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Laurel Services, OSV-0004462, 02 December 2021

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

Issued by the Chief Inspector

Name of designated centre:	Laurel Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	02 December 2021
Centre ID:	OSV-0004462
Fieldwork ID:	MON-0034306

About the designated centre

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

Laurel Services is a service run by Brothers of Charity Services, Ireland. The centre provides a service for up to six male and female adults. Supports are provided to people who present with a mild to severe intellectual disability, behaviours that challenge and mental health issues. The centre comprises of three houses which are located in County Roscommon. One house provides day services Monday to Friday and some weekend overnight care to one adult. The second house provides a fulltime residential service to one adult. The third house can support four male or female adults for respite, and is open Monday to Friday each week and one weekend a month. There is transport available at all locations for residents to access the community in line with their wishes. Staff are on duty at night on a sleep over basis and during the day to support residents with their needs. While availing of respite residents are supported to do activities they enjoy and are interested in.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 December 2021	10:00 am to 4:50 pm	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector found that the wellbeing and social care needs of residents who lived at Laurel services was promoted. Care was delivered in a person-centred manner, where residents' individual choices and interests were supported. Residents who the inspector met with during the day of inspection appeared relaxed in their home and with the supports provided by staff members.

The inspector visited all three houses throughout the day and got the opportunity to meet with three residents, while adhering to the public health guidelines of the wearing of a face mask and social distancing. In addition, the inspector met and spoke with staff who were working on the day.

The designated centre consisted of three houses, one of which had recently commenced providing full-time care to one resident. One other house provided part-time care to one resident and the resident was supported to engage in a range of activities during the day from this location. The third house provided planned respite Monday to Friday and one weekend a month for up to four residents at any one time. On the day of inspection, there were two residents availing of respite in this house, and the inspector briefly met with one resident on their return from day service. They greeted the inspector briefly and chose not to communicate further, which was respected. They were supported by a staff member, and they appeared comfortable and content with the supports provided.

On arrival to the designated centre in the morning, the inspector met with the person in charge and person participating in management. The inspector was informed that residents in two locations were attending day services external to the centre, and one resident in another location was supported to carry out day programmes from the house. The inspector did a walkaround of the first house with the person in charge, and it was observed to be spacious for one resident. Plans for the resident to move bedrooms were discussed, and the inspector was informed about how the resident was involved in choosing colours and décor for their new bedroom to make it more personalised. It was observed that a door wedge was holding open the fire door between the dining room and hallway, and this was removed and disposed of, when it was brought to the attention of the management team.

The inspector met with the resident who lived here during the evening after they had returned from their day service. They appeared relaxed in the sitting-room, and greeted the inspector before resuming the activity that they were engaged in. Staff members supporting the resident spoke about the resident's activity schedule and communication preferences, and demonstrated and explained about how the resident made choices about activities that they would like to do.

The inspector visited the second house during the afternoon, and met with one resident and the staff supporting them. The inspector was informed that they had

been out for a walk earlier in the day, and were planning on going to the gym and swimming pool in the afternoon. The resident showed the inspector around the house. They appeared proud to show their computer room, bedroom and an area external to the main house that had been converted to a hair salon, which the inspector was informed was an interest of the resident. This house was clean, spacious and personalised to the resident's personal preferences. There was also a chicken coup, which housed a number of chickens and the inspector was informed about how the resident had been involved in distributing eggs to neighbours and friends. The resident spoke about their interests such as watching soap operas, going to reflexology sessions and horseriding. The house appeared comfortable and it was evident that the resident had plenty of opportunity for leisure and recreation in their home.

In general, residents were reported to be getting on well at this time and to have coped well with the restrictions during COVID19. One resident was reported to have missed going to their sports clubs and meeting their friends. Staff spoken with appeared knowledgeable about residents' needs, behaviours and communication preferences, and this was also observed in practice on the day. The centre was observed to have a range of easy-to-read visuals located around the house; including pictorial rotas and visual activity schedules.

Overall, residents appeared happy and content in their home environment and with staff supporting them. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that improvements were required in the monitoring and oversight by the management team to ensure that the auditing systems effectively identified actions for quality improvement and actions to ensure compliance with the regulations. Areas that were found to require improvements included; aspects of risk management, protection against infection, assessment of fire risks, staff training and ensuring that all restrictive practices were notified to the Chief Inspector of Social Services.

The provider had submitted an application to vary the conditions of the centre to reduce the bed numbers in one house to accommodate a resident getting a full-time residential service. A new person in charge had recently been appointed to the centre, and they were found to meet the regulatory requirements in terms of qualifications and supervisory/management experience. They were responsible for this centre only and spoke about how they planned to allocate their time, so that they would spend time working directly with residents in two locations during the week, and spend an allocated 12 hours per week on administrative work. They were

supported in their role by a person participating in management who was available throughout the day of inspection, and were found to be very familiar with the centre and residents' needs.

Staff were offered training opportunities for continuous professional development and in supporting them to have the skills and knowledge to support residents with their needs. Training records were reviewed which showed that some staff in one location were due training in fire safety, behaviour management and the administration of emergency medication for epilepsy. As the staff team in this location was recently established to support the new full-time service, some training programmes were not completed but had been scheduled. The management team spoke about what arrangements they had put in place to ensure that staff had the knowledge to support the resident, while waiting for the planned training. However, this risk had not been documented and assessed in line with the organisational policy and procedure, which would ensure that all mitigating control measures were fully assessed and under regular review to mitigate against this risk. In addition, training that was found to be outstanding at the last inspection had still not been completed. The inspector was informed about the provider's plans to seek a trainer for this training, as the previous trainer was no longer available.

Since the last inspection there had been improvements in the review of restrictive practices. However, some restrictive practices, while reviewed by the management team, had not been included in the notifications to the Chief Inspector. This included a locked wardrobe and some locked internal doors at night time in one location. The inspector found that improvements in the ongoing monitoring and oversight by the management team were required, as the systems in place did not effectively identify actions relating to risk management, fire safety and notifications of restrictive practices to ensure full compliance with the regulations. The local management team spoke about plans that were in place for developing a specific audit schedule which would improve the local management team's auditing systems. This was reported to be in progress at this time. In addition, the inspector was informed about the recruitment of a service co-ordinator who would be involved in the management of the centre, which would help improve governance arrangements.

In summary, while there was a clear governance structure in place, improvements were needed in the ongoing oversight and monitoring of the centre to ensure that audits effectively identified areas of non compliance and actions for quality improvement to ensure a safe and high quality service.

Regulation 14: Persons in charge

The person in charge had the qualifications and experience to manage the centre in line with the requirements of the regulations. They were in full-time employment and were not responsible for any other designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training that had been identified as required in the area of provision of intimate and personal care remained outstanding. In addition, some training for staff who had recently taken up post in one location was outstanding.

Judgment: Substantially compliant

Regulation 23: Governance and management

Systems for the ongoing monitoring and oversight of the centre required improvements as the current systems were not always effective in identifying actions required for quality improvement, and actions to achieve full compliance with the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge did not ensure that all the restrictive practices that were used in one location were included in the notifications to the Chief Inspector, as required in the regulations.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Policies and procedures as required under Schedule 5 of the regulations were in place and up-to-date.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a person-centred service where their individual interests and choices were respected. Residents who the inspector met with appeared relaxed and content, and were observed to be comfortable with staff supporting them. However, improvements in aspects of risk management, protection against infection and fire safety in one house would further enhance the quality and safety of care provided. This will be discussed in more detail throughout this section of the report.

Through a review of documentation and discussions with staff and residents, it was evident that residents' general welfare and development were promoted in the centre. Some residents attended external day services, and one resident was supported with day activities from their home. Activities that residents enjoyed included; reflexology, horse riding, swimming, going to the beach, local walks and day trips. In addition, residents had access to opportunities in the home for leisure and recreation including; access to 'smart' televisions, computers, technological devices, magazines, sensory items and arts and crafts supplies.

Residents who required supports with behaviours of concern had specific plans and protocols in place which had a multidisciplinary input. Restrictive practices that were in place were reviewed at staff team meetings and with members of the multidisciplinary team. The rationale for their use, and risk of not using the restrictive practices were clearly documented, and provided evidence that the practices were reviewed to be the least restrictive option.

In general there were good systems in place for the prevention and control of infection including staff training, the use of personal protective equipment (PPE) and availability of hand gels. In addition, there were systems in place for the prevention and management of risks associated with COVID-19; including site specific contingency plans. However, in one location it was found that due to the risk associated with soiled laundry being transported through the dining area and kitchen to the utility area, that a site specific procedure was required. This would ensure that all staff and residents were protected against any possible risk of infection in the handling and transportation of soiled laundry from one area of the house to another. In addition, the use of hand towels to minimise the risk of infection required review in this location, and the inspector was informed, and

subsequently observed, that this action was currently in progress and had been identified through a local management audit.

There were systems in place for the identification, assessment and management of risk, including an up-to-date risk management procedure. In general, risks that had been identified at service level had been assessed and documented and there was evidence that the person in charge had recently reviewed some risks. However, one risk relating to some newly recruited staff not having the required specific training programmes that were identified as required to support a resident with their needs, required review. The clear assessment of this risk would help ensure that all appropriate mitigating control measures were in place, and kept under ongoing review for their effectiveness in ensuring the resident's ongoing safety.

In addition, the fire risk assessment in one location required further review to ensure that all risks were clearly identified and assessed. For example; the fire door that was in place between the dining room and hallway was observed to be held open with a door wedge on the day. This was the only fire door separating one area of the house (the utility room, which stored the laundry equipment, the kitchen and the dining room) to the hallway and remaining rooms in the house. Therefore, the risks associated with ensuring that this fire door would be effective in containing a fire required further assessment, with more specific control measures put in place, and ensuring that all staff were aware of the control measures to to ensure effective fire safety arrangements.

In summary, residents were provided with person-centred care and support and their individual interests and uniqueness were valued. However, improvements in the ongoing monitoring of the quality and safety of care, including reviews of risks, infection control procedures and fire safety would enhance the quality of care provided.

Regulation 13: General welfare and development

Through observations, review of documentation and speaking with residents, the inspector found that residents' general welfare and development were promoted. Some residents attended day services during the day, and one resident was provided with day activities from the centre. Residents had opportunities for leisure and recreation interests in their homes.

Judgment: Compliant

Regulation 17: Premises

Since the last inspection by the Health Information and Quality Authority (HIQA) in May 2021, a location that had been included as an isolation unit was removed and no longer formed part of the designated centre. Actions that were found in relation to the upkeep in other locations were completed. All three houses were visited on the day of inspection, and appeared to meet the numbers and needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Some improvements were required in risk management. A risk that was identified in relation to staff not having the required training to support a new full-time service for a resident had not been assessed in line with the policy and procedure. While the management team spoke about some control measures in place to mitigate against this risk, this was not documented and included as part of the risk management system.

Judgment: Substantially compliant

Regulation 27: Protection against infection

In one location of the centre, a specific protocol in relation to laundering soiled bed clothes was required to ensure that residents and staff were aware of the specific procedures to ensure that the risks of infection were minimised. This was required as the soiled laundry was transported through the dining and kitchen area and the hand washing facilities used by a resident was not located beside the laundry equipment. In addition, the use of cloth towels in this location required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire risk assessment for one location of the centre required review to ensure that it effectively assessed the risks associated with only one fire door separating the utility/laundry room, kitchen, dining room to the hallway and remaining rooms of the house.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had comprehensive support plans in place, which had a multidisciplinary input. Restrictive practices were under ongoing review and discussed at team meetings, and with relevant members of the multidisciplinary team.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Laurel Services OSV-0004462

Inspection ID: MON-0034306

Date of inspection: 02/12/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All Mandatory trainings have been completed by or scheduled for, all staff on the roster. The Provider is currently sourcing a trainer to deliver training to staff in the area of intimate Care.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A new Person In Charge has been appointed to this Designated Centre on the 09/11/2021. This person will have supernumerary hours as well as frontline rostered duties within the Designated Centre. An auditing system is being put in place to ensure the ongoing monitoring and oversight of the centre.	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person In Charge has reviewed all restrictive practices in place in this Designated Centre. The restrictive practices are being included in the notifications as required in the regulations.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk register and risk assessments have been reviewed by the Management team. All controls measured are now documented to mitigate risks identified.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A protocol is in place in relation to the laundering of bed linen. This includes the use of a sealed laundry basket for the transport of laundry from the bedroom to the utility area, to minimize the risk of infection. A sink is located beside the washing machine to facilitate hand washing. Paper towels are now in place and cloth towels are no longer in use.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The fire risk assessment has been reviewed. The fire door is kept closed at all times to separate the kitchen/utility area from the escape corridor. This is reviewed by the Person In Charge every twelve weeks or more frequent if required.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2022
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.	Substantially Compliant	Yellow	28/02/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	10/12/2021

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	15/12/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	15/12/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any	Not Compliant	Orange	31/01/2022

	occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
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