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Money more Services, OSV-0005740, 19 November 2019

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

Issued by the Chief Inspector

Name of designated centre:	Moneymore Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	19 November 2019
Centre ID:	OSV-0005740
Fieldwork ID:	MON-0024849

About the designated centre

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

Moneymore Services provides residential care for up to four male and female residents over 18 years, with mild to severe intellectual disabilities. The centre comprised one two-storey house with gardens, and an integrated apartment, on the outskirts of a rural village. Transport arrangements are in place to ensure residents are provided with regular opportunities to access nearby amenities. Residents are supported by a staff team which includes nurses, social care workers and care assistants, and there is always a staff member on active duty at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
19 November 2019	14:00hrs to 18:50hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with all four people who lived in the centre, and had brief conversations with two residents. Overall, residents did not have the communication skills to discuss what it was like living in the centre, although two residents indicated satisfaction with their lives there. However, throughout the inspection, it was very evident that residents were happy and comfortable being at the centre, were being well supported by staff, and were enjoying the activities that were taking place, including community outings.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre.

There was a clearly defined management structure. Systems, such as audits, were in place to ensure that the service was provided in line with residents' needs and that residents were safe. Furthermore, the centre was suitably resourced, with equipment, staff and transport vehicles to ensure the effective delivery of care and support to residents.

The provider ensured that the service was subject to ongoing monitoring, review and development. Unannounced audits of the centre's practices were being carried out twice each year by members of the management team. Audit records showed a high level of compliance, and any findings had been addressed in a timely manner.

While the centre met the requirements of the regulations, the provider had identified that a different model of premises and environment was required to best meet the needs of residents. Considerable work had been in progress to ensure a transition to future accommodation which would be very specific to the needs of residents. This project was at an advanced stage of completion.

The person in charge was not based in the centre, but was present there frequently, and was familiar with residents' care and support needs. The person in charge worked closely with a team leader who was based in the centre and who had responsibility for the day-to-day running of the service. There were on-call cover arrangements in place to ensure that staff could access management support when the person in charge was off duty.

The provider had allocated sufficient staff to support residents' assessed needs. Rosters, and discussions with staff, showed that there were sufficient numbers of staff on duty to support residents' assessed needs. The inspector observed, and

staff confirmed, that staffing arrangements ensured that residents were able to take part in activities of their choice in the centre and the local community. The inspector found that staff treated residents in a respectful and caring way, were knowledgeable of their care needs, and supported their choices.

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as safe administration of medication, personal outcomes, and first aid.

The provider had ensured that the records and documentation required by the regulations, such as service agreements, a directory of residents, health and social care assessments, a statement of purpose and fire safety records, were being maintained and were available in the centre.

In addition there were clear arrangements in place for the management of any accidents or incidents that occurred in the service. The person in charge knew the requirements around the notification of adverse incidents to the Chief Inspector of Social Services, and these events were being suitably recorded and reviewed.

Overall, there was a high level of compliance with regulations relating to the governance and management of the centre.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection, and staff rosters indicated that these were the usual staffing levels.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received training relevant to their roles, including mandatory training in fire safety, behaviour support, manual handling and safeguarding.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included most of the required information relating to residents who lived, or received respite services, in the centre. However, it did not state the names and addresses of any authorities, organisations or other bodies which had arranged the residents' admissions.

Judgment: Substantially compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were kept and were maintained in a clear and orderly fashion and were suitably stored.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by either residents or their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose which was being reviewed annually by the person in charge, and was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services, and these had been suitably submitted.

Judgment: Compliant

Quality and safety

The provider's practices ensured that residents' well being was promoted at all times and that they were kept safe. Residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices.

The inspector observed that staff supported residents to do things that they enjoyed both in the centre and in the community. An individualised home-based service was provided to meet the needs of these residents. It was evident that staff supported residents to do things that they enjoyed, such as community outings, household tasks including shopping, entertainment events, and keeping in contact with family and friends. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way.

The provider had ensured good measures to assess, assist and support communication with residents in accordance with their needs and wishes. These included the development of communication passports to guide staff, and involvement of communication specialists. Residents had good access to information relating to the service and their safety and rights, such as safeguarding, fire safety and advocacy.

There were measures in place to safeguard residents from risks. These included, the development of personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. There were also procedures, such as behaviour support plans, and involvement of a psychologist and behaviour support specialist, for the support and management of behaviour that challenges. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, staff training and completion of fire evacuation drills. Staff who spoke with the inspector were aware of the emergency evacuation process and were confident that residents could be evacuated in a timely manner if required.

The centre suited the needs of residents, and was clean, well equipped and suitably furnished. All residents had their own bedrooms and could lock their doors if they

chose to. The rooms were decorated to residents' liking.

Annual meetings between residents, their support staff and, if possible, their families took place, at which residents' personal goals and support needs for the coming year were planned. However, although residents' social, health and developmental needs were identified, reviews of residents' needs and updated information were not being consistently recorded. Some records were not in line with the up-to-date knowledge demonstrated by staff. The person in charge had identified this deficit and had planned for reviews of residents' personal plans to be carried out in the coming weeks.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and other healthcare consultants, and appointments were arranged as required. Healthcare services supplied by the provider included psychiatry, psychology, and speech and language therapy. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. Access to applicable national health screening programmes was available for all residents. Options to participate in these programmes were explored by residents, their families and the GP.

Residents' nutritional needs were well met. Residents, who wished to, had involvement in choosing, shopping for, and preparing their own food, and suitable foods were supplied to meet residents' assessed needs.

Throughout the inspection, staff interaction with residents was seen to be person-centred and respectful, and staff demonstrated an in-depth knowledge of residents' care and support needs.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and comfortably furnished.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose their own food, and those who chose to take part in food shopping. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also a residents' guide that was made available to residents in a suitable, easy-read format.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. However, some of the information recorded in residents' personal plans had not been updated to reflect residents' current need and did not reflect the knowledge of staff and the care that was being delivered.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	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

Compliance Plan for Moneymore Services OSV-0005740

Inspection ID: MON-0024849

Date of inspection: 19/11/2019

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory of residents now has the names and addresses of any authorities, organisations or other bodies which had arranged the residents' admissions. This is in place since 18th December 2019.	
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: We are currently in the process of updating all information recorded in residents' personal plans to reflect residents' current needs and this will reflect the knowledge of staff and the care that is being delivered. This will be fully completed by February 27th 2020.	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	18/12/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	27/02/2020