

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

Issued by the Chief Inspector

Name of designated centre:	Dun Aoibhinn Services Golden
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 November 2021
Centre ID:	OSV-0005064
Fieldwork ID:	MON-0030620

About the designated centre

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

The service is described as offering long-term residential care to 9 adults, both male and female with intellectual disability autism, mental health and age related care needs who require support with nursing oversight available. The designated centre comprises of two houses that are located in a community setting in a rural town with good access to all amenities and services. There are day services and training services locally which residents participate in. All residents have their own bedrooms and there is communal living space and suitable shower and bathroom facilities and gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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
Friday 12 November 2021	10:15hrs to 17:45hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with five of the six residents that lived in the designated centre. This inspection was completed during the COVID-19 pandemic. The inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

Overall the inspector found that residents received a good quality service. However, sufficient staffing was not provided to meet the changing needs of one resident and ensure that residents had access to their local community.

The designated centre had two houses which were located in a rural setting. Both houses were inspected in full as part of this inspection. Four residents lived in one house, while two residents were supported in the second house.

Residents were supported by a team of social care workers and support workers. In one of the houses, it was clear that there was an appropriate number of staff on duty. The atmosphere in this house was calm and relaxed. One resident was observed completing artwork, while another resident was having a rest. Two residents went for a drive with a staff member. The inspector met one of these residents on their return, as the other resident was visiting family.

One resident spoke with the inspector about their love of music and movies. They enjoyed getting cosy with a blanket and watching movies in the sitting room, and trips out to the cinema. The resident sang some of their favourite songs from movies with the inspector and staff members. One resident declined to interact with the inspector and this choice was respected. Residents appeared comfortable and relaxed as they smiled and interacted with staff members. One resident told the inspector that they liked their home.

However, the staffing level in the other house was not appropriate. The inspector met the two residents that lived here. The staff member on duty was very busy as they responded to residents' requests for support, including responding to one resident as they attempted to mobilise. This resident required staff support to move around their home.

It was difficult to get an opportunity to speak with this staff member as they responded to residents' needs. Staff members working in this house were lone-workers, with the exception of once every month where an additional staff was provided so that residents could receive 1:1 support. Staff in other designated centres were required to support staff and residents to complete daily tasks on a regular basis. For example, during the inspection one resident's lighter broke. The resident requested to get a replacement so they could have a cigarette. The staff member was unable to leave the centre with residents with the current staffing level, therefore the staff member asked the person in charge to get one for them.

While chatting with the other resident, they spoke about a hurling match that they wanted to go to at the weekend. The resident was advised by staff that they could not attend, as there wouldn't be enough staff on duty to bring them. It was clear that the low staffing level in this house impacted negatively on residents.

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

Capacity and capability

Monitoring systems in the designated centre ensured that there was oversight of the care and support provided to residents in their home. An annual review and unannounced six monthly visits to the designated centre had been carried out. These reviews were comprehensive, and it was clear that actions and areas for improvement were identified as a result of these reviews. For example, one report identified that some residents had been receiving night-time checks which were not required. As a result, this practice was no longer in place. This promoted residents' right to privacy.

Safety audits were completed on an annual basis. There was also evidence of regular reviews of practices in the centre such as medicines administration and completion of fire evacuation drills. Formal supervision had been completed with all staff members in the previous six month period.

One resident's mobility had significantly deteriorated in the three months before this inspection. As a result, they were at a high risk of falls. The person in charge had escalated this risk to the services manager. An assessment had been completed by an occupational therapist to assess the resident's changing mobility needs. Senior management were in the process of seeking additional funding to support the changing needs of this resident. At the time of the inspection, it was undecided if the resident would require a transition to a more suitable setting, or if extensive premises works would be completed to meet their needs. It was evident that the provider was seeking a long-term solution to meet the resident's changing needs. However, no additional staffing had been put in place in the interim as they awaited a decision on this residents' future.

Regulation 14: Persons in charge

The person in charge had the necessary skills and qualifications to fulfill the role of person in charge. At the time of this inspection, they fulfilled the role for this

designated centre alone.

The person in charge was a qualified nurse. Therefore, they could provide clinical support to residents when required. They worked directly with residents living in the designated centre, and had some protected time to complete additional duties. It was noted that the amount of protected time provided to the person in charge was under review at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels in one of the designated centre's houses was not appropriate due to the changing needs of one resident. This resident had a history of falls and required staff assistance to mobilise at all times. Another resident required constant supervision at all times due to safeguarding concerns.

Staff in this house were observed to be busy, and this was further evidenced as it was difficult to speak with them as they responded to residents' support needs. Due to safeguarding concerns, both residents required supervision when together. If the staff member working alone needed to complete personal tasks, they needed to divert one resident's attention to an activity, while another resident was encouraged to be in another area of their home. There was a reliance on staff members from other areas to complete daily tasks including collecting items for residents as staff were unable to leave the designated centre with residents due to their supervision needs.

Judgment: Not compliant

Regulation 23: Governance and management

There was effective oversight of this designated centre. This was evidenced through provider auditing systems including the annual review, unannounced six monthly visits to the designated centre and safety audits.

When one resident's support needs changed rapidly, the registered provider had responded by seeking an assessment of their mobility needs by an occupational therapist. Although it was evident that staffing levels were not appropriate, the registered provider had taken action to assess the suitability of their current home. There was evidence that there were plans to address this, to ensure the resident's needs would be met appropriately. However, at the time of this inspection, it was evident that the designated centre was not resourced in line with the assessed needs of residents.

Judgment: Substantially compliant

Quality and safety

The inspector found there was a good level of oversight of care delivery. Structures had been put in place to ensure residents would be supported in line with their assessed needs. When one resident's needs changed in a short period of time, their support needs had been re-assessed to ensure that effective plans could be put in place to address their changing needs. This included an assessment by an occupational therapist, to outline changes required to promote their mobility, and accessibility of their current home.

A number of measures had been put in place to ensure that residents were protected against potential infection, in line with guidance on the management of COVID-19. A contingency plan had been developed to guide staff members on what to do in the event of an outbreak of COVID-19. A lead worker had been appointed with the responsibility of ensuring audits of infection control measures were completed regularly. It was also noted that when they identified improvements could be made, this was completed. For example, it had been identified that pedal operated bins would be beneficial. These were provided as a result of this review. It was evident that staff members were aware of relevant guidance, and that they had access to personal protective equipment (PPE).

Throughout the COVID-19 pandemic, residents had been supported to engage in a variety of activities including yoga, art, walks, exercise, literacy and sensory activities. Residents in one of the designated centre's houses had received certification for participation in a health promotion campaign with an Irish university. One resident had recently returned to college, following a period of online learning. However, staffing levels in one of the houses impacted on residents' ability to access their local community and activities that they would like to participate in. It was evident that this had a negative impact on the residents living in this house, and their participation in their local community.

Regulation 13: General welfare and development

Staffing levels impacted on residents' ability to access their local community and activities that they would like to participate in. Staff members had raised this issue at a recent staff meeting.

One resident wanted to go for a drive to the beach, but this could not be facilitated due to safeguarding concerns and the staffing levels required to support residents on an outing. During the inspection, one resident wanted to go to a shop to purchase a lighter. This could not be facilitated and therefore a staff member had to

get this on the resident's behalf. Another resident expressed a wish to go to a hurling match at the weekend. This could not be facilitated.

Judgment: Not compliant

Regulation 17: Premises

The designated centre comprised of two houses in a rural area. In each house, residents had their own private bedroom where they could relax and retreat.

In the first house visited by the inspector, a number of works were required. Flooring required replacement, however staff members were awaiting a decision on the future living arrangements for one resident before completing these works. Grab rails had been installed in line with recommendations from an occupational therapist to promote accessibility and the mobility for this resident. Painting was due to be completed after the inspection.

The second house was clean, warm and suitably decorated. Residents showed the inspector their bedrooms which were decorated in bright colours, with personal items and photographs. There were plans in place to upgrade the bathroom in line with the assessed needs of one resident that lived there.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy which included the information required by regulation 26. When risks were identified in the designated centre, a risk assessment had been completed. These risk assessments included the controls to be put in place to ensure resident safety. These had been completed to control the risks relating to the management of COVID-19 and falls.

Judgment: Compliant

Regulation 27: Protection against infection

A contingency plan had been developed which outlined the actions to be taken in the event of an outbreak of COVID-19 in the designated centre. Individual isolation had been considered in line with residents' assessed needs, and there were associated risk assessments in each resident's personal file.

An organisational policy on the management of COVID-19 had been developed, which reference where staff should seek emerging public health advice relating to the COVID-19 pandemic. There was evidence of easy-to-read information for residents about getting a COVID-19. This was supported by guidance to staff members on how to support residents to communicate their will and preference regarding vaccination.

Judgment: Compliant

Regulation 28: Fire precautions

Fire doors, a fire alarm panel and emergency lighting were provided in the designated centre. There was evidence of regular checks to ensure fire safety systems including the fire alarm, and means of escape were appropriately maintained. Residents participated in regular fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. There was evidence of regular input from a variety of health and social care professionals. This ensured that staff members were appropriately guided in how to support residents.

When one resident's needs changed quickly, the registered provider responded by completing an assessment of their current support needs. A review to identify if the designated centre could continue to meet the resident's assessed needs was being completed at the time of this inspection. It was evident that the provider was seeking a long-term solution to meet the resident's changing needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had a key to their bedroom, and some residents chose to lock their bedroom door. There was evidence that night-time observational checks had been discontinued when these were not deemed to be required.

At all times, residents were treated with dignity and respect by staff members

supporting them.

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	Not compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dun Aoibhinn Services Golden OSV-0005064

Inspection ID: MON-0030620

Date of inspection: 12/11/2021

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The arrangements in one house have been reviewed by the Registered Provider in light of the changing needs of the residents. This review has concluded the need for a different placement for both individuals and arrangements are being put in place for same in the coming month. In the interim additional staff resources are being put in place at key times to facilitate activities of choice for the residents and to provide for safe care.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: As per the response to Regulation 15 the arrangements in one house have been reviewed by the Registered Provider in light of the changing needs of the residents. This review has concluded the need for a different placement for both individuals and arrangements are being put in place for same in the coming month. In the interim additional staff resources are being put in place at key times to facilitate activities of choice for the residents and to provide for safe care.	

Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>As per the response to Regulation 15 the arrangements in one house have been reviewed by the Registered Provider in light of the changing needs of the residents. This review has concluded the need for a different placement for both individuals and arrangements are being put in place for same in the coming month. In the interim additional staff resources are being put in place at key times to facilitate activities of choice for the residents and to provide for safe care.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The flooring in the identified house has been replaced and additional hand rails have been installed. Painting works are scheduled for the week of the 3rd January 2022.</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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/01/2022
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	31/01/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	08/01/2022

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
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.	Substantially Compliant	Yellow	31/01/2022