



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

## Issued by the Chief Inspector

Name of designated centre:	Yew Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	16 November 2021
Centre ID:	OSV-0004470
Fieldwork ID:	MON-0027327

## About the designated centre

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

Yew Services is a respite service, which is run by the Brothers of Charity Services. The centre is located on the outskirts of a town in Co. Roscommon and provides accommodation and support for four children and young adults. Both male and female children and young adults under the age of 18 years, who wish to avail of planned respite breaks can be accommodated in this service. Crisis respite is also provided for emergency situations. The centre is a two-storey building, which comprises of single occupancy bedrooms, shared bathrooms, office spaces, a sensory room, kitchen and dining area, utility area and sitting rooms. Ramped access is available into the centre and a play and garden area is available to the front and rear of the centre for residents to use. Staff are on duty both day and night to support residents availing of this service.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 16 November 2021	10:00hrs to 18:15hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

Overall, the delivery of care was centred around the needs of the children and teenagers to ensure that a consistent team of staff was supporting them when they availed of respite care. However, improvements were required in staffing to maintain the consistency required by residents.

On the day the inspector had the opportunity to meet with of the children briefly, who availed of this service. This was based on changes to the routine on the day of the inspection which was in line with the needs of the children availing of respite that day. However the inspector did get the opportunity to talk one family representatives, reviewed some of the personal plans and records, spoke to staff and conducted a walk around of the premises.

There was only one resident present during the inspection as they were being facilitated with a specialised day service to assist progression to attending school later in the week. This was part of an active behaviour support plan in place, which was monitored and reviewed as required. The inspector met briefly with this resident and their staff during the inspection. The inspector completed the walk around of the centre, and met briefly with the person in charge and another staff during this process. The resident did not engage with the inspector but was observed to transition in their centre with staff support. Staff on duty were noted by the inspector to respond and support this resident as required, and in a calm and respectful manner. Following the initial review of the centre with the person in charge, the inspection was conducted in an office facility located nearby, so as not to cause distress to the residents.

The inspector spoke with three staff members as of this inspection process and it was observed and from conversation that staff knew the residents needs very well. They were able to describe how best to support residents in-line with their healthcare and positive behavioural support guidelines. Staff spoke about the residents in a dignified, positive, professional and person centred manner. They also reported that the person in charge and person participating in management were both very approachable and provided on-going support as required, However, the person in charge was stepping down from the role and due to staffing issues and gaps in the rosters was working front line with the residents at the time of the inspection. This had resulted in poor oversight of the service and will be discussed later in capacity and capability section.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation. This information was used for personalised planning and activities when residents attended the centre for their respite breaks. At the time of the inspection there was sufficient staff on duty to support residents, but the inspector noted that there were gaps on the rota due to staff on leave. This was being filled by staff who had already worked their rostered

hours, and were then exceeding their weekly working hours requirement. At the time of the inspection there was no plan in place to address the staffing gaps. This could also affect contingency plans in place for COVID-19.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean, spacious, suitably furnished and decorated and equipped to meet the needs of residents. There was internet access, television, games, sensory room and music choices available for residents. In addition, the inspector noted and observed suitable play areas to the front and rear of the centre to facilitate residents at all times to engage in suitable play activities in a safe environment.

At the front and rear of the house, there was a large spacious, secure garden areas, that was planned to suit the needs of residents and to support their enjoyment of this outdoor space. This included appropriate basketball, slide and swing activities

In summary, the inspector found residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre. The provider had ensured that residents were supported and encouraged to choose how they wished to spend their time when they attended the respite service, and that they were involved as much as possible in the running of their service.

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

## Capacity and capability

Overall, residents were supported to have meaningful and active lives when they attended the respite service, community and school services. However, the provider had not ensured that supports and resources were in place to meet the assessed needs.

The centre had a clearly defined management structure in place; however, during conversation with the person in charge and person participating in management, the inspector was informed that the provider had submitted relevant documentation to change the person in charge for the centre. At the time of inspection, no documentation had been received therefore, the person in charge remained unchanged.

On review of the roster and from discussions with staff, the inspector found that the person in charge was working in a front-line capacity at present due to staffing shortages, and the increased supervision needs of some residents, who required bespoke day service support. This situation impacted on the oversight, auditing and monitoring of the service. Furthermore, the provider was not adhering to the staffing allocation as described in the centre's the statement of purpose. The

inspector noted that the provider had implemented a waking night staff following the last inspection to meet residents assessed needs, this had further impacted on the staffing provision in the centre. This meant that the already limited staffing were now providing additional weekly night duty hours but this was reliant on contracted staff to fulfill. No additional staffing had been recruited appropriately and at the time of this inspection, the provider was also filling two vacant posts due to staff on leave.

On review of a sample of training files, the inspector noted that some mandatory and resident need specific training had not been completed by all staff,. Furthermore, some required up-to-date refresher training in line with the provider's policies. This included training in areas such as manual handling, safeguarding, fire safety, safe administration of medication and managing actual or potential aggression (MAPA). This situation in turn meant that some staff did not have the necessary knowledge to support residents in line with their assessed needs.

The person in charge and the management team had not ensured that the centre was monitored and audited as required by the regulations. Although the provider completed an annual review of the centre and six monthly unannounced visits were completed in line with the regulations, other operational audits were not completed. For example, audits were not undertaken in areas such as medication management, health and safety, staffing and document maintenance. In addition, the inspector found that staff training records were not clear and kept up-to-date. Furthermore, the provider was still in line with their date for completing this work as specified in their compliance plan response in June 2021. However, the inspector observed additional areas that required review during the inspection, for example, discolouration to cupboard doors in the kitchen area and paintwork was still outstanding at the time of inspection.

The inspector reviewed the statement of purpose and although satisfied that it met the majority of the requirements of the regulations, as previously referenced in this report , staffing levels were not consistently maintained as described .

## Regulation 15: Staffing

The provider was unable to demonstrate that sufficient staff numbers, and a suitable skill-mix were in place to support the assessed needs of residents attending the centre. The inspector noted gaps on the staff roster as a result of staff on leave, which was reliant on full-time staff filling these gaps to ensure consistency for the residents in the service provided. Overall, the inspector found that the staffing arrangements and skill-mix required review based on the changing needs of the residents.

Judgment: Not compliant

## Regulation 16: Training and staff development

A sample of training records were reviewed which indicated that staff were not up-to-date with their training needs at the time of inspection. Due to staffing shortages some staff had not completed refresher training and mandatory training as scheduled. This included; manual handling, safeguarding, safe administration of medication, MAPA and fire safety.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Overall, the provider had not ensured that the centre was adequately resourced in terms of staffing. The person in charge met with their staff team to discuss resident care related issues. Six monthly provider-led audits were occurring in-line with the requirements of the regulations. However, where improvements were identified, no time bound plans were in place to address these issues effectively, such as staffing, training gaps and risk management. Furthermore, the provider had not ensured that the staffing compliment in the centre reflected the statement of purpose. The inspector noted that the person in charge worked front line due to the staffing shortages. This did not ensure effective oversight and monitoring of the service provided. The inspector noted from review of medication management practices, the provider completed six monthly audits, however improvement was required in relation to incidents and ensuring that the oversight and auditing practices were in place, and of required, the implementation of quality enhancement plans where appropriate.

Judgment: Not compliant

## Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were provided to residents.

Judgment: Compliant

## Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs. However, minor issues were found with regard to the premises and risk management.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community, attend school services and maintain links with their families. Transport was also available to the residents so that they could go for drives and access their community.

Residents were supported with their healthcare needs as required, access to a range of allied healthcare professionals, to include general practitioner(GP) services. Residents also had access to speech and language therapy, dietitian and dental services. The inspector noted that when required the respite service would support residents and family to attend appointments if required.

Where required, residents also had access to behaviour support specialists, mental health services and psychology. In addition, residents also had behavioural supports plans in place, which were reviewed as scheduled or as needed. During the inspection, the inspector observed staff interacting and adhering to guidelines as laid out in the behaviour support plan and personal plan.

Systems were in place to safeguard residents and where required, safeguarding plans were in place. There were some minor incidents which had been recorded, responded and reported appropriately. Information was also displayed in prominent areas of the centre, on who to contact, in the event of a safeguarding concern. A family representative spoken with as part of the inspection also said they were satisfied at the time of the inspection with the quality or safety of care to their relative.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. However, improvement was required as one risk identified which was relevant to any resident attending the centre, was not listed on the centre risk assessments. This would ensure they adequately reflected the assessed needs of the residents as detailed in their care plans. For example, the main gate required closing at all times when any resident was in attendance at the centre due to road safety.

The centre was homely and welcoming on the day of this inspection and residents rooms were decorated appropriately and to residents preferences. However, some rooms were still awaiting paintwork and repairs as identified on the inspection completed in June 2021.

Systems were in place to mitigate against the risk of an outbreak of COVID-19. For example, from a review of the training re training in infection prevention control,

donning and doffing of personal protective equipment (PPE) and hand hygiene. The management team reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines. There were adequate hand-washing facilities available and there were hand sanitising gels in place around the centre. The inspector also observed Information was also available in easy read format on COVID-19 in the centre.

There were safe procedures in place in the centre for the prescribing, administration and storage of medicines, including p.r.n. (as required) medicines. The inspector reviewed medication guidance and administration records were suitably recorded and there was written protocols in place to guide staff on the appropriate use of p.r.n medicines.

### Regulation 10: Communication

The residents were supported to communicate in their preferred manner and had communication plans in place, with pictorial images and easy read documents to assist them where necessary. They also had access to technology if wished.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities at the centre, and in the local community. Suitable support was provided to residents to achieve this in accordance with the individual choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the needs of residents. On the last inspection actions to improve the premises were still in progress at the time of this inspection. Overall, the centre was clean, suitably decorated and comfortable, the inspector noted the areas that were under review. This included; modernisation of bathroom facilities, paintwork and cupboards. The provider was still in line with their date for completing this work as specified in their compliance plan response in June 2021. However, the inspector observed additional areas that required review during the inspection, for example,

discolouration to cupboard doors in the kitchen area.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Risk assessments required review so as to ensure they adequately reflected the safety measurements required for all residents attending the centre. For example, the need to ensure the centre gates were closed at all times when all residents were in attendance at the centre.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found that the systems for the administration and management of medicines on the day of inspection were satisfactory, and that medication was administered as prescribed by the general practitioner. This included: the registered provider had ensured that a pharmacist of the resident's choice was available for the resident. In addition, the person in charge and person participating in management had adhered to the residents' prescription as provided by their pharmacist on attendance to the centre, and all products received were stored appropriately in the centre.

Judgment: Compliant

### Regulation 6: Health care

The personal plans contained information regarding the children's health care needs. staff were knowledgeable about those needs and families were informed of any changes to the health and wellbeing of the children.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were detailed plans and good access to clinical supports for the management

of behaviour that challenged.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured that there were systems in place for the reporting and investigation of any safeguarding concerns. In addition, the provider had responded to safeguarding concerns and at the time of the inspection two investigations were ongoing.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Yew Services OSV-0004470

Inspection ID: MON-0027327

Date of inspection: 16/11/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The staff roster is being reviewed with regard to having a suitable skill mix to support the assessed needs of the children attending the centre. An additional regular staff has been added to the roster and contract hours for another staff have been increased to improve consistency. Additional posts are also being advertised to eliminate all gaps and to include nursing support in the centre.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            A training matrix has been introduced to increase efficiency in awareness of any out of date trainings – refresher and mandatory trainings are highlighted to managers now.            A bespoke Medication training for respite has been arranged for January 11th 2022            A bespoke Children's safeguarding training will be hosted in January 2022            A more robust induction training is being introduced with the Team Leader guiding and coaching new staff.</p>	
Regulation 23: Governance and	Not Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staffing issues are being reviewed and addressed as indicated under regulation 15 above with additional staff being recruited to improve consistency of support in the centre. The skill mix is also being reviewed to include nursing support in the centre.</p> <p>The management structure has been reviewed. The Team Leader will now work full time on the roster and will guide and coach other staff in their practice and support related issues. The Service Co-ordinator has taken over the person in charge role and will be present in the centre on a weekly basis to provide oversight of all operational matters. Effective oversight and management will be ensured by the introduction of a new auditing system with weekly, monthly, quarterly and six monthly audits. A new Children's Services Co-ordinator with a nursing background has been appointed who will have strategic oversight of the service. The area manager, who also has a nursing background is also be a person participating in management for the centre.</p> <p>Medication reconciliation is in place at times of log in &amp; log out of medication for each person supported.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A maintenance plan is in place to address the upgrading works required in the service. This includes the following:</p> <p>Completion of painting works required in January 2022.</p> <p>Plumber on Site to complete plumbing works, planned for completion February 2022.</p> <p>Installation of seamless floor covering, installation of paneling for bathroom upgrade and completion of plumbing works in February 2022.</p> <p>Plans are in place for upgrade of kitchen including new flooring for kitchen which will be fitted in January 2022 and new kitchen cupboard doors and worktop, planned for completion March 2022.</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>Risk assessments have been completed for safety measures and there is new signage for the centre gate.</p>	

The risk register has been updated to reflect that the front gate is closed at all times when children and young adults are using the service. There is a log of the restriction in place also.

Risk assessment training is scheduled for 2022 for team leads, management and front line staff.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/03/2022
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Orange	30/03/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Not Compliant	Orange	30/03/2022

	circumstances where staff are employed on a less than full-time basis.			
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	30/03/2022
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	30/03/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/03/2022
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority	Not Compliant	Orange	20/12/2021

	and accountability, specifies roles, and details responsibilities for all areas of service provision.			
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.	Not Compliant	Orange	14/01/2022
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Substantially Compliant	Yellow	10/12/2021