



Office of the Chief Inspector

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

Name of designated centre:	Barr-an-Chnoc Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	26 June 2019
Centre ID:	OSV-0001780
Fieldwork ID:	MON-0025140

About the designated centre

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

Barr-an-Chnoc Residential Service is centre run by Western Care Association. The centre can provide residential care for up to six male and female residents who are over the age of 18 years with an intellectual disability. The centre comprises of a two-storey dwelling located in a village in Co. Mayo, where residents have access to their own bedroom, bathrooms, shared communal rooms and garden area. The centre also comprises of a self-containment apartment which is occupied by one resident. Staff are on duty both day and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 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
26 June 2019	09:15hrs to 16:30hrs	Anne Marie Byrne	Lead

Views of people who use the service

On the day of inspection, the inspector met with one resident who lives at this centre. This resident did not engage or speak directly with the inspector; however, the inspector observed several interactions between this resident and staff over the course of the inspection. Staff were observed to address this resident in a respectful and caring manner and demonstrated strong understanding of this resident's communication needs when expressing his wishes. Staff were observed to support this resident at mealtimes, with his mobility and also supported him to access the community.

Capacity and capability

The inspector found this was a well-resourced centre that ensured residents received a safe and good quality service. Since the last inspection in February 2018, the provider had made positive improvements to the arrangements in place for staff training and development, incident reporting and safeguarding. However, improvements were still required to the arrangements in place for risk management and governance and management, with some further improvements also identified from this inspection with regards to restrictive practices and fire safety.

The person in charge held the overall responsibility for the centre and he was supported by his line manager and staff team in the running and management of the service. He was frequently present at the centre to meet with staff and residents and his regular presence had a positive impact on ensuring residents and staff were facilitated to raise any concerns they had directly with him. He was found to have strong knowledge of residents' needs and also of the operational needs of the service delivered to them. He held regular meetings with staff and attended various management meetings, which both addressed a wide variety of operational issues and ensured that all staff were regularly updated on any changes occurring within the organisation.

The provider had arrangements in place to ensure the centre was resourced to meet the assessed needs of residents. Suitable people were appointed to manage this service, which had a positive impact on ensuring clear lines of authority and accountability. Members of the management team who met with the inspector as part of this inspection, spoke of the plans in place to transition residents from this service in the coming months, and at the time of this inspection, the provider was in the process of identifying the systems required to effectively oversee and support this transition process.

Since the last inspection, the provider had made improvements to the monitoring systems in place to oversee the service delivered to residents. Where improvements were identified, time-bound plans were put in place which identified the specific actions required to address these. However, although six monthly provider-led visits were occurring in line with the requirements of the regulations, further improvement was required to ensure these effectively identified specific improvements required within the service. For example, the inspector found a recently completed six monthly provider-led visit failed to identify specific areas of improvement required within the service, to areas such as restrictive practices.

The provider had ensured suitable staffing arrangements were in place to meet the assessed needs of residents and the number and skill-mix of staff working at the centre was subject to regular review by the person in charge. In addition, effective training arrangements were in place which ensured staff received regular mandatory and refresher training, as and when required. Although there was a planned and actual roster in place, it required some improvement to ensure that all aspects of this document were legible, including start and finish times worked by staff at the centre.

Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience as required by the regulations. The current governance and management arrangements supported him to have the capacity to fulfill his duties as person in charge of this centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured adequate staffing arrangements were in place to meet the assessed needs of residents and staffing levels were subject to regular review by the person in charge. However, some improvement was required to the roster to ensure that legible start and finish times worked by staff were recorded.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The registered provider had ensured staff received mandatory training and had

access to a refresher training programme, as required.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to meet the assessed needs of residents. Although monitoring systems were in place to review the service delivered to residents, some improvements were required to ensure these systems effectively identified specific improvement required within the service.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found residents' quality of life was very much promoted at this centre, with residents receiving regular support to access the community to take part in activities of interest to them. However, the inspector found improvements were required to the arrangements in place for restrictive practices and to the centre's fire procedure and evacuation plans.

The centre comprised of a two-storey dwelling located in a village in Co. Mayo. Residents had access to their own bedroom, some en-suite facilities, shared bathrooms, a sitting room, kitchen and dining room and to a garden area. The centre also comprised of a self-contained apartment, which was occupied by one resident. The centre was found to be clean, nicely decorated and provided residents with a homely environment to live in. The provider had identified specific risks associated with the layout of the premises had plans in place to address these risks in accordance with the changing needs of residents.

Staff who spoke with the inspector were very aware of their responsibility in supporting residents with their assessed health care needs. Residents also had access to a variety of allied health care professionals, as required. An effective

system was in place to ensure residents' needs were regularly assessed and that documentation was in place to ensure staff were guided on how they were required to support each resident. Prior to this inspection, two residents had transitioned to other centres and the provider was in the process of consulting with other residents and their families in preparation for further transitions in the coming months.

The provider had ensured that adequate staffing and transport arrangements were in place to support residents to have regular community engagement and to take part in activities of their choice. Residents were regularly consulted as to how they wished to spend their time and enjoyed regular access to local amenities, went to day services and took part in various other activities of interest to them. On the day of inspection, some residents were being supported by staff to attend community day services and others were supported to access the community. In response to the changing needs of one resident, the provider had put adequate arrangements in place which facilitated this resident to continue to receive their day service in their own home.

The person in charge told the inspector of a recent increase in incidents relating to behavioural management at the centre. In response to this, the provider had ensured incidents were recorded, reviewed and trended. In addition, residents requiring behavioural support were subject to regular multidisciplinary review and their behaviour support plans were in the process of being updated at the time of this inspection. The person in charge also ensured these changes were regularly discussed with staff at team meetings and all staff had received up-to-date training in the management of behaviours that challenge.

Some restrictive practices were in place at the time of this inspection and although clear protocols were in place to guide staff on their appropriate use in practice, some improvement was required to ensure these restrictive practices were risk assessed in line with the centre's restrictive practice procedure. Furthermore, although the provider had a system in place to support the identification, assessment and review of restrictive practices, this system failed to adequately consider or identify some practices as possibly being restrictive in nature. For instance, the inspector found practices such as the locking of some food cupboards and intermittent locking of some storage rooms were not considered, assessed, managed or reviewed in line with the centre's restrictive procedure. This didn't allow for sufficient oversight to ensure that the least restrictive practice possible was at all times implemented for residents who live at this centre.

Since the last inspection, the provider had improved the system in place for the identification, reporting and trending of incidents at the centre, which had a positive impact on the safety and welfare of residents. However, improvement was still required to the overall assessment of risk at the centre. For example, some risk assessments reviewed by the inspector failed to accurately identify the specific and effective control measures put in place by the provider in response to risk at the centre. In addition, where additional control measures were required by the provider in response to an assessed risk rating, some risk assessments failed to identify these additional measures. Furthermore, although specific risks at the centre

were subject to regular monitoring and review by the person in charge, such as, staffing arrangements, fire safety, behavioural support and transition arrangements, the monitoring of these risks was not always supported by appropriate risk assessments.

The provider had ensured that effective fire safety systems were in place, including, fire detection and containment systems, multiple fire exits, up-to-date training in fire safety, adequate emergency lighting and regular fire safety checks. In response to the layout of the centre and assessed needs of the residents who lived there, waking and sleepover staffing arrangements were in place to support the effective evacuation of residents, if required. The occurrence of regular fire drills also demonstrated that staff were able to evacuate residents from the centre in a timely manner. Although the fire procedure was displayed in the centre, it did not adequately guide staff on the procedure to follow in the event of fire. Furthermore, residents' evacuation plans required review to ensure these adequately guided on the specific support each resident would require to evacuate, with consideration given to the arrangements for residents living in upstairs accommodation and those prescribed emergency medicines.

Regulation 13: General welfare and development

The registered provider had ensured adequate arrangements were in place to support residents to regularly access the community, attend day services and to take part in activities of interest to them.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be clean, comfortable and provided residents with a homely environment. Each resident had access to their own bedroom, en-suite facilities, shared bathrooms, kitchen and dining area, sitting room and garden area.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had improved the centre's incident reporting system, which had a positive impact on the timely identification and response to risk at the centre. However, improvement was required to some risk assessments to ensure these adequately described the specific controls that the provider had put in place in

response to some risks. In addition, some risk assessments failed to identify the additional controls required by the provider in response to assessed risk-ratings. Furthermore, the on-going monitoring and review of organisational risk was not always supported by an appropriate risk assessment. For example, on-going monitoring of staffing arrangements, fire safety, falls management, behavioural support, transition arrangements

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured there were effective fire safety arrangements in place, including, detection and containment systems, regular fire safety checks, up-to-date staff training in fire safety and adequate emergency lighting arrangements. Fire drills were regularly occurring, which demonstrated that residents could be effectively evacuated from the centre. Although the fire procedure was displayed in the centre, it required review to ensure it adequately guided staff on the procedure to follow in the event of fire at the centre. Furthermore, residents' evacuation plans required review to ensure these adequately guided on the specific support each resident would require to evacuate, with consideration given to the arrangements for residents living in upstairs accommodation and those prescribed emergency medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents were subject to regular assessment and personal plans were available to guide staff on the level of support each resident required. Prior to this inspection, some residents had transitioned to the community and plans were in place to support the remaining residents to transition in the coming months.

Judgment: Compliant

Regulation 6: Health care

Where residents presented with assessed health care needs, the provider had arrangements in place to ensure these residents received the care and support they required. Staff who spoke with the inspector demonstrated clear knowledge of the support required by residents with assessed health care needs. Residents also had

access to a variety of allied health care professionals, as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents were identified as requiring behavioural support, these residents received the care and support they required were subject to regular multi-disciplinary review. Behaviour support plans were regularly reviewed to ensure staff were appropriately guided on supporting residents requiring behavioural support.

However, improvement was required to the arrangements in place for the management and review of restrictive practices in the centre to ensure clarity in the number and types of restrictive practices in place at the centre and to ensure all restrictive practices were risk assessed in line with the centre's restrictive practice procedure.

Judgment: Not compliant

Regulation 8: Protection

There were no safeguarding concerns at the centre at the time of inspection. Procedures were in place to guide staff on the identification, response and on-going management of any concerns regarding the safety and welfare of residents. All staff had received up-to-date training in safeguarding.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Barr-an-Chnoc Residential Service OSV-0001780

Inspection ID: MON-0025140

Date of inspection: 26/06/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC has overall responsibility for the roster. Where changes are required these will be notified to the PIC who in turn will ensure the roster is amended to reflect the changes while also ensuring roster is presentable and legible at all times.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC will review all the restrictive practices in use in the service person by person, ensuring all are managed in line with the requirements. Each person’s rights checklists will be reviewed and updated as required. A log will be used to track the restrictive practice in use at service level and this will be routinely reviewed by staff at team meetings and by the manager each quarter.</p> <p>The Provider Unannounced Visit template will be amended to ensure that evidence is sought to verify all restrictive practice is being reported and managed in line with the requirements.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Currently the organisation is developing a new comprehensive Risk Management Policy which clearly outlines the process to ensure monitoring and review of organisational, service specific and health and safety risks. This policy includes a revised risk register for the service which outlines all identified risks within the service, as well as identified control measures to minimise risk. In addition all Personal Risk Management Plans are currently being reviewed for individuals residing at the service, which identify all person-specific risks and identified control measures.</p> <p>A new Service Governance Structure has been introduced where service risk is reviewed through staff meetings and control measures to reduce service risk agreed. The service will ensure that all emergencies are responded to with a Critical Incident Review and all agreed actions & the rationale for decision making are documented and reviewed.</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 procedure has been developed to guide both residents and staff in the safe evacuation of all areas of the premises and this will be posted at appropriate areas of the premises. This will include contact details for the fire service and contact details for the fire alarm engineers.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A thorough review of restrictive practices within the service will take place using the HIQA published self-assessment tool. The service will develop restrictive practice log and all restrictive practices will be reviewed on a quarterly basis to ensure they are the least restrictive option and in line with national policy and evidence based practice. All restrictive practices will be risk assessed and placed upon the revised service risk register.</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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	18/07/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	30/09/2019

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/07/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	31/07/2019
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	Not Compliant	Orange	31/07/2019

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