



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

Issued by the Chief Inspector

Name of designated centre:	Poppy Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	10 October 2023
Centre ID:	OSV-0004472
Fieldwork ID:	MON-0040174

About the designated centre

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

Poppy Services is run by the Brothers of Charity Services, Ireland. The centre can provide care for up to six male and female residents, who are over the age of 18 years, and who have an intellectual disability. The centre comprises of three separate houses, located a short distance from each other, in Co. Roscommon. Each house provides residents with their own bedroom, some en suite facilities, bathrooms and shared use of communal areas. There is also a large garden surrounding each house, for residents to use as they wish. Staff are on duty both day and night to support the residents who reside in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 10 October 2023	11:00hrs to 14:30hrs	Jackie Warren	Lead
Tuesday 10 October 2023	11:00hrs to 17:00hrs	Úna McDermott	Support

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, inspectors met with residents who lived in the centre. Inspectors also met with the person in charge and staff on duty, and viewed a range of documentation and processes.

The centre consisted of three houses and can provide a mixture of respite and full time residential accommodation for up to six adults. All houses in the centre suited the needs of residents, and were spacious, warm, clean, comfortable and well maintained. The houses were in a rural area, but were close to a busy town. All residents had their own bedrooms, which were personalised to each individual's tastes. There were accessible gardens around the houses where residents could spend time outdoors. All gardens had outdoor furniture and some were equipped with swings and a trampoline. During the inspection a resident was seen being active in the garden, using the trampoline and clearly enjoying this.

None of the residents who were present during the inspection had the verbal capacity to speak with inspectors or to discuss their lives there. However, inspectors met with residents in all three houses during the course of the day, saw how they spent the day, and observed their interactions with staff. All residents who were present, were observed to be at ease and comfortable in the company of staff. Throughout the inspection, staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences. It was also clear throughout the inspection, that there were clear and appropriate communication systems and aids in place, and these were being used effectively by staff to communicate with residents.

Some of the activities that residents enjoyed, and were taking part in, included going out for meals and coffee, going for walks at beaches and woodlands, social events such as music sessions, discos and bowling, and meeting up with family and friends both in the centre and elsewhere. Some residents also like to help out with household tasks including laundry and grocery shopping. One resident enjoyed arts and crafts and had a specific area equipped for this hobby.

It was clear from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day services and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised and supported the autonomy and well-being of residents.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and

safety of the service and quality of life of residents. While this inspection identified a good level of personalised care and social support for residents, there were some areas for improvement related to governance, risk management, and fire safety which will be discussed in the next sections of this report.

Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard. Overall, these arrangements ensured that a good quality and safe service was provided to residents who lived there. However, improvement to auditing, risk management and fire safety was required.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who was very knowledgeable regarding the care and support needs of residents. The person in charge worked closely with staff and with the wider management team, was frequently present in this centre, and knew the residents well. Since the last inspection of the centre, the provider had reduced the person in charge's areas of responsibility to increase their capacity for oversight of this centre. There were clear management arrangements in place to support staff when the person in charge was not present.

The provider had systems for the ongoing monitoring and review of the service to ensure that a high standard of care, support and safety was being provided. These included ongoing weekly safety checks, additional audits such as medication audits, and six-monthly unannounced audits by the provider, which gave rise to an action plan with time-lines identified for completion of any required works. A review of the quality and safety of care and support of residents was being carried out annually. The provider had developed a detailed quarterly audit system, although this had not yet commenced in this centre. Improvement, however, was required to aspects of the auditing process, to ensure that all aspects of risk were being captured by the auditing system, and that suitable measures were in place to address audit findings and areas for improvement in a timely manner.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Records required by the regulations were kept in the centre, were available to view and were clear, organised and up to date. Documents viewed during the inspection included policies and procedures, audits, and staff training records. There was a statement of purpose which gave a clear description of the service and met the

requirements of the regulations. Policies required by Schedule 5 of the regulations were available to guide staff, and were up to date.

Regulation 23: Governance and management

The provider had arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents, and these were generally effective. However, the auditing and risk identification systems in the centre required improvement to ensure that any risks to residents would be promptly identified and controlled:

- a malfunction to a fire closure device on an internal door in one house, had not been promptly identified and escalated
- weekly carbon monoxide checks were not being completed as required by the provider
- the provider's quarterly auditing system had not yet commenced
- an overall quality improvement plan or action plan had not been developed for the planned attention of identified issues for improvement
- the overall auditing system was not fully effective in identifying some areas where improvement was required, such as those identified during the inspection relating to risk management and fire safety.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually and was up to date.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

Overall, the provider ensured that residents received a good level of person-centred care. The management team and staff in this service were very focused on supporting community involvement and general welfare of residents. Inspectors found that residents were supported to enjoy activities and lifestyles that suited their preferences and assessed needs. However, some improvement was required to the management of safety and risk, including fire safety.

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. The three houses in the centre were located in a rural area close to a busy town. The location of the centre enabled residents to access local amenities with staff support and inspectors saw this happening during the inspection. Transport was available to each house which enabled residents to visit the facilities and leisure amenities in the neighbouring areas.

Some of the activities that residents enjoyed included outings to local places of interest, shopping, household tasks, using personal computer pads, cinema, meals out, going for walks and arts, crafts and table-top activities. The staffing levels in the centre ensured that each resident could be supported by staff to do activities of their preference.

Family contact and involvement was seen as an important aspect of the service. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance. Arrangements were in place for residents to have visitors in the centre as they wished and also to meet family and friends in other places.

Residents' nutritional needs were well met. Residents had choice of foods at mealtimes. Meal choices were agreed with residents by using suitable communication techniques that suited residents' needs. Some residents in the centre liked to take part in grocery shopping with staff and this was happening. Residents' meals in the centre were prepared and eaten separately in each house. During the inspection, inspectors saw residents having snacks that they liked, and one resident had opted to have lunch while out with staff and had chosen their meal in a cafe. There was an up-to-date food and nutrition policy to guide practice.

All houses in the centre suited the needs of residents, and were spacious, warm, clean, comfortable and well maintained, and had well kept gardens for residents' use. Since the last inspection of this centre, upgrades and refurbishment had taken place throughout the centre, with improvements such as replacement kitchens,

internal and external re-painting, and fitting of new flooring having been completed.

There was evidence that the provider had measures in place for the management of risk in the centre. There was an up-to-date risk management policy, a site specific risk register, and a named health and safety representative. However, the risk assessment register required review as two recently occurring risks relating to a defective door closing mechanism, and a change to staffing arrangements had not been documented and assessed, and the descriptions of some risks were unclear. Furthermore, some individualised risks had not been reviewed within the agreed time frame, but this had been addressed while the inspection was in progress.

Risks relating to fire safety, which had been identified at a previous inspection, had not been suitably addressed. While measures were in place to reduce and manage fire safety risks, further improvement was required to this process in relation to fire containment and fire safety training. Some staff did not have up-to-date refresher training in fire safety on the day of inspection, but were due to attend this training the following week. A fire door closure that had malfunctioned had not been escalated for attention and a staff member who had not attended mandatory fire safety training was working alone in the centre. Both of these issues were suitably resolved on the day of inspection when brought to the attention of the provider.

The provider had suitable measures in place for the support and management of behaviour that challenges should this be required. Staff who met with inspectors were skilled and knowledgeable of residents' support needs and the required therapeutic interventions. There was good involvement with multidisciplinary support team, residents plans were kept under suitable review, and there was an up-to-date policy in place. There were also safe practices in the centre for the management, storage and disposal of medication.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities that they enjoyed. Suitable support was provided to residents to achieve this in accordance with their individual interests, as well as their assessed needs.

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 suitably decorated, and recent renovations had taken place to increase comfort levels for residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. Resident had choices around their meals and could take part in grocery shopping if they wished to. Suitable foods were provided to cater for residents' preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to monitor safety in the centre, and to identify, and review risks. There was an up-to-date risk management policy to guide staff. Overall, there were no unresolved significant risks that were impacting on the safety of residents. However, the current arrangements required strengthening to ensure that all risks were promptly identified and that appropriate control measures were introduced:

- a control measure to reduce an individualised risk for a resident was not in effect on the day of inspection
- some individualised risks had not been reviewed within the time frames required by the provider but this had been addressed during the course of the inspection
- information in the risk register required review as some of the risks included were not clearly stated
- the risk assessment of a current change to staffing arrangements had not been recorded
- a risk arising from a fire door closure that had malfunctioned had not been escalated for attention.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although the provider had measures were in place to protect residents and staff from the risk of fire, these required improvement to ensure that they were effective under all circumstances. One the day of inspection, some deficits were identified. A fire door closure that had malfunctioned had not been escalated for attention. However, this was resolved on the day when brought to the attention of the

provider. While most staff had attended up-to-date fire training, some staff had not attended mandatory refresher fire safety training . A recently recruited staff who had not attended fire safety training was working alone in the centre. The provider put immediate alternative arrangements in place to address this risk on the day of inspection, and confirmed that the required fire safety training was due to take place for these staff in the coming week.

The following required attention on the day of inspection:

- some staff had not attended refresher fire training and one staff had not attended fire training
- a fire door closure that had malfunctioned had not been escalated for attention.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Poppy Services OSV-0004472

Inspection ID: MON-0040174

Date of inspection: 10/10/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The malfunctioning automatic closing device was corrected by the maintenance department @approximately 17:30pm on the day of the inspection. Weekly safety checks are in place to ensure that all fire doors are functioning appropriately. The PIC oversees this weekly checklist and any issues identified are addressed in a timely manner. • The PIC has implemented weekly carbon monoxide alarms checks which are recorded on our online system Flex. • The PIC's quarterly auditing commenced on 16/10/23 and is completed on quarterly basis in addition to the PIC's weekly auditing system. • A number of audits are completed in the following areas : IPC, Health & Safety, Medication Management and the registered providers 6 month unannounced inspection. All audits have a time bound action plan which ensures quality improvement for the people living in this desingated centre. • Weekly safety checks are in place to ensure that all fire doors are functioning appropriately. The PIC oversees this weekly fire safety checklist and any issues identified are addressed in a timely manner. Risk Assessments are reviewed quarterly or as when required by the PIC. These are monitored via the PIC's Quarterly Audtiting system. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The referred to control measure is no longer required as the identified risk has been 	

reduced. The individualised risk assessment has been reviewed and updated on 16/10/23 to reflect this.

- All individualised risk assessments have been reviewed and updated on 20/10/23.
- The PIC has reviewed and updated the Risk Register accordingly on 20/10/23.
- On review of the staffing arrangements in one house in the designated centre no changes have been made. Should the staffing arrangements change a risk assessment will be completed.
- Weekly safety checks are in place to ensure that all fire doors are functioning appropriately. The PIC oversees this weekly checklist and any issues identified are addressed in a timely manner.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All staff in the designated centre have completed their Fire Safety training. Any staff who's training was out of date on the day of the inspection had their training completed on 18/10/23.

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 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	16/10/2023
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	20/10/2023
Regulation 26(1)(b)	The registered provider shall ensure that the risk management	Substantially Compliant	Yellow	20/10/2023

	policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	18/10/2023