



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

Issued by the Chief Inspector

Name of designated centre:	Holly Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	01 June 2021
Centre ID:	OSV-0004694
Fieldwork ID:	MON-0032925

About the designated centre

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

Holly Services is a residential service which is run by Brothers of Charity Services, Ireland. The centre caters for the needs of five female and male adults who have an intellectual disability. The centre comprises of two houses, one of which is located on the outskirts of a town in Co. Roscommon, and the other house is located in a village in Co. Roscommon. Both houses are within easy access to all local amenities and the community. The houses are comfortable and suitable for purpose with two residents living in one house and three residents in the second house. Staff are on duty both night and day to support residents living in this centre

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 1 June 2021	09:30hrs to 15:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspection took place in one of the houses which comprise the designated centre. The inspector met with both of the residents who lived in the house at various times during the day. The residents told the inspector they liked living in their home, they got on well together and were friends.

They told the inspector how much they enjoyed their various hobbies and jobs and that they were very glad to have had the first vaccination for COVID-19 and it had not bothered them at all. They said they were very happy to be able to visit their families again, go out and about, do their jobs, go to the local matches and meet up with their pals.

The residents said the staff and the manager looked after them well. They said they enjoyed planning their own day and the staff helped them with that. One resident explained how their favourite work was gardening, which they did for neighbours and the community. The resident showed the inspector the new ride-on lawn mower which they had purchased and chosen themselves with the help of the staff.

It was apparent that residents' wishes and choices dictated their lives. They were supported to experience and participate in a range of activities and were very involved in their local communities. A number of residents had part time supported work in local shops and bars, were involved in the tidy towns with residents committees, and made representations to local councils and advocacy groups.

While access to their activities had been impacted on by the COVID-19 pandemic there was evidence that a number of strategies had been employed to make up for this. These included doing cookery, gardening in the centre, taking photographs, and a second chicken coup had been ordered by a resident so that they could look after them and collect the eggs. All efforts had been made to reduce the impact of the restrictions, including contact with families via technology. The staff and residents were very familiar each other, the staff supported them during the day and all communication was good natured and respectful.

There were some improvements required in the implementation of a formal out-of-hours management support, more effective review of the arrangements to support residents when they were at home alone, and some remedial actions in relation to the premises. These are discussed further in the report.

Overall however, the inspector found systems were in place to provide for the health, emotional and social care needs of the residents.

The next section of the report outlines the governance and management arrangements and how this impacts on the wellbeing and welfare of the residents.

Capacity and capability

This risk inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations and standards and inform the decision regarding the providers application for the renewal of the registration. The centre was last inspected in September 2020 and a good level of compliance was evident. However, two of the actions identified on that inspection had not been addressed since then, namely, access to management guidance or support after 23: 30hrs. at night and maintenance of the premises.

Nonetheless, the inspection found that this was a well-managed centre with good systems to ensure that the residents' needs, quality of life and their own choices were prioritised. There was a clear management structure, in place, with a person in charge who was suitably qualified and experienced, who reported to the residential services manager. There were quality assurance systems in place which included monitoring of the centre via audits undertaken on a range of relevant issues including medicines management and errors, incidents and accidents, risks to the residents, and health and safety issues. Where issues were identified in these audits, they were addressed by the person in charge, for example, revising the restrictive practices in the centre.

However, the inspector found that the out-of-hours on call management arrangements were not satisfactory to provide the support or assistance which may be required. From 23:30hrs, there was no formal management on-call arrangement. Staff are advised to contact the emergency services or a colleague in another centre. However, in some situations the guidance, if not the presence of a manager may be required. For example, should the residents need to evacuate the centre, or have to be taken to hospital by the staff, or a serious safeguarding concern arose. Given that the staff work alone primarily, this was not a satisfactory arrangement and posed a risk to residents should an incident occur. This deficit was acknowledged by the provider following the previous inspection in September 2020, but had not been progressed in the interim.

The provider had completed an annual report for 2020, and while this was a detailed review it did not include the views of the residents, their families or representatives, on the quality and safety of care. The inspector was assured from other documentation however, that their views were elicited and responded to frequently. Nonetheless, as these were not included in the formal report of the centre they do not provide a transparent review.

The inspector noted that the residents living in this centre did not require full-time support, either at their activities or in their homes. Some of the residents had personal alarms should they require assistance at any time. Overall, the staff ratio and skill mix was suitable to the needs of the residents and staff worked alone primarily.

However, following the previous inspection, and in light of a potential deterioration

in a residents' needs, this arrangement was revised in one of the houses. An additional staff was made available to support a resident while the other resident went about their activities. This had recently been discontinued, but additional support strategies had been implemented and the time spent alone was limited. However, the inspector found that these strategies were not monitored for effectiveness. The resident had a personal alarm, and was aware of how to use this and could exit the premises if necessary. However, the staff were required to undertake regular fire alarm checks when the resident was alone and monitor carefully how the resident responded. The records seen by the inspector were not maintained adequately to provide assurance of the effectiveness of this. The inspector was advised that on some occasions, the resident did not respond at all which posed a risk to the safety and welfare of the resident.

The staff also advised the inspector of an arrangement, whereby a nearby day service staff would check in on the resident when necessary. At the time of the inspection one of these services was not operational and the staff were not aware of whether the second day service had access to the key of the house. These arrangements required review to ensure they were effective for the resident.

The provider ensured that staff had the training and skills to support the residents with any gaps noted due to COVID-19. These were scheduled to be completed. Records indicated that staff had undertaken Covid-19 specific training and updates were made available to them. There were also formal supervision systems implemented.

Staff spoken with demonstrated a very good knowledge of the individual residents and how to support them. From a review of the accident and incident records, the inspector was assured that all of the required notifications had been forwarded to the Chief Inspector with appropriate actions taken in response to any incidents which had occurred.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and was fully engaged in the management of the centre. Although responsible for two designated centres, this arrangement was not found to have a negative impact on the residents' care and well being.

Judgment: Compliant

Regulation 15: Staffing

Overall, the staff ratio and skill mix was suitable to the needs of the residents.

However, further review was needed to ensure that the support arrangements made for one resident to remain at home alone were sufficient.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had the training and skills to support the residents, with any deficits noted due to the pandemic being re-scheduled.

Judgment: Compliant

Regulation 23: Governance and management

Overall, this was a well-managed centre, with good systems and levels of oversight evident to ensure the residents' needs, well being and quality of life was prioritised. There were effective monitoring and quality review systems. However, the out-of-hours management system was not satisfactory. From 23.30hrs at night there was no formal on-call management arrangements should this be required by the staff. Given that the staff work alone primarily, this is not a satisfactory arrangement and posed a risk to residents should an incident occur.

In addition, the annual report on the quality and safety of care did not demonstrate that the views of the residents and their families were elicited and included.

Judgment: Not compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records, the inspector noted that all of the required notifications had been forwarded to the Chief Inspector, with appropriate actions taken in response to any incidents.

Judgment: Compliant

Quality and safety

The inspector found that the residents' quality and safety of life was well supported overall and their wishes and rights were being promoted. They were supported with their emotional and healthcare related needs, with good access to a range of multidisciplinary services, pertinent to their needs, including GPs, dentists, clinical behavioural and mental health supports and a range of allied healthcare professionals.

However, from a review of a sample of three residents care and support plans, a small number of healthcare plans required review and further assessment based on the residents presenting needs. For example, a healthy diet was advised for a resident but this wasn't supported by the advice of a dietitian to guide the staff. Given the details seen by the inspector, this advice may have been required so as to enable the resident maintain the best possible quality of life. In another file reviewed, the directions of a specialist to use specific pictorial interventions for a residents day-to-day schedule was not implemented. This was advised as part of a strategy to improve motivation and sleeping pattern, therefore benefiting the day-to-day life of the resident. These were not consistent findings however.

The residents care was reviewed frequently and both they, and their representatives, were consulted with and involved in decisions. Their social care needs and wishes were frequently reviewed with them so that their personal goals and aspirations were achieved.

There were suitable and safe systems for the management and administration of residents' medicines. The residents were assessed as to their ability to manage their own medicines, and there were systems for the reconciliation of this in order to ensure it was safe. Medicines were frequently reviewed and their impact on the resident was also monitored. Any medicine errors noted, which were minimal, were promptly responded to and systems implemented to prevent re-occurrences.

The residents had access to technology and their own phones to stay in touch with family and friends. The inspector found that there was an evident commitment to actively promoting and supporting the rights of the residents to make decisions and direct their own lives. They were actively consulted regarding their preferences and routines and told the inspector about this. Some were registered to vote and took part in a number of the community inclusion events. A resident had participated in a Webinar detailing the impact of the COVID-19 pandemic on people with disabilities and was involved in advocacy on housing.

The matters identified at the previous inspection, namely, evidence of consultation with the residents and those who support them, for the purchasing of a shared vehicle, had been resolved satisfactorily with input from the social work office. Residents managed their finances themselves with staff support.

There were effective systems, policies and procedures in place to protect residents from abuse and these were implemented when necessary. Such matters were not a feature of the residents lives in this centre. Each resident had an intimate care plan, although in this instance limited support was needed and staff assisted the residents to keep themselves safe, for example, not allowing any strangers into the house if

they were alone.

There were good systems and guidance for staff to support residents with behaviours of concern, which also aimed to enable the residents manage and understand the impact of their own behaviours and was a balanced response. From a review of the incident reports, daily records and speaking with staff the inspector was assured that staff were familiar with the individual plans for the residents and implemented them. These were monitored by the person in charge.

The use of restrictive practices was minimal, balanced and assessed appropriately. At the time of the inspection, one such practice, which did impact on the residents rights was in the process of being discontinued, as it was deemed as being no longer necessary. The rationale for the restriction however, was clearly discussed with the resident.

There was a centre-specific risk register which identified all of the environmental and clinical risks with detailed individualised risk management plans for each resident.

Fire safety management systems were in place. In 2017 a fire safety consultant had undertaken an assessment of the premises and following this the provider had installed appropriate fire safety systems and a fire containment door from the kitchen. However, the provider had since identified that further containment doors were necessary and was in the process of installing these. The schedule for servicing of the fire safety equipment for the houses had been revised since the previous inspection and all alarms, lighting and extinguishers had been serviced as required. The risk assessment and management plan for the use of the open fire, which the residents liked, had also been revised.

The procedures for the prevention and management of infection had been revised and had proved effective in protecting the residents during the COVID-19 pandemic. Both residents and staff were in the process of being vaccinated and while restrictions were being eased, due caution was also been maintained.

The premises were very homely and well suited to the needs of the residents, with adequate private and communal space, and room for all of their personal possessions, photos and equipment evident. However, there were still areas which required attention, such as the replacement of covering of pipe works, rusted radiators, poorly finished sanitary fittings and old tiling in the bathrooms which did not facilitate good cleaning and infection control systems.

Regulation 26: Risk management procedures

Risk management systems were effective, centre-specific and proportionate to the issues. There was a detailed centre-specific risk register which identified all of the environmental and clinical risks with individualised and balanced risk management

plans for each residents.

Judgment: Compliant

Regulation 27: Protection against infection

The policy and procedure for the prevention and management of infection had been revised and reviewed to reflect the increased risks and challenges of COVID-19 and to protect the residents. These procedures had been successful. The staff were observed to be cleaning, sanitising and taking due precautions to keep the residents safe.

However, there were issues observed in the premises which required attention. These were, poorly finished sanitary fittings, and old tiling in the bathrooms and toilets which did not facilitate adequate cleaning and may present a risk in terms of infection control.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety management systems were in place and the provider was in the process of installing further fire containment systems in one of the houses. The residents participated in evacuation drills with staff present, and the fire alarms and equipment were now being serviced as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable and safe systems for the management and administration of residents' medicines. The residents were assessed as to their ability to manage their own medicines and there were systems for the reconciliation of this in order to ensure it was safe.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had good access to a range of multidisciplinary assessments for their needs, including healthcare, mental health, personal and social supports. The residents' care was reviewed frequently and both they, and their representatives, were consulted with, and involved, in decisions regarding their lives.

They had good access to the local community and the individual goals were chosen by themselves and achieved. While there were detailed support plans implemented for most matters identified, in one instance a support plan advised by a specialist had not been implemented and the presenting needs of a resident indicated that a review by a dietitian may be required. These were not consistent findings however, and overall their needs were being identified and well supported.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the inspector found that the residents' healthcare needs were monitored, with evidence of regular review by the general practitioner (GP).

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good systems evident to support residents with behaviours that challenged, which also aimed to enable the residents to manage and understand the impact of their own behaviours.

The use of restrictive practices was minimal and balanced, and was in the process of review, with one restriction being considered no longer necessary and being discontinued.

Judgment: Compliant

Regulation 8: Protection

There were effective systems, policies and procedures in place to protect residents from abuse and respond if necessary. The residents were also supported with the knowledge and skills to protect themselves and seek help promptly should any such incident occur, for instance, to not open the door if alone in the house.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there was an evident commitment to actively promoting and supporting the rights of the residents to make decisions and direct their own lives, including managing their own monies and their medicines. They had keys to their bedroom doors. They were actively consulted regarding their own preferences and routines and told the inspector about this. Some were involved in advocacy groups.

The matters identified at the previous inspection, namely, evidence of effective consultation with the residents and those who support them, in the purchasing of a shared vehicle, had been resolved satisfactorily with input from the social work office.

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
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	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Holly Services OSV-0004694

Inspection ID: MON-0032925

Date of inspection: 01/06/2021

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Overall, the staff ratio and skill mix was suitable to the needs of the residents. However, further review was needed to ensure that the support arrangements made for one resident to remain at home alone were sufficient. A comprehensive Health & Safety review is taking place. This involves the installation of external evacuation doors to support evacuation directly from the person's bedroom. A system is being set up with assistive technology. This system will raise the alarm in a nearby house, in the event that the fire alarm sounds. Staff will be available immediately to go to the Designated Centre should this event occur.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: An Out of Hours arrangement has been agreed and will commence on the 05th July 2021. This will provide out of hours management on call system for staff on a 24 hour basis.</p>	
Regulation 27: Protection against	Substantially Compliant

infection	
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A maintenance plan has been put in place to address the finishing of sanitary fittings and fit new tiles in the bathroom area. This will address any areas of concern for infection control.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The support plan for one person supported has been reviewed and a referral has been made to the dietician to ensure the person is supported with all their needs.</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(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.	Substantially Compliant	Yellow	16/07/2021
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	05/07/2021
Regulation 23(1)(e)	The registered provider shall ensure that the	Substantially Compliant	Yellow	17/06/2021

	review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	17/06/2021
Regulation 05(4)(a)	The person in charge shall, no later than 28 days	Substantially Compliant	Yellow	17/06/2021

	after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
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