Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Nagle Adult Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	12 February 2025
Centre ID:	OSV-0004475
Fieldwork ID:	MON-0037490

About the designated centre

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

Nagle Adult Residential Service is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential services to five adults with a disability. The designated centre comprises of a bungalow and an adjacent single apartment. The bungalow is home to four residents and consists of kitchen, living room, den, utility room, four resident bedrooms, office and a number of shared bathrooms. The adjacent apartment is home for one resident and consists of a kitchen/dining room, bedroom and bathroom. The designated centre is located in a rural setting, a short distance away from a village in Co. Tipperary. The centre is staffed by the person in charge, social care leader, social care workers, staff nurse and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 12 February 2025	09:40hrs to 17:40hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was completed by one inspector over one day.

The inspector of social services had the opportunity to met with the four of the five residents in their home throughout the inspection as they went about their day. One resident was receiving medical treatment outside of the designated centre on the day of the inspection.

On arrival to the centre the inspector was welcomed by two residents in the sitting room. The inspector had a coffee with the two residents as they listened to the radio and engaged in a table top activity. One resident said that they liked living in the house and showed the inspector their bedroom which was decorated in line with their preferences with pictures of their family. They noted that they liked listening to the radio and planned to go to bocce in the afternoon. The second resident was engaged in colouring and noted that they were planning to go shopping in town in the afternoon. The third resident came in to meet the inspector as they were preparing for their day, they communicated through signs and appeared comfortable in the service. They showed the inspector their apartment and said that they were happy living with their apartment. The resident then left the designated centre to attend their day service. The fourth resident chose to have a lie-in for the morning.

In the afternoon, the inspector met the fourth resident in the sitting room. They told the inspector about the local history book they were reading and their achievements in the Special Olympics. The inspector also observed the two residents returning to the centre after playing bocce and shopping.

The inspector also reviewed four questionnaires completed by the residents with the support of staff. The questionnaires described their views of the care and support provided in the centre. Overall, the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team.

The inspector carried out a walk through of the house accompanied by the person in charge. The bungalow is home to four residents and consists of kitchen, living room, den, utility room, four resident bedrooms, office and a number of shared bathrooms. The adjacent apartment is home for one resident and consists of a kitchen/dining room, bedroom and bathroom. The inspector found that the centre was decorated in a homely manner with residents' personal belongings and pictures of the residents and their family.

In general the house was clean and well maintained. However, there were areas which required attention which had been self-identified by the provider. These areas included peeling and discoloured external paint, worn kitchen surfaces and cabinets

and dated windows and bathrooms in need of modernisation. In addition, the provider was in the early stages of planning to turn the den, which was being used largely as an office space, into a second living room for the residents to use.

Overall, based on what the residents communicated with the inspector and what was observed, the residents received good quality of care and support. The residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in training and development, governance and management and the premises.

The next two sections of the report present the findings of this inspection in relation to the 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

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents assessed needs. However, some improvement was required in the training and development of the staff team and governance and management.

There was a defined management structure in place. The person in charge was in a full time role and they held responsibility for the day-to-day operation and oversight of care in this and two semi-independent services operated by the provider. They were supported in their role by an experienced social care leader and staff nurse. There was evidence of regular quality assurance audits taking place to ensure the service provided was appropriate to the residents needs and actions taken to address areas identified for improvement. However, the timeliness of the six-monthly provider visits required improvement.

The inspector reviewed the staff roster and found that the staffing arrangements in the designated centre were in line with residents' needs. Staff training records were reviewed which demostrated that staff were up-to-date with the majority of identifed training. However, and they had attended training in areas such as safeguarding and escalation and intervention techniques.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the Regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was also responsible for the provision of semi-independent living service to two adults operated by the provider. There was effective management and oversight arrangements were in place and the person in charge was supported in their role by a social care leader and staff nurse in this designated centre. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.

The person in charge maintained a planned and actual roster. From a review of the previous two months of rosters, the inspector found that there was an established staff team in place. At the time of the inspection the centre was operating with one whole time equivalent staff nurse on approved leave. The roster demonstrated that this was covered by a day service staff nurse on a temporary basis until an agency staff nurse was recruited to cover the shifts. This ensured the approved leave was managed and continuity of care and support to the residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The five residents were supported in the morning by two staff, three staff in the afternoon and in the evening by two staff. At night, one sleep over staff and one waking night staff supported the five residents. Three staff spoken with noted that there was sufficient staffing levels in place. The person in charge was also in a supernumerary role and was available to support the residents as needed.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records, it was demonstrable that the staff team had up-to-date training in fire safety, safe administration of medication, manual handling, safeguarding. However, a number of staff required refresher training in deescalation and intervention techniques.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of four supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy. A supervision schedule had been developed for the upcoming year.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the injury to residents, building, contents and property was insured.

Judgment: Compliant

Regulation 23: Governance and management

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

The person in charge was also responsible for the provision of semi-independent living service to two adults operated by the provider. There was effective management and oversight arrangements in place and the person in charge was supported in their role by a social care leader and staff nurse in this designated centre.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the six-monthly provider visits and the annual review 2024. The annual review included evidence of consultation with the residents and/or their representatives as required by the regulations. The audits identified areas for improvement and action plans were developed in response. For example, the audits identified areas for improvement in areas of the premises including windows, two

bathrooms and kitchen cabinets and external paint. There was evidence that funding had been sought to address the premises issues. However, the timeliness of the six-monthly provider visits required review. For example, the last two six-monthly provider visits took place in February 2025 and April 2024.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had a system in place for the recording, management and review of incidents in the centre. The inspector reviewed the record of incidents occurring in the centre for the previous year and found that the person in charge had notified the Chief Inspector of Social Services of all incidents as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided person-centred care and support to the residents in a homely environment. However, there were a number of areas in the premises which required attention.

The inspector reviewed the residents' personal files which contained a comprehensive assessment of the residents personal, social and health needs. The personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their assessed needs.

As noted, the inspector carried out a walk-through of the premises and two residents showed the inspector their bedrooms. The premises presented in a homely manner with individual bedrooms decorated in line with resident preferences. However, the provider had self-identified a number of areas in need of attention as

outlined in Regulation 17: Premises.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills.

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The designated centre comprises of a bungalow and an adjacent single apartment. The bungalow is home to four residents and consists of kitchen, living room, den, utility room, four resident bedrooms, office and a number of shared bathrooms. The adjacent apartment is home for one resident and consists of a kitchen/dining room, bedroom and bathroom. Overall, the designated centre was well maintained and decorated in a homely manner with resident pictures and belongings.

However, there were a number of areas which were in need of attention. These had been self-identified by the provider and included:

- the kitchen counter tops and cabinets were heavily worn which posed an infection control concern,
- windows to the front of the house were in need of review,
- two bathrooms were in need of review and modernisation and,
- there was worn and dated external painting.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which contained all of the information as required by Regulation 20 such as terms and conditions of residency, arrangements in place for visits and for managing complaints.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk and keep the residents safe in the centre. There was a policy on risk management in place in the centre.

The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up-to-date and reflected the control measures in place. For example, there were up-to-date risk assessments in place in relation to feeding eating and drinking supports, falls and behaviour. All risk assessments were reviewed by person in charge on a regular basis of sooner if required.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable 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 evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate. There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. The fire drills demonstrated that all persons could be safely evacuated from the designated centre in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place for the receipt, storage and administration of medications. Medication was stored in a secure medication press. The inspector reviewed a sample of two medication administration records and found that medication was administered as prescribed. The provider had identified a number of medication errors and there was evidence of following up with the staff team to reduce and remove medication errors.

Schedule 2 (controlled medication) was stored in line with the provider's policy on medication management and the Health Service Executive's (HSE) National Framework for Medicines Management in Disability Services. For example, Schedule 2 medication was stored in a double locked box with daily stock checks.

The staff team had completed training in the safe administration of medication management. The provider had completed self-medication assessments for each of the residents. While there was some gaps in documentation such as the fridge temperature logs, overall, the inspector found that medication administration practices in this centre were held to a good standard.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs and supports. The inspector found that the person plans were up-to-date and reflected the care and support arrangements in place.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The health care plans and hospital passports were in place and appropriately guided the staff team in supporting the residents with their health needs.

The residents were supported with their health care related needs and had access to range of health and social care professionals. Residents accessed general practitioners, dentists, opticians and relevant consultants as required. There was evidence that the residents were involved in decisions about their care and clear guidance in place regarding the supports required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. There was evidence that residents were supported to access psychology and psychiatry, as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed in line with the provider's policy. In addition, it was demonstrable that restrictive practices were removed were possible for example the provider had reviewed and removed the practices of using plastic delph and staggered mealtimes following a review and trail period.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. For example, there was a clear policy in place, which clearly directed staff on what to do in the event of a safeguarding concern. There was evidence that incidents were appropriately reviewed, managed and responded to. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The residents were observed to appear content and comfortable in their home. Residents spoken with noted that they liked their living 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 (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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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

Compliance Plan for Nagle Adult Residential Services OSV-0004475

Inspection ID: MON-0037490

Date of inspection: 13/02/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The training department have been notified of the gap in safety intervention training in the center and a provisional online training has been put in place for staff to complete while awaiting to complete the in person training. All staff will be booked onto SIF training once it becomes available.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Internal audits will be completed in a timely manner. Audit schedules are created at the beginning of the year with completion deadlines to ensure audits are completed six monthly.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

• An application for funding for major works has been submitted to senior management for the outstanding works required on the premises.

• Remedial works will be completed on windows and kitchen in the interim of major works completion.

• The property manager has been on site to assess the bathroom for works. Approval has been given and works are planned to go ahead.

• The external painting will be completed in the coming weeks.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/08/2025
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	31/10/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least	Substantially Compliant	Yellow	31/03/2025

	once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			