

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

Issued by the Chief Inspector

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| Name of designated centre: | Nagle Children's Services |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Tipperary |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 29 January 2025 |
| Centre ID: | OSV-0008833 |
| Fieldwork ID: | MON-0044228 |

About the designated centre

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

Nagle Children's Services is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential services to a maximum of three children with a disability at any one time. The service provides for a mix of a residential services and shared care. The designated centre is located on the outskirts of a village in Co. Tipperary. The designated centre is a four bed bungalow and consists of two sitting rooms, living room, kitchen/dining room, conservatory, staff bedroom, three children bedrooms and shared bathrooms. There is a garden to the rear of the centre with age appropriate play equipment. The centre is staffed by the person in charge, clinical nurse managers, social care workers and care assistants.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 3 |
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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 29 January 2025 | 09:30hrs to 17:30hrs | Conan O'Hara | Lead |

What residents told us and what inspectors observed

This was a short-term announced inspection conducted to monitor on-going compliance with the regulations. This inspection was completed by one inspector over one day.

This designated centre was registered in July 2024 and provides a residential service to one child and a shared care service to four children. This was the first inspection of this designated centre since the one child moved into the house on a residential placement and two children were admitted on a shared care basis. At the time of the inspection, the service was planning the admission of a child to the third shared care placement.

The inspector had the opportunity to meet with two of the three children on the day of the inspection. One of the children availing of a shared care placement had returned home. Overall, the inspector found that the children received good quality person centred care and support in this designated centre. However, improvement was required in medication management. In addition, some improvement was required in training and development, governance and management and fire safety.

On arrival to the centre, the children had left the centre to attend school. The inspector carried out a walk through of the house accompanied by the person in charge. The designated centre is a four bed bungalow and consists of two sitting rooms, living room, kitchen/dining room, conservatory, staff bedroom, three childrens' bedrooms and shared bathrooms. The inspector found that the centre was decorated in a homely manner. In general the house was clean, well maintained and in a good state of repair. There is a garden to the rear of the centre with age appropriate play equipment including a swing set.

In the afternoon the inspector met with two of the children as they returned from school. One child was observed spending time with staff in the kitchen preparing a snack before relaxing in the sitting room. They appeared comfortable in the designated centre and in the presence of the staff team. The second child was observed retrieving their tablet and spending time playing in the conservatory.

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

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

The designated centre was registered in July 2024 and this was the first inspection of the designated centre. Overall, there was a defined management structure in place which ensured that the service provided was safe, consistent and appropriate to children's needs. On the day of inspection, there was appropriate staffing arrangements in place to meet the assessed needs of the children. However, some improvement was required in training and development.

The centre was managed by a full-time, suitably experienced person in charge. The person in charge was responsible for one other designated centre and had a clinical nurse manager in place to support them in their role. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the unannounced six-monthly visits which identified areas of good practice, areas for improvement and developed actions plans in response. However, some improvement was required in the effectiveness of the governance and management.

There was an establishing staff team in place which ensured continuity of care and support to the children. From a review of the roster, the inspector found that there were appropriate staffing arrangements in place. Throughout the inspection, the staff team were observed treating and speaking with the children in a dignified and caring manner. There were systems in place for the training and development of the staff team. However, some improvement was required to ensure that all of the staff team had up to date mandatory training.

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 responsible for the day-to-day operation of one other designated centre 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 clinical nurse manager in this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector

reviewed a sample of the roster and found that there was an established staff team in place which ensured continuity of care and support to the children. From a review of staffing rosters, it was demonstrable that appropriate staffing levels and skill mix were in place to meet the assessed needs of the children. For example, during the day the children were supported by two staff in the morning before leaving for school and by three staff in the evening. At night the children were supported by two waking night staff. Throughout the inspection, the staff team were observed treating and speaking with the children in a dignified and caring manner.

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 a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including Children First. However, a small number of staff required training or refresher training to ensure that the staff team had up to date knowledge and skills to support the children. These included fire safety, de-escalation and intervention techniques and medication. This had been self-identified by the provider through a training needs analysis and there was evidence of training being scheduled.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for one other designated centre and was supported in their role by a clinical nurse manager. The person in charge reported to the Services Manager, who in turn reported to the Regional Service Manager.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the childrens needs. The quality assurance audits included the six-monthly provider visits. The audits identified areas for improvement and action plans were developed in response.

However, some improvement was required in the effectiveness of the governance and management. For example, some medication practices identified on this inspection which were not following the provider's policy had not been suitably identified and managed by the provider.

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

Quality and safety

The management systems in place ensured the service was effectively monitored and provided appropriate care and support to the children. Overall, the inspector found that the service provided person-centred care and support to the children in a homely environment. However, improvement was required in medication management and fire safety.

The inspector reviewed the childrens' personal files which consisted of an up-to-date comprehensive assessment of the their personal, social and health needs. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team. However, the systems in place for medication management required improvement as some practices in place were not in line with the provider's policy.

There were systems in place for fire safety management. These included suitable fire safety equipment as required and the completion of regular fire drills. However, the systems in place for the servicing of fire equipment required review, as the inspector noted that the fire alarm had only been serviced twice in 2024 instead of four times. The fire alarm had been serviced in January 2025.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. There was suitable storage in place to support the shared care arrangement for two of the children. There was a secure garden to the rear of the building which included play equipment for the children.

The provider's recent six-monthly audit identified some areas for improvement including area of damp in one bathroom and the need to power wash the patio.

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| There was evidence of these issues were being addressed. |
| Judgment: Compliant |
| Regulation 26: Risk management procedures |
| <p>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.</p> <p>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 fire, self injury, specific health care conditions and behaviour. All risk assessments were reviewed by person in charge on a regular bases of sooner if required.</p> |
| Judgment: Compliant |
| Regulation 28: Fire precautions |
| <p>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. However, the systems in place to ensure servicing of fire equipment required review. For example, the fire alarm was serviced twice in 2024 and not quarterly. The alarm had recently been serviced in January 2025.</p> <p>There was evidence of regular fire evacuation drills taking place in the centre since it opened in July 2024. A night-time/hour of darkness drill had yet to be completed. This was self-identified by the provider and plans in place to complete a night-time drill. A personal emergency evacuation plan (PEEP) had been developed for each child to guide staff in the effective evacuation of the centre, if needed.</p> |
| Judgment: Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services |
| <p>The systems and practices in place for the administration and documentation of medicines required improvement. For example,</p> <ul style="list-style-type: none"> • where medication was administered covertly an appropriate assessment had |

- not completed in line with provider's policy,
- where medication capsules were opened - clarity was required if this was 'off-licence' and with the appropriate written authorisation from relevant prescriber in line with the provider's policy, and
- a medication administration record was transcribed by two care staff in November 2024 which is not in line with the provider's policy.

There were arrangements in place for the safe secure storage of medication. The inspector reviewed a sample of medication prescribed for the children and found that it was readily available and was in-date. The inspector reviewed the medication records and found that for the sample reviewed medication was administered as required.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three children's personal files. The children had a comprehensive assessment which identified their health, social and personal needs. The assessment informed the childrens' personal support plans. The personal plans included areas such as education, health, emotional supports and communication. The assessment and personal plans were up to date and suitably guided the staff team in supporting children with identified health, social and personal needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Local behaviour support guidelines and plans were in place which guided staff in supporting the children. The inspector was informed that there was a challenge in securing access to psychology. The provider had made referrals to their children's disability network team, as appropriate.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed by the organisation's restrictive practices committee.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to keep the children in the centre safe. There was evidence that incidents were appropriately reviewed, managed and responded to. The children were observed to appear content in the designated centre. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring the children were kept safe at all times. All staff had completed training in Children First.

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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Nagle Children's Services OSV-0008833

Inspection ID: MON-0044228

Date of inspection: 29/01/2025

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: <ul style="list-style-type: none">• Identified training for all staff has been completed or scheduled for completion by the PIC. | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: <p>All actions identified in the audit have been completed to ensure medication practices are in line with policy and best practice. Actions completed 4th March 2025.</p> <p>Scheduled internal medication audit planned, to be completed by May 2025</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none">• PIC has scheduled servicing of fire equipment to occur four times each year with a | |

contracted specialist. PIC will oversee and ensure this is completed in line with regulation.

- Hour of darkness drills have been completed for two residents and a planned drill is scheduled for third resident.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- All actions identified in the audit have been completed to ensure medication practices are in line with policy and best practice. Actions completed 4th March 2025.
- Scheduled internal medication audit planned, to be completed by May 2025.
- Internal training for all staff in relation to Brothers of Charity medication policy will be completed by 30/06/2025.

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 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 | 30/05/2025 |
| Regulation 28(2)(b)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, | Substantially Compliant | Yellow | 30/04/2025 |

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| | means of escape, building fabric and building services. | | | |
| Regulation 29(4)(b) | 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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | Not Compliant | Orange | 30/06/2025 |