooms to prevent access. The provider had also identified a risk to residents if a resident was to push by them on the corridor. The provider had self-identified concerns and the negative impact on the lived experience of residents. While the inspector found that the provider had implemented measures to support residents through psychology support and behaviour management strategies, this issue remained ongoing at the time of the inspection and additional measures needed to be considered to ensure that all residents' needs were being adequately met.

The registered provider had a risk management policy which included the information required by regulation 26. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. However further improvements were required to ensure there was an effective system for investigating and learning from all incidents and accidents.

There were a number of restrictive practices in use in the designated centre. Improvement was required to recognise all restrictions and also to ensure the least restrictive procedure, for the shortest duration necessary was used. The most recent provider audit had identified a number of restrictions which had not been referred to the human rights committee as per the organisation's policy.

Regulation 17: Premises

The designated centre is made up of two houses located in a rural setting close to a town in Co. Tipperary. The first house within the centre was a well-maintained home. Each resident had their own bedroom which were decorated according to their individual preferences. The centre was surrounded by a large well maintained garden. The second property was unoccupied at the time of inspection, however a walk around of the property was completed as part of the inspection.

Some minor improvements were required regarding the upkeep of the properties

such as chipped paint on walls in the first premises. The second premises required additional work following the identification and assessment of proposed future residents. This was self-identified by the registered provider and plans were being put in place to ensure this designated centre would meet the requirements of regulation.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy which included the information required by regulation 26. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments.

The unannounced six monthly provider audits completed in September 2022 and March 2023 identified that improvements were required in the recording of incidents as required by the providers policy and procedures. An effective system for investigating and learning from all incidents and accidents was required to ensure all incidents were appropriately responded to. For example, medication errors and incidents of behaviours that challenge.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was sufficient access to hand sanitising gels and a range of personal protective equipment (PPE). Staff were observed wearing PPE in line with current guidance throughout the day of inspection. The provider had policies, procedures and systems in place to protect residents from healthcare-associated infections. However, some of the systems in place for the prevention and management of risks associated with infection required improvement. For example pedal bins were not available for the safe disposal of PPE and waste items and insects were observed in an emergency light cover. This was self-identified by the registered provider and plans were being put in place to address issues found.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff have received suitable training in fire prevention and emergency procedures. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and for the most part suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place to guide staff in supporting the residents. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed.

There were a number of restrictive practices in use in the designated centre. Improvement was required to recognise all restrictions and also to ensure the least restrictive procedure, for the shortest duration necessary was used. The most recent provider audit had identified a number of restrictions which had not been referred to the human rights committee as per the organisation's policy.

Judgment: Substantially compliant

Regulation 8: Protection

There were concerns regarding the negative impact of behaviours of concern displayed in this centre on the lived experience of the residents.

For example, residents screaming loudly, engaging in self injury in the presence of others, trying to enter other resident' bedrooms without permission (including at night when residents were asleep) and or physically pushing passed residents in the corridor. Documentation reviewed on the day of inspection indicated a number of incidents dated back to April 2022.

While the inspector acknowledges the arrangements in place to support residents regarding their behaviour, this issue remained ongoing on the day of inspection and additional measures needed to be considered to ensure that all residents' needs were being adequately met.

The inspector completed a review of recent incidents, four incidents were recorded in the month of March noting residents were impacted following behaviours such as self injury and loud vocalisations. On the day of the inspection, the inspector witnessed a resident visibly upset and tearful and when the inspector spoke with staff, they explained that the resident was upset after observing such behaviours. The staff member was responsive to the resident and provided comfort at this time.

The provider had identified the impact on residents in recent audits, however the provider had not formed an appropriate safeguarding plan to manage/mitigate this. Furthermore the provider had not submitted these evident safeguarding concerns to all relevant agencies at the time of inspection.

In addition, a review of a resident's intimate care plan was required to ensure the resident's dignity was respected at all times. For example, a plan noted that a resident was independent in toileting however on the day of inspection, the resident required assistance with dressing after using the bathroom. On speaking with staff this had occurred previously. This was not referenced within the resident's care plan.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Nagle Services Dundrum OSV-0005064

Inspection ID: MON-0030611

Date of inspection: 04/04/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Increased oversight of this centres incident reporting and management are in place via: • The PIC will review all incidents on AIRS in a timely manner and escalate appropriately whereby further supports are required for responses • Weekly reviews of the centres AIRS (Incident recording system) by the PPIM • All incidents are reviewed at monthly staff meetings • Trending will be incorporated into quarterly analysis' of incidents • Where relevant incidents will be brought to meetings with the MDT <p>• Actions from Provider Unannounced visits and HIQA inspections will be completed in line with required timeframes. This will be overseen by the local management team and subject to regular reviews at staff meetings.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • All required monitoring notifications will be submitted in line with regulatory timeframes. • The PPIM of this centre will support the PIC with the review of incidents and subsequent notifications required prior to submission. 	

On the 4th May 2023, the local management team and the MDT reviewed all identified restrictions in the designated centre.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The PIC has scheduled for works required to be completed by September 2023.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- Increased oversight of this centres incident reporting and management are in place via:
- The PIC will review all incidents on AIRS in a timely manner and escalate appropriately whereby further supports are required for responses
- Weekly reviews of the centres AIRS (Incident recording system) by the PPIM
- All incidents are reviewed at monthly staff meetings
- Trending will be incorporated into quarterly analysis' of incidents
- Where relevant incidents will be brought to meetings with the MDT

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- All bins have been replaced by pedal bins.
- The PIC has scheduled for the identified emergency lights to be cleaned

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • On the 4th May 2023, the local management team and the MDT reviewed all identified restrictions to ensure the least restrictive procedure, for the shortest duration necessary are used. Identified restrictions in place will be subject to regular local reviews and also on an annual (or sooner if required) basis by the Organisations Human Rights Committee. • As of the 11th May 2023, all identified restrictions in place in this centre have been referred to the organisations Human Rights Committee. • A focused PIC/PPIM meeting is being scheduled for the BOC South East Region where a workshop on a human rights based approach to restrictive practices will be facilitated for management teams to enhance their knowledge and awareness in relation to restrictions. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • On the 4th May 2023, the MDT reviewed all identified restrictions in the designated centre to reduce the impact of restrictions on challenging behaviours. • Since the time of this inspection, a preliminary screening has been submitted to HSE Safeguarding and Protection Team and an Interim safeguarding Plan has been put in place for one resident. Additional six unfunded staffing hours a day have been provided on an interim bases pending completion of review. • Resident’s activity schedules and IBSP’s have been reviewed with the MDT to minimize the impact that residents behavior can have on their peers. • A review has been undertaken of the physical environment of one residence and works are being considered that may minimize the impact of a • resident’s presentation on the other residents. <p>PIC has reviewed and updated intimate care plan to reflect resident’s needs.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2023
Regulation 26(2)	The registered provider shall	Substantially Compliant	Yellow	31/07/2023

	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.			
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 published by the Authority.	Substantially Compliant	Yellow	30/06/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure	Not Compliant	Orange	30/04/2023

	including physical, chemical or environmental restraint was used.			
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	31/07/2023
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/07/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	12/05/2023
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	12/05/2023

Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Not Compliant	Orange	14/04/2023
------------------	--	---------------	--------	------------