



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

Issued by the Chief Inspector

Name of designated centre:	Moorehaven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	02 March 2023
Centre ID:	OSV-0007838
Fieldwork ID:	MON-0030268

About the designated centre

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

Moorehaven Services is a centre run by Brothers of Charity Services Ireland CLG. The centre is intended to meet the needs of up to four residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey building, which provides some residents with their own apartment, comprising of a bedroom, bathroom and living area. Other residents have their own bedroom, access to shared communal areas and multiple living areas to use as they wish. Staff are on duty both day and night to support the residents who live here. An on-call arrangement is also in place to support this centre's night-time staffing arrangement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 (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 March 2023	09:45hrs to 17:45hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out for the purpose of renewing the registration of the centre. The inspector found that the residents enjoyed meaningful lives, that their rights were respected, they had choice and they were happy in their home.

The centre comprised of a two storey house where residents had their own bedroom, bathroom and living space. The inspector was supported on the day by the team leader and person in charge. The inspector met with all three residents during the inspection and found them to be very content in the centre. Two of the residents were relaxing on the morning of inspection having a cup of tea in their respective living areas and the third resident remained in bed during the morning.

The inspector spoke with the first two residents one of whom had verbal ability and was able to articulate that they were happy in their home. The second resident indicated satisfaction with the centre through their demeanour and relaxed presentation. The two residents were up and about on the morning of inspection, were very smartly dressed, had breakfast and were ready to go out for the day to do different activities.

The inspector did a walk through of the house and found the centre was warm, clean and cosy. The residents showed the inspector their bedrooms and they were suitable to their needs and were decorated in line with residents tastes and choice. There were personal photographs and belongings in the residents' bedrooms and they were bright and airy. The residents each had a television and radio in their room and one resident had a musical instrument.

The inspector met with the third resident later in the morning and spent some time with them. The resident was pleasant and very welcoming to the inspector. They talked about how the resident felt about the centre and the staff and the resident was very positive about both. The resident talked about the past and neighbours they grew up with and also told the inspector about their love of music and sang some of a hymn they recalled from their youth.

The residents engaged in meaningful activities in their day, they enjoyed an integrated day service where they went out for lunch and to visit family members. One resident went to Dublin regularly to stay with family and the staff facilitated these trips. The residents went to football games, cinema, walks, and went out regularly for coffee and ice creams. The residents were also regulars in the local shops, restaurants and community facilities. The residents made decisions about their day and the activities they wished to engage in; it was a very person centred service and the residents were encouraged to get out and about and meet friends and family.

The residents in the centre were supported to maintain good relationships with

family and friends and had meaningful activities in their day. The staff were noted to have very good relationships with residents and treated them very respectfully. There was a lovely atmosphere in the centre and the residents clearly led happy lives and received very person centred care and support.

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

Capacity and capability

There were effective management arrangements in place in this centre to ensure a high standard of care and support was provided to the residents. The residents led meaningful lives and were happy in their home.

The person in charge was full time in the role and had good oversight and monitoring of the centre. There was a clearly defined management structure in the designated centre that identified the lines of authority and accountability, specified roles, and responsibilities for all areas of service provision.

The number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. The staff numbers on the day were aligned with the actual and planned rota.

The staff with whom the inspector spoke outlined that they received appropriate training in line with the needs of the residents and that they were appropriately supervised by the person in charge.

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The person in charge and the provider had ensured that an annual review and two unannounced audits were completed and that the resulting actions were addressed.

The inspector reviewed incidents on the day of inspection and it was noted that all incidents had been notified as required. The person in charge was very aware of their responsibilities in terms of the recording and reporting of adverse events that occur within the centre. Quarterly notifications had been submitted to the inspector in the correct time frame.

There were no complaints noted on the day of inspection. There was an accessible complaints policy available to residents, this was also explained to the residents at house meetings.

There was a full suite of policies available to the staff team and residents. A sample

of policies were reviewed on inspection and were found to be in date and had been reviewed by the provider within the required time frame.

Regulation 14: Persons in charge

The person in charge had the required three years management experience, qualifications and skills necessary to manage the designated centre. They were full time in this role for a number of years and were effective as person in charge.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the actual and planned rota over a number of weeks and found their was continuity of care from a regular staff team. There was adequate staff to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and found that the staff had received all mandatory training as outlined in the providers policy. Staff with whom the inspector spoke had good knowledge of areas they had received training in and were clearly able to outline elements of training such as fire evacuation and reporting and recording of adverse incidents.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge had completed an annual review of the quality and safety of care and support in the centre in 2022 and two six monthly unannounced audits. An action plan was developed from the audits to address any concerns regarding the care and support the residents received. On the day of inspection there was only one outstanding action regarding a double exit doors which was recommended for one residents living space. The residents' and their families' opinions were sought through an annual questionnaire form. The feedback from this questionnaire was

very positive with families stating that they were very happy with the care their family member received. The residents were facilitated to give feedback through regular consultation and house meetings. All of the residents indicated that they were happy in their home.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available for the inspector to view which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed incidents and found that all incidents had been notified to the case holder in line with the guidance. All incidents were reviewed at multi disciplinary meetings and learning from these events was recorded and new strategies implemented.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy which was in visual format for the residents to aid their understanding of the complaints process. This was discussed at weekly resident meetings. There were no complaints open currently.

Judgment: Compliant

Regulation 4: Written policies and procedures

On the day of inspection the inspector review policies and procedures and found that the sample viewed were in date and gave clear guidance to staff around areas such as safeguarding and protection of vulnerable adults and risk management. The staff had a good knowledge of the policies and procedures and of how to apply

them in practice.

Judgment: Compliant

Quality and safety

The provider had ensured that there were management systems in place in the centre to ensure that the quality and safety of care provided to the residents was to a very good standard. The residents needs were met and active decision making was encouraged in the centre.

Residents communication needs were supported in the centre and they were facilitated to maintain relationships with family through phone and video calls. More visuals could be used in the centre to support resident understanding of planned activities and goals. There was easy-to-read posters throughout the house regarding social distancing, hand hygiene, advocacy and how to make a complaint.

The residents general welfare and development was supported in the centre and they were facilitated to develop and maintain personal relationships and links with the wider community in accordance with their wishes. The residents told the inspector that they enjoyed the activities that were offered by staff such as walks in the park, drives to visit family members and lunch out. .

The house was maintained to a good standard internally and externally and was accessible for the residents. The house was modern, bright, clean and was very homely. The house was suitably decorated with soft furnishings of the residents choosing and their personal effects.

The provider had ensured that the risk management policy was in date and reviewed regularly. There was good risk management system in place which supported positive risk taking for residents. Risk assessments were in place for various community activities including community safety.

Infection prevention and control was maintained to a very good standard in this centre. There was adequate supplies of personal protective equipment and hand sanitizer available. There was a good laundry management system in place and signage was placed in the laundry room to remind staff of colour codes and temperatures when when washing clothing, mop heads and cloths. There was an appropriate storage area for mops and buckets and there was a clinical waste management procedure in place.

There was an effective fire management system in place in this centre. The provider had ensured that all staff were trained in fire precautions and there was a fire management policy in place which had been reviewed in the required two year time frame. The fire equipment had all been serviced in the last year and there were functioning fire doors throughout the centre. There was detailed documentation to

guide staff including personal egress plans for each resident. A health and safety recommendation required to be progressed as discussed under the regulation.

There were suitable practices in place in this centre regarding medicines management. The person in charge had ensured that a medication audit was completed regularly and they had good oversight of medicines management.

There was a comprehensive assessment of need completed for all residents in this centre. The residents participation was encouraged in the personal planning process and the personal plan reflected the resident's needs and outlined the supports required to maximise the resident's personal development.

The residents were supported to maintain good health and there were health care supports plans in place including mobility plans and medication management plans.

Behaviours support plans were reviewed on inspection and found to be comprehensive and were effective in guiding staff in how to manage challenging situations. Staff spoken with were familiar with the proactive recommendations used and found them effective.

Safeguarding of vulnerable adults was regularly discussed at staff team meetings and house meetings with residents. All staff were familiar with process around safeguarding and protection of vulnerable adults.

Residents were treated with respect in this centre and facilitated to make decision about their lives. Rights were discussed at house meetings and with residents on an ongoing basis and they were supported to make complaints if they so wished.

Regulation 10: Communication

Residents were assisted and supported to communicate in this centre. However more visual supports could be used to outline activities to the residents. There was a communication passport in place for all residents and residents had access to television, newspapers and mobile phones and an electronic tablet.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The residents enjoyed meaningful activities in this centre and were known in their community. They had a good quality of life and received an integrated day service which was in line with their interests, capacities and developmental needs. They loved trips in the house vehicle and outings to matches and to meet family.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the number and needs of the residents and were of sound construction. The residents home was clean, warm and their personal belongings were noted throughout the house and it was suitably decorated. There was adequate storage for residents and space to receive visitors if they so wished.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which had been reviewed within the required time frame. There was a good risk management system in place in this centre. All risks had been identified and assessed, risk rated and proportionate control measures put in place. Risk assessments had been reviewed in the required time frame and updated if necessary. The provider had an emergency plan which took consideration of different events such as fire or infection outbreak.

Judgment: Compliant

Regulation 27: Protection against infection

There was an infection prevention and control policy available which had been reviewed and updated regularly in line with advice from public health and the internal infection prevention and control committee. The centre was clean and staff were noted to wear face masks and practice hand hygiene. There was a cleaning checklist in place which was signed by staff when they had completed cleaning. It was evident that staff adhered to the cleaning checklist and were aware of the importance of infection, prevention and control. There was visual signage throughout the house regarding hand hygiene, social distancing and cough etiquette to remind residents and staff of these protocols.

Judgment: Compliant

Regulation 28: Fire precautions

One resident's mobility and health needs had increased and the resident needed full support to evacuate the apartment in the event of a fire and their specialist bed did not fit out the exit door of the apartment. There was a recommendation from a health and safety report which was also highlighted in a risk assessment that a resident required the single exit door to be enlarged to a double door for the bed to fit out in an emergency. This recommendation had not been progressed on the day of inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured good medicine management practices were in place in this centre. There were protocols in place around ordering, collection and disposal of discontinued medication. There was medication room with a locked cabinet for secure storage of medicines. The medication administration records were clear with all the relevant details clearly printed including the resident's date of birth, photograph and any known allergies. There was a pharmacist available to the residents and there was a detailed medication management policy in place and it had been reviewed within the required time frame.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident had been completed for the residents. There was a personal plan developed from the assessment and supports put in place which reflected the needs of the residents. Some of the supports available to the residents were in relation to personal and intimate care and mobility. The supports which were in place in this centre maximised the resident's personal development and were developed through a person centred approach. The person in charge had ensured the personal was reviewed annually or as necessary through a multi disciplinary review process with the resident to assess its effectiveness.

Judgment: Compliant

Regulation 6: Health care

The residents were supported to maintain good health in this centre. The staff supported the residents to attend health care appointments and followed up on any recommendations made by health care professionals. There was evidence of appointments having been attended with the the residents general practitioner, psychiatrist, psychologist and occupational therapist. All recommendations from health care professionals were adhered to there was regular multidisciplinary review.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a comprehensive positive behaviour support policy in place which was available to staff and which had been reviewed within the last two years. The staff were all trained in the management of behaviours that challenge and positive behaviour support plans were developed to guide staff in how to support residents. The behaviour support specialist recommended proactive strategies for staff to use when supporting residents and these proved effective.

Judgment: Compliant

Regulation 8: Protection

There was a policy on safeguarding of vulnerable adults in place and residents were supported to develop knowledge and awareness of self protection at regular house and key worker meetings. Staff spoken with informed the inspector they had received training in this area and that there were no active safeguarding plans currently. The staff were able to outline the recording and reporting processes that are to be followed in the event a disclosure of abuse or neglect.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected in the centre and decision-making was encouraged. The residents were consulted on all aspects of their lives and the running of their home. The residents had a weekly house meeting where activities and meals for the week ahead were discussed. The staff also used these meetings as an opportunity to inform residents about advocacy, their rights and 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 (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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moorehaven Services OSV-0007838

Inspection ID: MON-0030268

Date of inspection: 02/03/2023

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: A greater level of visual supports will be put in place to give more choice for Persons Supported in relation to their daily activities.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Double doors from one man's bedroom will be put in place to ensure safe bed egress in case of a fire. A suitable ramp will be put in place on the outside to accommodate this.	

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Yellow	30/09/2023