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**The Grove, OSV-0004889, 18 June 2019**

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

Name of designated centre:	The Grove
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	18 June 2019
Centre ID:	OSV-0004889
Fieldwork ID:	MON-0026025

## About the designated centre

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

This centre was run by Brothers of Charity Services Ireland and is located on the outskirts of a town in Co. Clare. The centre provides residential care for up to four male and female residents, over the age of 18 years who present with an intellectual disability. The centre comprises of one bungalow dwelling which provides residents with their own en-suite bedroom, shared bathroom, staff office, staff bedroom, dining and kitchen area, sitting room, utility room and garden area. Staff are on duty both day and night to support the residents who live here.

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

Number of residents on the date of inspection:	4
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
18 June 2019	09:30hrs to 14:30hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector met with all four residents who live at this centre. One resident who spoke directly with the inspector said that she had recently completed a course and was looking forward to attending her graduation ceremony scheduled for the day after this inspection. This resident also spoke positively of the support she receives from staff to maintain regular contact with her friends in the community.

Another resident, who was non-verbal, regularly engaged with the inspector throughout the inspection. Staff who were on duty, supported the inspector to understand the meaning of various gestures used by this resident in his interaction with the inspector. Through the use of such gestures, this resident communicated with the inspector about recent fire upgrade works that took place at the centre and of his attendance at recent allied health care professional appointments.

Although the remaining two residents did engage briefly with the inspector, they did not speak or engage with the inspector about the care and support they receive. Throughout the inspection, the inspector observed staff to address residents in a respectful manner through both their approach and tone of communication and language. Staff were observed to assist residents in preparing for day services, in reading books and to attend various appointments they had scheduled on the day of inspection. Residents were also observed to freely access all areas of the centre and appeared very comfortable in the company of the staff members who were on duty.

## Capacity and capability

The inspector found this was a well-managed and well-resourced centre that ensured residents received a safe and good quality service, in accordance with the statement of purpose. Since the last inspection in February 2018, the provider had made improvements to the arrangements in place for fire safety, health care and staffing. However, this inspection identified some improvements required to risk management.

The provider had arrangements in place to ensure suitable persons were appointed to manage this service, which had a positive impact on ensuring clear lines of authority and accountability. The person in charge held the overall responsibility for the service and she was supported by her line manager and staff team in the management and running of the centre. She also had responsibility for other services operated by the provider and told the inspector that the current governance and management arrangements supported her to have the capacity to fulfill her duties as person in charge of this centre. She regularly visited the centre to meet

with residents and staff and also attended regular staff team meetings, which had a positive impact on ensuring staff were frequently facilitated to raise any concerns they had with her regarding the safety and welfare of residents. She was also found to have strong knowledge of residents' needs and also of the operational needs of the service delivered to them.

The provider had ensured that the centre was suitably resourced to meet the assessed needs of residents and that effective monitoring systems were in place to ensure that the service delivered to residents was regularly monitored and reviewed. At the time of inspection, the annual review of the service and a further six monthly provider-led visit were due to be completed and the provider had plans in place to complete these subsequent to this inspection. The inspector reviewed the report from the most recent six monthly-provider led audit completed at the centre and where improvements were identified, the provider had addressed these in accordance with a time-bound action plan.

Due to the changing needs of some residents living at the centre, the number and skill-mix of staff working at the centre was subject to regular review by the person in charge. The person in charge also told the inspector of the provider's plans to secure additional staffing arrangements for the centre, in anticipation of some residents' future care and support needs. Effective supervision and training arrangements ensured staff received regular supervision and training, as and when required. Staff who met with the inspector, demonstrated a clear understanding of each resident's assessed needs and of their role in supporting these residents.

The person in charge also had a system in place ensuring the notification of incidents to the Chief Inspector, as required by the regulations.

#### Regulation 14: Persons in charge

The person in charge had the qualifications and experience required by the regulations. She was regularly present at the centre and told the inspector that the current governance and management arrangements supported her to have the capacity fulfill her duties as person in charge at the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured adequate staffing levels were in place to meet the assessed needs of residents. A plan was also in place to secure additional staffing arrangements to meet the changing needs of some residents who lived at the centre. A well-maintained staff roster was in place which identified staff working at

the centre and their start and finish times.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The provider had arrangements in place to ensure all staff received mandatory training and a refresher training programme was also available to staff, as required. All staff were subject to regular supervision from their line manager.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The provider had ensured the centre was resourced to meet the needs of residents. Effective monitoring systems were in place to ensure the service delivered to residents was regularly reviewed. Plans were in place to complete the next annual review and six-monthly provider led audit subsequent to this inspection.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose was available at the centre and was subject to review by the person in charge at the time of this inspection.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector, as required by the regulations.
Judgment: Compliant

## Quality and safety

Overall, the inspector found the provider had suitable arrangements in place to ensure residents' quality of life was promoted at this centre. The centre comprised of one bungalow dwelling located in a town in Co. Clare, which was within short distance of local amenities and services. Residents had access to their own en-suite bedroom, shared bathroom, a kitchen and dining area, a sitting room, a utility room and to a garden area. The centre was found to be clean, nicely decorated and provided residents with a homely environment to live in.

The provider had ensured that adequate staffing and transport arrangements were in place to support residents to have regular community engagement and to take part in activities of their choice. Additional transport arrangements were recently secured for the centre and the person in charge told the inspector this new resource would be made available to the centre in the coming weeks. Residents were regularly consulted as to how they wished to spend their time and enjoyed regular access to local amenities, went to day services and took part in various other activities of interest to them.

Since the last inspection, the provider made improvements to the arrangements in place for residents to access allied health care professionals, such as dietician services. Staff who spoke with the inspector were very aware of their responsibility in supporting residents with their assessed health care needs and personal plans were also in place to ensure staff were adequately guided on the specific supports some residents required. Similarly, where residents presented with assessed communication needs and the provider had ensured that these residents were supported to interact with staff and communicate their wishes in accordance with their capabilities. Throughout the inspection, staff who met with the inspector confidently demonstrated their understanding of the meaning of residents' gestures and vocalisations when communicating their wishes.

The person in charge told the inspector of a recent increase in incidents relating to behavioural management at the centre. In response to this, the provider had ensured incidents were recorded, reviewed and trended. In addition, residents requiring behavioural support were subject to regular multidisciplinary review and clear behaviour support plans were in place to guide staff on any changes to residents' behavioural support arrangements. The person in charge also ensured these changes were regularly discussed with staff at team meetings and all staff had received up-to-date training in the management of behaviours that challenge. There were some restrictive practices at the time of this inspection and these were subject to regular review and clear protocols were in place to guide staff on their appropriate application in practice.

The provider had a risk management system in place which supported the identification and timely response to specific risks at the centre. However, improvement was required to the system in place for the assessment and on-going monitoring of risk at the centre. For example, although risk assessments were

in place to support the management of specific risks at the centre, in some cases, the provider failed to ensure these risk assessments identified the specific measures put in place in response to these risks. In addition, where effective measures were put in place by the provider in response to risk, the initial assessed level of risk was not always appropriately evaluated to demonstrate the positive impact these measures had on reducing the overall level of risk. In addition, although risks relating to behavioural management and staffing arrangements were subject to on-going review by the person in charge, the on-going monitoring of these risks was not always supported by a risk assessment.

The provider had ensured effective fire safety precautions were in place, including, fire detection and containment systems, adequate emergency lighting, up-to-date staff training in fire safety and regular fire safety checks. Since the last inspection, the provider had made improvements to the evacuation arrangements for residents from their bedrooms, with each bedroom now having a fire exit door opening out onto the garden. Regular fire drills were occurring which demonstrated residents could safely be evacuated from the centre in a timely manner. The fire procedure was also displayed in the centre, adequately guiding staff on the procedure to follow in the event of a fire at the centre.

### Regulation 10: Communication

Where residents presented with assessed communication needs, the provider had arrangements in place to ensure these residents were supported to communicate their wishes. Staff who met with the inspector effectively demonstrated their understanding of residents' gestures and vocalisations when communicating their wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider ensured adequate transport and staffing arrangements were in place to ensure residents had regular opportunities for community engagement, education and social activities of their choice.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the premises was suitable to meet the assessed needs of

residents. Residents had access to their own bedroom, en-suite facilities, shared bathrooms, utility, kitchen and dining, sitting room and to a garden area. The centre was found to be well-maintained, clean, nicely decorated and provided residents with a comfortable environment to live in.

Judgment: Compliant

### Regulation 26: Risk management procedures

Although the provider had a risk management system in place, improvements were required to some risk assessments to ensure clear identification of the specific control measures in place to mitigate risk and accuracy in the evaluation of the assessed level of risk, where the provider had implemented effective measures in response to risk. Furthermore, improvements were required to ensure the provider's monitoring of risk was adequately supported by risk assessment. For example, on-going monitoring of staffing and behavioural support arrangements.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Since the last inspection, the provider had improved bedroom evacuation arrangements for residents in the event of a fire. Effective fire safety arrangements also included, fire detection and containment measures, adequate emergency lighting, regular fire checks and up-to-date staff training in fire safety. Fire drills were occurring at the centre which demonstrated residents could be safely evacuated from the centre and a clear fire procedure was in place which adequately guided staff on the procedure to follow in the event of fire at the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider had arrangements in place to ensure residents' needs were subject to regular assessment and that clear plans were in place to adequately guide staff on their role in supporting residents with assessed needs.

Judgment: Compliant

## Regulation 6: Health care

Where residents presented with assessed health care needs, the provider ensured these residents were adequately supported. Since the last inspection, the provider made improvements to the arrangements in place for residents' access to allied health care professionals, as required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

At the time of inspection, the person in charge was in the process of reviewing the behavioural support needs of some residents at the centre. These residents were subject to regular review and staff were supported by multi-disciplinary arrangement in the review and management of behaviours that challenge at the centre. Behaviour support plans were regularly reviewed to ensure staff were appropriately guided on supporting residents requiring behavioural support. Where restrictive practices were in place, these were subject to regular review and clear protocols were in place to guide staff on their appropriate application in practice.

Judgment: Compliant

## Regulation 8: Protection

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

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Grove OSV-0004889

Inspection ID: MON-0026025

Date of inspection: 18/06/2019

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:            The PIC will ensure the following actions are completed to ensure compliance with Regulation 26:</p> <ul style="list-style-type: none"> <li>• A risk management policy is in place in the organization and the PIC is knowledgeable of this policy and adhered to it within the service.</li> <li>• Review and update current risk assessments in the centre to ensure all control measures have been outlined and they are proportional to the risks identified.</li> <li>• Review risk ratings to ensure they are reflective of the actual risk following implementation of controls.</li> <li>• Identify where risks currently managed within the centre have not been adequately specified or assessed in the current register and complete additional assessments to ensure all monitoring of risk is evident in the assessments.</li> <li>• Individual risk assessments to be reviewed and identify where there may be impact on other residents either due to the risk or the control measures in place.</li> <li>• PIC to develop operational risk assessments where required for risks managed but unsupported by assessments for example for staffing.</li> <li>• PIC to update files and record keeping review system ensuring ongoing review of risk is timely and effectively documented.</li> </ul>	

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	23/08/2019