



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

Issued by the Chief Inspector

Name of designated centre:	Sunville
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	10 June 2021
Centre ID:	OSV-0005874
Fieldwork ID:	MON-0032613

About the designated centre

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

Sunville is a centre run by Brothers of Charity Services Ireland. The centre provides a full-time residential service for two residents over the age of 18 years. The centre is located on the outskirts of the busy town and comprises of two self-contained adjacent, ground floor apartments in a larger apartment complex. Each resident has their own apartment with access to their own en-suite bedroom, a main bathroom, staff room, utility space and, open plan kitchen, dining and living area. The centre is close to transport services and a variety of local amenities, some of which are within walking distance of the centre. The model of care is social and the support provided is informed by the assessment of resident needs and abilities. A staff presence is always maintained in the centre and, there are periods of the day when each resident has their own staff support. A staff on sleepover duty is available to provide support to both residents if needed. Management and oversight of the service is delegated to the person in charge supported by the social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 10 June 2021	09:45hrs to 15:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This was a well-managed service that was operated in a way that ensured each resident received support that was individualised to their needs and abilities. From what residents and staff said and, what the inspector read and observed, residents were enjoying a good quality life.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. COVID-19 has resulted in changes as to how centres are inspected so that they can be inspected in a way that is safe for residents, staff and inspectors. The inspector was provided with an office space in one of the apartments and had the opportunity to meet with both residents in their home.

The inspector received a warm welcome from both residents who each gave a good account of what life was like for them in the centre. There was some discussion of COVID-19 but both residents were in good form, getting on with life, were making plans for trips and, returning to activities that they enjoyed now that restrictions had eased. For example, one resident was planning to have a meal with family and go to the cinema with staff. One resident was delighted to be able to go back swimming, had a session booked supported by family and, said that swimming was something that they really enjoyed and had missed. Both residents were supported to stay safe by staff but had a good understanding of the risk posed by COVID-19, the need for restrictions and, the measures needed to keep safe such as wearing a face mask, hand-hygiene and physical distancing.

Records seen by the inspector demonstrated that COVID-19 had not been without its challenges for residents but staff had supported residents to manage any anxiety and stress that arose for them. The inspector saw that an ongoing process of risk assessment had supported residents to have safe access to their community and outdoor amenities. With vaccination and the general easing of restrictions, the variety of services and amenities accessed was broadening. For example, a resident had returned to work and, restrictions on visits to the centre were eased but managed so that the risk of accidental transmission of COVID-19 was minimised.

Residents had been supported to increase their familiarity with and, their use of technology so as to remain connected with family, friends and other support networks. For example, on the day of inspection staff supported residents to participate in further education programmes that had moved on-line and, to participate in the internal advocacy forum. Both residents were very proud of their achievements in further education programmes.

One resident discussed their interest in horticulture, the class that they were participating in and, how much they enjoyed it. The apartments did not have a garden space but residents said that this was fine as there were pleasant green-spaces and walks nearby and, it was hoped through the advocacy programme to

secure an allotment in the town. The challenges of being a dog owner were discussed so in lieu of this the resident walked a dog owned by a staff from another service. Both apartments were well maintained and suited to the needs and choices of each resident. One resident described in detail the terms and conditions of living in the apartments and, discussed with the inspector the action they took when matters arose that they were not happy with such as noise and dog-fouling. These matters were addressed.

The individuality of each resident was reflected in the support that was provided and in their relationship; residents liked and respected each other but said that they each did their own thing. Individuality was reflected in the staffing arrangements with one resident facilitated to have some time on their own in their apartment. This was informed by an assessment of any associated risk and, the implementation of reasonable controls such as the provision of alarms to alert staff. The resident clearly described to the inspector the activation and working of the alarm and, the working of the fire detection and alarm system.

In summary, the discussions with both residents assured the inspector that residents were happy with the life they lived and, with the support that they were provided with in this service. Residents said that they loved living in the centre, liked their staff and, said that the person in charge was a good manager. The inspector also saw from records that residents spoke up when they were not happy and, they were listened to. Staff, residents and representatives worked together so as to achieve good outcomes for residents. While the inspector did not meet with any representatives the inspector saw that they were consulted with as needed and, invited to give feedback. Feedback was provided and it was positive.

Staff spoken with were very informed of each residents needs, abilities and choices and, there was consistency between the routines described by residents and the support described by staff. The records created by staff were respectful and demonstrated that staff sought to allow residents to direct and control their care but also provided residents with the information, guidance and support that they needed to make good decisions.

Staff monitored resident well-being and ensured residents had access to the services and clinicians that they needed. Both residents looked well and healthy and, were delighted with their personal achievements in maintaining good health. Staff clearly described the support and care that was needed so that residents enjoyed good health. However, while the inspector was assured that residents received the care that they needed, the health and healthcare aspect of the personal plan needed to be developed.

This was the only improvement action that issued from this inspection. The next two sections of this report present the findings of the 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 delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced to deliver on its stated aims and objectives. The provider had sustained the good level of compliance found at the time of the last HIQA inspection. The provider was effectively overseeing the service and, used the information and data that it collected to improve the quality and safety of the service provided to residents.

The person in charge had other areas of responsibility but said that with good time management and organisation, she was confident she had the capacity to effectively manage each service. The person in charge had an office nearby, endeavoured to be present on site each week and was contactable as needed by phone and email. The person in charge had the practical support of the social care worker in ensuring effective day-to-day management of the service and, regular management mentoring and support from their line manager who attended verbal feedback of the inspection findings.

The systems of management and oversight utilised to ensure and assure the quality and safety of the service provided to residents were evident on inspection. These included the regular review of any incidents that occurred, the follow-up of any feedback received or matters raised by residents, unannounced audits of infection prevention and control measures and, regular monitoring of resident needs and overall well-being. The inspector saw minutes of regular staff meetings that supported oversight and communication of any matters arising. The provider was also completing the annual review and the unannounced reviews required by the regulations to be completed on a six-monthly basis. Residents and their representatives were invited to contribute to these reviews.

There was evidence that the provider responded to the findings of reviews and took corrective action to improve the quality and safety of the service. For example, a recent review of fire safety drills identified several areas for improvement. The actions necessary were explored by the inspector and found to be complete. For example, the fire detection and alarm system had been modified so that it was heard in both apartments.

In addition, the inspector saw that feedback provided by a resident had been transferred into the complaints procedure and, explored further by the management team. How the feedback had arisen and how to prevent a similar situation arising was discussed at the staff team meeting and, the resident was happy with the rationale given and the actions taken. The complaints procedure was available in a folder in the hallway but not prominently displayed, the inspector was advised that residents themselves had requested this.

Good, effective risk identification and management was central to the providers' staffing arrangements and, the inspector was satisfied that this was in place. One

staff was available to provide support as needed to both residents at night and, there was a period of time each day when there was one staff on duty. There were risk assessments based on resident awareness of risk and safety and, resident ability to comply with controls such as alarms. This provided assurance that these staffing arrangements were safe, while allowing residents some independence and unsupervised time in their home. The provider had allocated additional staff to the centre during the period of highest restrictions so that each resident was meaningfully occupied each day and, could safely access the wider community supported by staff. The person in charge confirmed that staff supervisions were on schedule with no matters arising.

The inspector reviewed the records of training completed by staff and, based on the representative sample of records seen, mandatory, required and desired staff training was up-to-date. This included the completion of online training modules by staff in-lieu of face-to-face training, for example fire safety and safeguarding training. Staff had completed appropriate training in response to the risk posed by COVID-19 such as hand-hygiene, breaking the chain of infection and, the correct use of personal protective equipment (PPE).

Regulation 14: Persons in charge

The person in charge worked full-time and had the required skills, qualifications and experience. The person in charge had other areas of responsibility including two other designated centres. The person in charge was satisfied that they had the systems in place and, the support that they needed to ensure the effective management of each service. The person in charge was well-known to both residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were suited to the assessed needs and abilities of the residents. The staff rota identified each staff on duty and the hours that they worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that reflected mandatory, required and

desired training. Attendance at baseline and refresher training was monitored.

Judgment: Compliant

Regulation 21: Records

The records in the centre were well maintained. Any records requested by the inspector were available. Monitoring and oversight of the service was evident in the records seen.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. Individual roles, responsibilities and reporting relationships operated as intended by the provider. The centre presented as adequately resourced to deliver on its stated aims and objectives. The provider was effectively overseeing the service and, used the information and data that it collected to improve the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre there were adequate arrangements in the centre that ensured HIQA was notified of events such as the use of any restrictive practice or, any injury that required medical treatment.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and their representatives raised any concerns they had, they were listened to and, corrective action was taken in response as needed. Staff supported residents to raise and progress with other parties any complaints they had but that did not fall within the responsibilities of the provider; for example, with the local

council.

Judgment: Compliant

Quality and safety

As stated in the previous section of this report this was an effectively managed and overseen service. Consequently, the provider had the systems and arrangements needed to ensure that each resident was in receipt of a safe, quality service and, lived a good quality life.

The inspector reviewed one personal plan and saw that the goals and objectives of the plan reflected what the resident hoped and wished for in life. The support observed and described by staff and, the routine described by the resident reflected these hopes and wishes. For example, to have continued contact with family and to continue living in the centre. The resident participated in the formulation of their plan and, in its ongoing review; resident representatives were also consulted with and participated as appropriate in decisions about the care and support provided. The annual review of the plan was planned but the inspector saw that the plan had been reviewed and updated as needed, for example in response to the changes and impact of COVID-19.

It was evident from the plan and other records seen such as the narrative notes created each day by staff, that staff monitored resident well-being and, the effectiveness of the support provided. Staff negotiated with the resident and sought to support good decision-making while respecting resident right to autonomy and self-determination. The records demonstrated that staff understood the challenge at times for residents in adhering to the recommended care. Records of reviews demonstrated that residents had access to the clinicians and services that they needed to enjoy good health such as their General Practitioner (GP), dentist, dietitian, psychology and psychiatry. There was an outstanding neurology referral and, the person in charge assured the inspector that this was actively monitored. However, while staff very clearly described the assessed healthcare needs of the resident and, the care and support provided on a daily basis, the inspector found that the healthcare section of the plan was not comprehensive and did not reflect this knowledge. Specific plans of care were needed for each assessed need, plans that set out the care and support needed, the goal of that care and, how staff should respond when concerns or challenges arose.

Notwithstanding clinical recommendations such as a prescribed daily fluid intake and dietary requirements, residents had minimal restrictions in their lives. Those that were in place were informed by an assessment of risk, were used to protect residents from harm and, to ensure that residents could safely enjoy periods of independence. There was evidence that residents were consulted with and agreed to any restrictions in use such as receiving support from staff to manage their

personal monies or their medicines. Reassessment of the risk, of resident capacity and wishes, informed the ongoing use of such interventions.

In general the inspector found evidence of focused, effective identification and management of risk. The purposeful sample of risk assessments reviewed by the inspector reflected the general operation of the service such as the staffing arrangements, the assessed needs of the residents and, the risk posed to resident and staff health and well-being by COVID-19. In supporting positive risk taking by residents, staff ensured this was appropriate and safe by monitoring resident awareness of the risk and, their ongoing compliance with the necessary controls. The process of assessing and managing risk was dynamic, for example COVID-19 risk assessments and controls were the subject of regular review and change as national guidance changed, community incidence rates fluctuated and, vaccination commenced.

There was evidence of these effective infection prevention and control measures in practice. For example, the staff training referred to in the previous section of this report and, the efforts made by staff to educate residents on how to stay safe without creating additional worry or anxiety for residents. Inspector well-being was ascertained on arrival. Each apartment was homely but organised and, visibly clean with ready access to hand-sanitising products. Staff and resident well-being was monitored, staff were observed to wear a face-mask when with residents. A resident applied a face-mask prior to meeting with the inspector. There were plans for responding to any suspected or confirmed COVID-19. Visits to the centre had recommenced but these were managed so that they were safe.

A recent review of the providers' fire safety arrangements had resulted in improved arrangements. Improvements included modification of the fire alarm and detection system so that both apartments were alerted to the activation of the alarm. This had resulted in improved evacuation times. There was documentary evidence that this system, the emergency lighting and, fire fighting equipment were all inspected and tested at the required intervals. Staff participation in simulated evacuation drills was planned so that all staff participated. The records of drills seen by the inspector indicated that staff and residents could effectively evacuate from the apartments. Each resident had a personal emergency evacuation plan (PEEP); they were somewhat generic however and, the inspector recommended their review to reflect greater specificity to each residents circumstances.

Regulation 10: Communication

Both residents were effective verbal communicators. Residents had access to a range of media and the internet and, were supported by staff to enhance their use of a range of media so as to remain connected with family, friends and life in general.

Judgment: Compliant

Regulation 11: Visits

The process of risk assessment ensured that residents had safe access to managed visits with family and friends.

Judgment: Compliant

Regulation 13: General welfare and development

From the feedback that residents themselves provided it was evident that residents liked living in this centre and enjoyed a good quality of life. The support provided was individualised to each resident and its evidence base was informed by the relevant clinicians. Residents were supported to access further education programmes that they enjoyed and took great pride in completing. Residents were supported to enjoy the experience of work. Residents were visible and actively engaged in their local community.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the apartments were suited to the number and needs of the residents accommodated in them. Each apartment had a staff room which meant that staff and residents had space and, the administration of the service did not impinge on resident space. Both apartments were well maintained and decorated to reflect the preference of each resident.

Judgment: Compliant

Regulation 18: Food and nutrition

A resident described to the inspector how they prepared and cooked their own meals with support from staff. Residents said that they planned their meals and participated in the weekly shop with support from staff. Residents were supported to make healthy lifestyle choices in relation to their meals and exercise and, residents

were delighted to share with the inspector the positive health outcomes of this. Staff monitored resident body weight and sought dietetic advice. Staff were mindful of each resident's right to not adhere to recommended plans and there was evidence of discussion, negotiation and compromise.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks were identified and the provider had adequate arrangements in place for their management and ongoing review. Reasonable and proportionate controls supported residents to have some independence and autonomy in their daily routine.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies, procedures, plans and practice based on national guidance and risk assessments to protect residents and staff from the accidental introduction and, onward transmission of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety arrangements including arrangements for the evacuation of residents and staff from the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While staff very clearly described the assessed healthcare needs of the resident and, the care and support provided on a daily basis, the inspector found that this section of the personal plan was not comprehensive and did not reflect this knowledge. Specific plans of care were needed for each assessed need, plans that set out the care and support needed, the goal of that care and, how staff should respond when

concerns or challenges arose.

Judgment: Substantially compliant

Regulation 6: Health care

Staff were very aware of each residents health needs, monitored resident well-being, supported residents to attend scheduled appointments and, took responsive action when any concerns arose.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents enjoyed routines with minimal restriction of their choices other than those that were necessary for their safety and well-being.

Judgment: Compliant

Regulation 8: Protection

There was no active safeguarding concern. Staff had completed safeguarding training. Residents said that they liked living in the centre and were happy with the team of staff that supported them.

Judgment: Compliant

Regulation 9: Residents' rights

The operation of the service respected the individuality of each resident. Residents and staff discussed and agreed the daily routine, meals, and activities. Residents said that they were happy with the control and choice that they had including the opportunity to spend sometime alone. It was evident that residents did speak up if they were not happy and, one resident was actively involved in the internal advocacy forum.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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	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 Sunville OSV-0005874

Inspection ID: MON-0032613

Date of inspection: 10/06/2021

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. Specific to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Regulation 05(8): The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6). • The PIC will ensure that a comprehensive Health Care Plan will be put in place as part of a review of the health care section of the individual plan which will include specific plans for care required for each assessed need. The health care plan will set out the care and support needed, the goal of that care and, how staff should respond when concerns or challenges arise. Behaviour support input will also be sought as part of this review to ensure all aspects of resident's health are supported. The PIC will ensure that all multi-disciplinary input is included in the review. • The PIC will ensure appropriate oversight of the individual planning process and ensure that the personal plan is amended in accordance with any changes carried out following a review to ensure it reflects the resident's needs, while outlining the supports required to maximize the resident's personal development and ensuring it is developed through a person-centred approach.	15/08/2021 – Timescale for completion

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 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	15/08/2021