Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Suir Services Rathkeevin
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 March 2025
Centre ID:	OSV-0005291
Fieldwork ID:	MON-0044276

About the designated centre

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

The centre is registered to provide a full-time residential care service for adults. The centre is based in Co. Tipperary. The capacity of the centre is four people of mixed gender who have been diagnosed with an intellectual disability, including those with a diagnosis of autism spectrum disorder and challenging behaviour. The centre is a single-storey detached building with four bedrooms, a kitchen and living room. A section of the house is allocated for the sole use of one resident. There are large gardens around the premises and outdoor play equipment at the rear.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Monday 10 March 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This unannounced risk-based inspection was completed to determine the ongoing compliance of the designated centre, with the relevant regulations and standards. An inspection of this centre took place in May 2024, where it was found that the provider had failed to meet the minimum requirements in eight of the regulations inspected. Aspects of care and support were not being delivered in a safe manner. Overall, findings of the current inspection indicated that, although residents' were afforded good quality of care in relation to their assessed needs, improvements were still required concerning staff training and development, premises and medication management.

The inspection was facilitated by the person in charge and the service manager. In addition to a review of documentation, interaction with the staff and management team and a walk around of the premises, observations of daily practice were utilised to determine residents' lived experiences in the designated centre. This centre is registered to provide full-time residential care to four residents and at the time of the inspection, there were no vacancies.

Upon arrival, two residents had just left to attend their full-time day service and another two were being supported to get up and dressed. The inspector heard positive interactions and encouragement from staff to one resident during this time.

One resident, once up and dressed, went out to the bus where they interacted with the inspector. They engaged through verbal sounds and body movement. The staff member supporting them was aware of the risk assessments in place for this resident and spoke to the inspector about a restrictive practice that was utilised while raveling on the bus.

Another resident agreed for the inspector to visit their apartment that was connected to the main house and engaged with the inspector for a couple of minutes. They gave a 'thumbs up' when asked if they were happy, if they liked where they lived and if they enjoyed GAA.

The inspector completed a tour of the premises and found some areas were in need of an upgrade or a deep clean. The centre included a main house with a small apartment attached, that one resident occupied. In the main house there was communal space including a kitchen and dining area, a sitting room and a sensory room. Each of the three residents had their own bedroom, one resident had an en-suite that the provider was in the process of upgrading to include a bath. The apartment had a sitting room, utility and bedroom. The resident had GAA murals and jerseys on display around the apartment. This resident did not like to have blinds or curtains hanging in their bedroom but had curtains painted onto the wall to give the feeling of a dressed window and a cosy room, which was very creative and effective.

In the afternoon, the remaining two residents returned from their day service. The inspector observed one lady getting her tablet and headphones from the filing cabinet in the staff office. The person in charge informed the inspector that this resident chooses to leave the headphones in the cabinet but can get them independently when they want.

Another resident was observed walking around the perimeter of the house and garden, supported by a staff member. They were vocalising in a musical tone and appeared very content. At one stage, they looked through the open window where the inspector was sitting. They had a happy expression on their face and they closed the window and continued around the house.

The next two sections of this report present the inspection findings in relation to the governance and management of the centre and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The findings from this inspection highlighted that residents were receiving good quality care and support, although some areas required improvements. The provider had systems in place to monitor the quality and safety of the care and support provided to residents, including area-specific audits, unannounced provider audits every six months and an annual service review. Through a review of documentation and discussion with staff the inspector found that the providers systems were for the most part being utilised. Some supports that were in place to ensure that staff were carrying out their roles and responsibilities to the best of their abilities, including training and staff supervision, required improvement.

Regulation 15: Staffing

On the day of the inspection, the provider had ensured that there was enough staff on duty to meet the assessed needs of residents and implement safeguarding plans effectively.

There was a large staffing team in the centre with two residents receiving two-to-one staffing support throughout the day. There was a total of five staff on day duty during the week and an additional two staff at the weekend to support with community activities. There were always two waking staff members on night duty.

There were three vacancies on the roster in this centre. While there was ongoing recruitment and some of these vacancies had been filled in recent weeks, there were still vacancies that were being managed with the use of agency staff. One team member, who was in a support role, was successfully interviewed for the

vacant social care worker role but their support staff position has yet to be replaced. The inspector reviewed the last two months of rosters in the centre and the use of agency staff was consistent where possible, with agency staff working along side core team members.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place for the training and development of the team. The inspector reviewed the training matrix available on the day of the inspection and, while gaps were identified, there was an improvement in overall training completed by the team since the previous inspection. The inspector found that two staff members were overdue for refresher training in fire safety and epilepsy, and one staff member's records had not been updated to reflect training that they had completed recently. The person in charge was unable to identify how many core staff members were trained in Lamh, a manual sign system, which is a communication aid utilised by two residents in the centre. This training was not listed on their training matrix, and this required review.

Supervision meetings had taken place between the service manager and the person in charge for this year. The inspector reviewed the supervision in place for staff members and found that not all staff had received supervision and support meetings during the last year,in line with the provider's policy. There was also no schedule in place for planned or completed supervisions.

Judgment: Not compliant

Regulation 23: Governance and management

There were clearly defined management systems in place within the centre. The staff team reported to the person in charge and they were supported in their role by the service manager. This ensured that the operational management of the service was completed in an effective manner.

There was a series of audits both at local and provider- level in place. For example, the provider completed two six-monthly audits of the quality and safety of care completed in April and May 2024. One annual service review was completed for 2023 and the 2024 review was due to be completed by the end of March 2025. On review of these audits they were found to be action-focused and, for the most part, marked as completed.

Overall, there were good systems in place for the oversight of residents well-being.

Team meetings were happening fortnightly, they were held by the person in charge and also supported by some multi-disciplinary team members where appropriate. The minutes were available to the staff team and were detailed with actions identified and time frames for completion. Updates on all residents were given at team meetings and discussions would take place if any concerns arose for a resident or any changes to their care and support requirements were identified.

Judgment: Compliant

Quality and safety

From the inspector's observations, speaking with the residents, staff and management and from review of the documentation, it was clear that good efforts were being made by the provider, the person in charge and staff members to ensure that residents were receiving good quality and safe services. Residents were afforded good opportunities to engage with their community and complete activities of their choosing. Their home was warm and comfortable, although some areas did require deep cleaning and an upgrade.

There was a range of systems in place to keep residents safe, including risk assessments, safeguarding procedures and fire safety measures and these systems were being utilised in an effective manner. Other systems in place, such as infection prevention control and medication management measures, required review and improvement to ensure they were effective.

Regulation 13: General welfare and development

From review of support plans, daily notes and records of goals set out at personal planning meetings, it was evident that all residents were supported to engage in a number of meaningful activities in line with their assessed needs and expressed preferences. Three residents attended a full-time day service programme and one resident had their day service provided from home. One resident was supported by two staff members to attend day service in a nearby town A staff member informed the inspector the resident was involved in garden-based activities and enjoyed the sensory room in the day service premises.

Daily consult forms were reviewed by the inspector for all residents. These forms recorded consultation with each resident on topics such as menu for the day, fire safety, complaints, outings and or activities and human rights. From review, the inspector noted a range of activities that residents were involved in, both in-house and in the local community, such as music, sensory activities, picnics by the beach, walks in the bog, household tasks, time in the garden, colouring, foot massages,

relaxing baths, home visits, going out for hot chocolate and trips to the cinema.

Judgment: Compliant

Regulation 17: Premises

The premise of this centre included the main house where three residents lived and an individual apartment that is connected to the main house where one resident lived. The apartment was personalised to the individual's style and interests, well maintained and warm. The main house was suitable for the assessed needs of the residents living there, but had areas that required some improvement. For example, the main bathroom flooring had evidence of dirt build-up, the radiator had a lot of rust and dust and, the main dining area had panelling on the walls that was marked and paintwork was chipping of. The sensory room had a storage press that was very untidy and contained items for staff sleepovers which no longer took place in this centre. This press also contained incontinence wear belonging to one resident and gloves which were out of their original packaging.

On review of the newly implemented online cleaning schedule, it was found that it required review. Some cleaning tasks were listed under more than one time frame, so it was unclear how often it was to be completed. Some tasks were listed as annual, but no specific month had been identified as to when they should be completed, therefore, -staff were not aware when they were next due to be completed.

The system for the use, storage and cleaning of mops was not effective on the day of inspection. Mop handles were broken and rusty, buckets and mop heads were stored outside and, while one mop bucket and handle were hanging in the purpose-built storage area the rest were on the ground or on top of the area. The system used to wash and replace mop heads was unclear, and it was not clear how often it was occurring.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall the provider had good systems in place around the management of individual and centre specific risks. The provider had detailed risk assessments and management plans in place which promoted safety of residents and were subject to regular review. The inspector reviewed the risk register, centre and individual residents risk assessments. There were risk assessments in place for potential risk, actual risk and for the use of restrictions. For example, residents had risk assessments in place for hospital appointments, use of non-recording cameras for

supervision, transition and travel, swimming and self-injurious behaviour. Centre specific risk assessments included - electronic gates, unplanned visitors, power outage, chemicals and fire. Risk assessments were reviewed in line with the time frame set out in the provider's policy and were seen to be reviewed earlier if required. Risk assessments were detailed and offered good guidance to staff members. They were also linked and in line with residents' current behaviour support plans.

Risk was a topic of discussion at every team meeting and included recent incident review and safeguarding plans in place to ensure they remained effective.

Judgment: Compliant

Regulation 28: Fire precautions

From the walk around and review of documentation, the inspector found there were robust fire management systems in place in the centre. A review of records indicated that all equipment was being serviced as required. One fire report reviewed highlighted a number of issues relating to fire doors, for example, seals needing replacement. These identified works had been carried out within an appropriate time frame and were seen on the day of inspection as completed.

Systems were in place to review the effectiveness of fire safety measures in the centre. For example, the staff team were completing daily checks on fire escape routes, weekly checks on emergency lighting and monthly checks on fire doors.

Fire drills had been completed quarterly in line with the providers policy and demonstrated that all residents could be evacuated in a timely manner when required. Personal evacuation plans were in place and also on display in the residents bedrooms. These plans gave staff clear guidelines on how to support the residents in the event of an evacuation. Fire drills had also been completed with maximum number of residents and minimum staffing, simulating a night-time drill.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the receipt and storage of medicines in the centre. The provider had appropriate lockable storage in place for all medications. Each resident had their own section where their regular and their PRN medicines (medicines to be taken as required) were stored. Their individual stock check recording book was also kept with their medication.

The inspector reviewed all medication for two of the residents and found them to be

in date and stored correctly, although one PRN medication for one resident was not available should they require it. This medication was also not listed in their support plan. After conversation with the person in charge, it was unclear if this medication was to be discontinued. This required further review.

Furthermore, the provider had recently changed systems for the management of medication stock checks. The provider had implemented a stock checking system in August 2024 and, on review felt it was less accountable and returned to their previous system in February 2025. When implementing the previous system back into this centre, the PRN medications for residents were not transferred to the new system and, therefore, were not stock checked for the two weeks prior to the inspection.

The provider had two different PRN protocol documents in use in the centre, one was more detailed, and the person in charge informed the inspector that this was utilised for PRN medication prescribed for the management of behaviours of concern. The second document in use did not have all the details required for the administration of the medication. For example, it did not specify the minimum time to leave between each dose of the medication, this required review to ensure all PRN medication was administered in a safe and effective manner.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

All residents had a behaviour support plan in place outlining the supports required to manage their behaviour. These plans were very detailed and descriptive. Each plan identified functions of the behaviour, proactive approach, responsive interactions and the, recording and reporting of incidents. One resident also had an additional crisis management plan in place that was linked to their behaviour support plan. This plan offered guidance to the staff team supporting the residents in times where they may require a physical hold intervention to keep them safe. This plan also included a debrief section and the importance of recoding the restrictive practice and only utilising it as a last resort.

A behaviour support specialist was very involved within the centre, they regularly visited and were present at several team meetings. The behaviour support plans were seen to be effective. For example, one resident had a significant reduction in incidents and the necessity for physical holds.

The use of restrictive practices within the centre were recently reviewed by the human rights committee and, while the full reduction plan was not yet signed off, evidence of reduction plans were observed by the inspector. The kitchen press where household chemicals were kept was no longer locked in the main house or in the apartment. Overall, there were systems were in place to ensure restrictive practices were reviewed and reduced where possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. For example, there was a policy in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

On the day of inspection there were four open safeguarding plans in place. Each plan was reviewed within the required time frame and was complete with appropriate measures taken to ensure the safeguarding risk was managed. High staffing levels were utilised to ensure residents safety and reduce the risk of safeguarding incidents. One resident was supported in a purpose-built apartment attached to the main house and this was seen to be working effectively.

Judgment: Compliant

Regulation 9: Residents' rights

Through the review of documentation and discussion with residents, staff and management, it was evident that residents were offered choice and control over their day and that they were supported to choose how and where they wanted to spend their time.

Residents were presented with information in a manner that was suitable to their communication needs. For example, one resident had a series of social stories that were no longer than one page. Each page offered a different community based activity. These stories were discussed with the resident daily to support them to choose community based activities.

Observations on the day of inspection indicated that staff were respectful and professional when interacting with residents. They responded to residents' requests for space and staff provided residents with time to respond to choices delivered in a manner that was accessible to them. The language used throughout residents risk assessments, care plans and reviews was all found to be person centered.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Suir Services Rathkeevin OSV-0005291

Inspection ID: MON-0044276

Date of inspection: 10/03/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The Person in Charge will carry out quarterly reviews of the training matrix. Planning will take place in advance for all compulsory and mandatory training to ensure it is booked in time. Training will also be reviewed with the teams at team meetings. • A copy of the staff supervision will be kept locally for ease of access however they will also be sent to head office for filing on staff's main HR file. A schedule is now in place for staff supports & the Person In Charge will ensure these are completed in line with policy.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The Person in Charge will review the cleaning schedule & review all practices to ensure compliance with policy. • The Person in Charge will carry out unannounced checks to ensure all cleaning schedules and protocols are complied with. • A clear protocol is in place for storage of hygiene products & mop storage. • A deep clean of main bathroom will be scheduled. • A replacement radiator will be sourced.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	

• An internal medication audit has been completed and actioned.

• A thorough review of prescription charts has been carried out by Person in Charge.

• PRN protocols have been reviewed and circulated to staff to ensure they are clearly guided in the administration of PRN in a safe and effective manner. Duplicated information removed.

• The Person In Charge will conduct regular reviews of documentation ensuring audits are completed when required and are thorough.

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/10/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/07/2025
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal	Substantially Compliant	Yellow	31/05/2025

	products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			