



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

Issued by the Chief Inspector

Name of designated centre:	Nagle Services Clonmel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	01 April 2021
Centre ID:	OSV-0007816
Fieldwork ID:	MON-0030229

About the designated centre

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

Nagle Services Clonmel 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, relaxation 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 - 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 1 April 2021	10:15hrs to 15:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspector carried out this inspection in line with public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from one location in the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with residents, staff and management over the course of this inspection.

From what residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and enjoyed a good quality of life.

The inspector had the opportunity to meet with the two residents of the designated centre during the course of the inspection, albeit this time was limited. On arrival to the centre, one resident was attending their day service and the other resident was taking advantage of the weather and out for a walk with support from staff. The inspector met with one resident when they returned from their morning out. This resident communicated non verbally through vocalisations and gestures. They were observed accessing all areas of the house, relaxing in the dining room having lunch and enjoying the sunny weather in the garden. The second resident returned briefly from their day service to meet the inspector. This resident had their own car which staff drove. A separate vehicle was available to the other resident. They also communicated non verbally through gestures and vocalisations. The inspector noted how relaxed this resident was in the presence of the staff team. During the course of the inspection, it was observed that the centre was preparing for the Easter holiday with Easter eggs and cake being brought to the designated centre. Overall, residents were observed to appear content and relaxed in their home and in the presence of the staff team.

Residents' rights were found to be respected and the inspector observed the staff team treating residents with respect and dignity. Staff spoken with were knowledgeable about residents' personal needs and their likes and dislikes. All communication between resident and members of the staff was seen to be friendly and appropriate to the residents' communication support needs. Staff members were observed being responsive to residents' needs and communication.

The residents were supported to develop and maintain their relationships with family and friends. While there were restrictions on visiting in place, in line with Public Health guidance, video calls and planned visits home had been utilised to support residents to maintain contact with people important in their lives.

The designated centre comprised of a bungalow which consisted of a sitting room, kitchen/dining area, relaxation room, an office, two bathrooms and two individual bedrooms. A recreation area was located to the side of the centre. There was a

large well maintained enclosed garden to the rear of the centre. The designated centre was warm and suitably decorated in a homely manner. The residents bedrooms were sparsely decorated in line with their preferences. Overall, the centre was well maintained however, the inspector did observe some maintenance issues outstanding including septic tank maintenance and damp areas in a bathroom and corner of one bedroom. There was a large garden to the rear of the centre.

Family members of the two residents completed questionnaires describing their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a high level of satisfaction with many aspects of life in the centre such as activities, bedrooms, meals and the staff who supported their family members.

In summary, based on what residents communicated with the inspector and what was observed, the inspector found that residents received a good quality of care in their home. However, there are some areas for improvement including staff training, oversight of restrictive practices fire safety management and premises. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure good quality care and support was being delivered to the residents. There were systems in place to effectively monitor the quality and safety of the care and support. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, some improvement was required in relation to staff training.

The designated centre was established in June 2020 and there was a defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the residents and their support needs. There was evidence of regular quality assurance audits taking place to ensure the service provided was safe, effectively monitored and appropriate to residents' needs. These audits included a draft annual report for 2020 and the provider unannounced six monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

The person in charge maintained planned and actual rosters. The inspector reviewed a sample of staff rosters which demonstrated sufficient staffing levels and skill mix to meet the residents' needs. There was an established staff team in place and a regular relief panel in place which ensured continuity of care and support to residents.

The inspector reviewed a sample of staff training records and found that, for the

most part, the staff team had up-to-date mandatory training. However, improvements were required to ensure that all of the staff team had up-to-date training, skills and knowledge to support the needs of the residents. The inspector was informed that COVID-19 had impacted on the scheduling of refresher training. This had been self-identified by the provider and plans were in place to address this.

The inspector reviewed a sample of incidents and accidents occurring in the centre and found that they were appropriately notified to the Chief Inspector as required by Regulation 31.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. The person in charge worked in a full time role and demonstrated a good understanding of residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staffing levels and skill mix to meet the assessed needs of the residents'. There was an established staff team and relief panel in place which ensured continuity of care and support to residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to monitor staff training and development. However, refresher training was not up-to-date for some staff members in areas including fire safety, manual handling and de-escalation and intervention techniques.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place which identified areas that required

improvement and actions plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all of the information as required by Schedule 1 of the regulations and accurately reflected the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents occurring in the centre were appropriately notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided safe, appropriate care and support to the residents. However, some improvements were required in the premises, fire safety management and the oversight of restrictive practices.

The inspector carried out a brief walk-through of the premises accompanied by the person in charge. Overall, the premises was decorated in a homely manner and well maintained. However, there were areas of the premises which required attention including septic tank maintenance, damp areas in one resident's bedroom and bathroom. This had been self-identified by the provider and the areas had been reviewed by the maintenance team.

Each resident had an assessment of need which were found to be up-to-date and appropriately identified resident's health and social care needs. The assessments informed the residents' personal support plans which were up-to-date and suitably guided the staff team in supporting the resident with their assessed needs. Residents were supported to enjoy their best possible health and it was evident that they were supported to access allied health professionals as required.

There were positive behaviour supports in place to support residents manage their behaviour. The inspector reviewed a sample of behaviour management guidelines and found that they were up-to-date and guided the staff team. There were a number of restrictive practices in use in the designated centre. The provider had systems in place to identify and review the restrictive practices to ensure they were appropriate and the least restrictive intervention used. However, some improvement was required in relation to one restrictive practice which had not been identified as restrictive and had not been reviewed by the provider. In addition, while there was guidance in place for the staff team, it did not provide adequate guidance on when and how this restrictive practice should be implemented.

There were systems in place for safeguarding residents. The inspector reviewed a sample of incidents which demonstrated that incidents were reviewed and appropriately responded to. Residents were observed to appear comfortable and content in their home. Staff spoken with were clear on what to do in the event of a concern or allegation.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the residents to evacuate and there was evidence of regular fire evacuation drills. While a night time drill had been completed in December 2020, it did not demonstrate that all persons could be evacuated with the lowest levels of staffing at night time.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required. There was infection control guidance and protocols for staff to implement while working in the centre including regular cleaning schedules and cleaning products readily available if required. Personal protective equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre had access to support from Public Health.

Regulation 17: Premises

The designated centre was well maintained and decorated in a homely manner. The residents bedrooms were decorated in line with their preferences. However, there were areas of the premises which required attention including septic tank maintenance, damp areas in one resident's bedroom and bathroom.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register. The risk register outlined the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self isolation of residents. There was infection control guidance and protocols in place in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills. However, night time fire drills did not demonstrate that all persons could be evacuated with the lowest levels of staffing at night time.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need in place which identified residents' health and social care needs. The assessment informed the resident's personal support plans.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and support was provided to residents to experience the best possible health. Residents' were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and there were positive behaviour support plans in place, as required.

Restrictive practices in use in the centre were, for the most part, appropriately identified and reviewed by the provider. However, one restrictive practice in use had not been appropriately identified and reviewed by the provider. In addition, the guidance on the use of this restrictive practice required additional detail to suitably guide staff on its use.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately managed. Staff spoken to were clear on what to do in the event of a concern. Residents were observed to appear relaxed and content in 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Nagle Services Clonmel OSV-0007816

Inspection ID: MON-0030229

Date of inspection: 01/04/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The staff members concerned will be booked on the required trainings in manual handling, fire safety and de-escalation and intervention techniques. These trainings will be completed by 31 August 2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Repairs to the septic tank and the bathroom are scheduled to be completed by 30 June 2021. The damp in the bedroom area has been addressed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A night time fire drill will be undertaken utilising the lowest levels of staffing by the 31 May 2021.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The identified restrictive practice was referred to the Human Rights Committee on 02 April 2021. The individual's support plan was amended on 14 April 2021 to further guide and support staff in the implementation of this restrictive practice.</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 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	31/08/2021
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	31/05/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre	Substantially Compliant	Yellow	30/06/2021

	and bringing them to safe locations.			
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	14/04/2021