



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

Issued by the Chief Inspector

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| Name of designated centre: | No.2 Fuchsia Drive |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Cork |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 19 May 2021 |
| Centre ID: | OSV-0004576 |
| Fieldwork ID: | MON-0032376 |

About the designated centre

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

This service is based in a domestic style two-storey house in a pleasant urban residential area. The house is in close proximity to public transport and a large range of facilities and amenities. A maximum of four residents can live in the house; residents are described as having low support needs in the context of their disability but some support from staff is needed in relation to daily routines such as cooking, personal care, maintaining health and well-being and maintaining general welfare and development needs. Residents are encouraged to function and engage at their highest possible personal level. Residents independently access community based transport and are supported by the community based team in relation to accessing occupational recreational services. Ordinarily there is one staff on duty; the model of care of social. The provider aims to provide as person-centred a service as possible through a process of individualised assessment and planning.

The following information outlines some additional data on this centre.

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| 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 - 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 |
|--------------------------|-------------------------|--------------|------|
| Wednesday 19 May 2021 | 10:00hrs to 16:00hrs | Lisa Redmond | Lead |

What residents told us and what inspectors observed

From what residents told us and what the inspector observed, it was clear that residents were enjoying a good quality life where their rights were promoted and respected. Residents told the inspector that they had a nice home, that they lived with their friends and that they were supported to engage in community life.

On the day of the inspection, the inspector met with three residents that lived in the designated centre. On arrival, one resident opened the front door and welcomed the inspector to their home. The inspector provided their temperature reading to the resident and the staff member before entering the designated centre.

Residents were observed getting ready for the day ahead, with one resident telling the inspector that they were going out for a socially distanced walk with their walking group. The resident was looking forward to seeing their friends, as the walking group had recently started meeting again in line with COVID-19 guidance. A second resident was sitting in the sitting room before heading out for the day.

One resident gave the inspector a tour of their home. There were photographs on display, and the resident told the inspector about their holidays in Boston, France and Brussels over the previous years. The resident told the inspector that they had to cancel a holiday due to the COVID-19 pandemic. Staff members were supporting residents to plan a holiday in Ireland, but the resident was hopeful that they could start going on holidays abroad again soon.

Each resident had their own private bedroom. Residents had chosen how their bedrooms were decorated and they were filled with personal items and belongings in line with the residents' likes and wishes. One resident had a small kitchenette in their bedroom, and it was evident that they enjoyed having their own apartment area.

One resident told the inspector that the designated centre had been their home for over 30 years, while a second resident had lived there for more than 25 years. All of the residents told the inspector that they liked their home, and that they were very happy living there. Residents told the inspector they liked the independence and freedom they had to choose the way that they lived their lives.

Residents living in the designated centre were independent, with staff supports provided each morning and evening. Staff members completed a sleepover shift and were available to residents at all times during the night. The residents spoke fondly about the staff that supported them in their home. It was evident that the residents were comfortable in the presence of the staff member on duty, and that they knew them well. It was also evident that the staff member on duty was knowledgeable about the residents' needs. Interactions between the residents and staff were observed to be respectful in nature.

Residents told the inspector about their hobbies and interests. One resident liked computers, and had a collection of CD's and DVD's. It was evident that the resident enjoyed collecting items, and they told the inspector that they enjoyed going to car boot sales. This resident had purchased their own shed which they used to store these personal items and as a place to retreat. Another resident showed the inspector their collection of books about magic. The resident had been to a number of magic shows before the pandemic, and they were looking forward to going to them again when the COVID-19 restrictions lifted.

One resident had a cat that they loved and took good care of. The resident told the inspector that they had recognised when their cat was unwell, and that staff members supported them to bring their cat to the vet. The resident told the inspector that their cat was much better now.

Residents were independent in accessing community services and public transport. There was evidence that staff members supported residents to become familiar with new routes and destinations to ensure familiarity and confidence in this skill. For example, one resident was very proud that they had recently travelled independently to meet their brother where he lived. It was evident that the resident had a great sense of satisfaction, having completed this independently. One resident told the inspector that the staff members allowed them to be independent in living their life, but that they were available when they needed some support.

The next two sections of this report will 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 provided.

Capacity and capability

It was evident that there were management systems in place to ensure that there was effective oversight of the designated centre, and that it provided a safe service to residents in line with their assessed needs. Effective governance arrangements were in place to ensure the service continued to provide a good quality service to residents.

Residents living in the designated centre were supported by social care workers and care assistants. One staff member was on duty each day on a sleepover shift. In line with their assessed needs, residents spent some time in the designated centre alone without staff members. However, all residents had the contact details of staff members on duty in the event of an emergency.

A comprehensive annual review had been completed by the registered provider. The annual review report included an overview of the service provided to residents over the previous year. The report included examples of a good quality service being provided to residents, and also areas where improvements could be made. An action

plan was developed to ensure these actions were completed in a timely manner. The annual review included consultation with the residents and their representatives.

Staff members on duty reported directly to the person in charge. There was also a weekly report that staff members completed, which was sent to the person in charge to ensure effective oversight was maintained. The person in charge reported to their line manager, who carried out the role of person participating in management. This individual reported to the director of services, who reported directly to the board of directors.

Staff members had participated in online training as an alternative to classroom based trainings throughout the COVID-19 pandemic. It was evident that this had ensured that staff members received appropriate training including refresher training. Training completed by staff included fire safety, the safeguarding of vulnerable adults and infection prevention and control.

Regulation 15: Staffing

The number, qualifications and skill-mix of staff members was appropriate to the number and assessed needs of the residents. Residents knew the staff members that supported them, and were happy with the support that they provided.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensure that staff members had received appropriate mandatory training to support them in their roles. This included fire safety, the safeguarding of vulnerable adults and infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

It was evident that there were management systems in place to ensure that the service provided to residents was safe and effectively monitored.

Judgment: Compliant

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| Regulation 30: Volunteers |
| There were no volunteers working in the designated centre at the time of the inspection. |
| Judgment: Compliant |
| Regulation 31: Notification of incidents |
| The person in charge had ensured that the chief inspector was notified in writing of adverse incidents that occurred in the designated centre. |
| Judgment: Compliant |
| Quality and safety |
| <p>Residents were provided with a good quality of care and support in line with their choices and wishes. It was evident that they were involved and consulted with about the care and support they received in their home.</p> <p>A comprehensive assessment of the health, personal and social care needs of each resident had been completed on an annual basis. Where healthcare needs had been identified, these were supported by a plan of care. However, it was identified that the annual health assessment for residents had not been reviewed by nursing staff as required by the registered provider.</p> <p>Residents living in the designated centre were supported to retain control over their personal possessions and finances. When requested by residents, staff support was provided to residents to manage their finances in line with their wishes. There was evidence that one resident had requested a signatory was assigned to their account to support their spending. It was evident that this support was put in place in line with the organisation's policy. Residents had a financial plan which outlined their income and living expenses. Two residents' financial plans required updating to reflect the contribution they paid for living in the designated centre.</p> <p>A number of measures had been put in place to protect residents in response to the COVID-19 pandemic. Staff members wore face masks at all times in the designated centre. It was evident that residents were aware of social distancing measures, and the reasons why these measures had been put in place. A contingency plan had been developed by the registered provider, however improvements were required to</p> |

ensure that the contingency plan was updated to reflect the procedures to be enacted in the event of an outbreak in the designated centre. It was also noted that residents' temperatures had not been taken in line with the registered provider's guidance on the prevention and management of COVID-19. Staff members told the inspector that residents had declined temperature checks on occasions, however there was no documented evidence of this refusal on the day of the inspection.

The inspector reviewed evidence of fire evacuation drills held in the designated centre. It was evident that these were carried out on a regular basis, and that residents could safely evacuate in a timely manner, in the event of a fire. One resident told the inspector how they evacuated the designated centre on activation of the fire alarm. Fire extinguishers, the fire alarm panel and emergency lighting had all been reviewed by a competent person. Assurances from a competent person were provided to the inspector, which indicated that the stairs and attic areas would provide effective containment in the event of a fire.

It was evident throughout the inspection that residents were supported to live a life of their choosing in their home. Residents were consulted on the operation of the designated centre through regular house meetings and the annual review process. There was evidence of easy-to-read information for residents including organisational policies on safeguarding and confidentiality, and COVID-19 guidance.

Regulation 10: Communication

There was evidence that residents were supported to communicate in accordance with their needs and wishes. There was evidence of input from a speech and language therapist for one resident. Residents also had access to appropriate media including telephone, radio and Internet.

Judgment: Compliant

Regulation 11: Visits

In line with residents' wishes, residents generally met with friends in the local community. Staff members supported residents to visit family independently over the holiday periods on compassionate grounds.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the designated centre were supported to retain control over their personal possessions and finances. When requested, staff support was provided to residents to manage their finances in line with their wishes. Residents told the inspector that they manage their own laundry in line with their wishes.

Judgment: Compliant

Regulation 13: General welfare and development

It was evident that residents were provided with opportunities for recreation, and that they were supported to maintain links in the wider community. Residents were independent in accessing community services and public transport. Staff members told the inspector that the residents had lived in their community for a long time, and that many neighbours knew them and greeted them when they were in the community.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre was homely in nature. Communal rooms were filled with residents' personal items including photographs, books and DVD's. Residents had a private bedroom which was decorated in line with their wishes and preferences.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a guide in respect of the designated centre had been provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk. Residents were risk assessed to spend time alone in the designated centre, and had details of persons to contact in the event of an emergency.

Judgment: Compliant

Regulation 27: Protection against infection

Improvements were required to ensure that the registered provider's contingency plan was updated to reflect the procedures to be enacted in the event of an outbreak in the designated centre. It was also noted that resident temperatures had not been taken in line with the registered provider's guidance on the prevention and management of COVID-19.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Effective fire safety management systems were in place in the designated centre. Assurances from a competent person were provided to the inspector, which indicated that the stairs and attic areas would provide effective containment in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been completed on an annual basis. It was identified that the annual health check for residents had not been reviewed by nursing staff as required by the registered provider. Residents' financial plan required updating to reflect the contribution they paid for living in the designated centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (G.P). Residents were supported to become independent in meeting their healthcare needs.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents had the freedom to exercise choice and control in their daily life. It was evident that residents were supported to live a life of their choosing in their home.

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 23: Governance and management | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for No.2 Fuchsia Drive OSV-0004576

Inspection ID: MON-0032376

Date of inspection: 19/05/2021

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 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Provider will ensure that the written COVID 19 Contingency Plan will be updated to outline responsibilities and what to do in the event of an outbreak.</p> <p>The Person in Charge will ensure that temperature checks will be taken in line with the registered provider's guidance on the prevention and management of COVID 19. Staff will encourage residents to cooperate. Where residents refuse this will be noted on the temperature recording sheet.</p> <p>Completion Date: 30/06/2021</p> | |
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge will ensure that residents' annual health check records will be reviewed and signed off by a nursing staff.</p> <p>Resident's Financial Plan will be updated to reflect the RSMACC contribution they pay for living in the designated centre.</p> <p>Completion Date: 30/06/2021</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 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 | 30/06/2021 |
| Regulation 05(1)(b) | The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently | Substantially Compliant | Yellow | 30/06/2021 |

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| | as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. | | | |
| 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 | 30/06/2021 |