



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

Issued by the Chief Inspector

Name of designated centre:	Waxwing 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	28 April 2022
Centre ID:	OSV-0004918
Fieldwork ID:	MON-0036680

About the designated centre

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

This designated centre is comprised of one detached single storey premises located in a small housing development in a rural location. It is close to a large city and transport is provided. Residential services are provided to a maximum of six residents and the house is staffed on a full-time basis. The provider aims to provide each resident with a safe homely environment, quality care and supports appropriate to their individual requirements; this is achieved through a process of individual assessment and planning. The provider aims to support residents of all abilities but who are experiencing a need for increased care and support in relation to their disability or increasing age. Residents are supported to enjoy a quieter pace of life but to have continued access to the day service and the wider community in line with their preferences and ability. The model of care is a social model and the staff team is comprised of social care workers and support workers. Direct team management is by an administrative team leader. This person reports directly to the person in charge who is based off site. The house is comprised of six individual bedrooms, two bathrooms, a sitting room, dining room / kitchen, utility room, store room and staff office. A large garden to the rear of the property is secured.

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
Thursday 28 April 2022	10:00hrs to 14:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

The inspector arrived unannounced to the centre and the staff guided the inspector through the infection prevention and control measures necessary on entering the centre. These processes included hand hygiene, face covering and temperature check.

This was a follow up inspection resulting from urgent actions which were issued on the previous inspection last November 2021. On the day of inspection the inspector was aware that the resident group were completing an isolation period after having COVID 19 and so did not meet with residents but observed the residents at a distance and reviewed documentation in the provider's office next door. The residents were observed to be well dressed and well presented and there were adequate number of staff on duty to support their needs. They were observed to be interacting happily with staff and were smiling. The outside of the centre had been improved and the front driveway no longer had moss and weeds, this had been cleaned. There were lovely colorful pots of flowers at the front door and the centre looked generally much brighter and provided a more appealing and stimulating environment for the residents. The inspector saw the office and the entrance hallway in the centre and noted that the archiving and clutter had been removed from the office and there was much more space. The hallway entrance and office were also cleaner than previously observed and it was obvious that the provider had implemented their compliance plan.

The inspector noted there were more staff on duty than previously and also one resident had transitioned to a more suitable designated centre that was able to cater to his increasing needs much better. The staff did not appear to be as busy or under as much pressure.

On the previous inspection the inspector found that the house vehicle was visibly dirty and maintained in a poor state both internally and externally. Staff spoken with told inspectors that they found it difficult to complete cleaning duties given the staffing levels at that time as they needed to prioritise the safeguarding of residents. On this inspection it was noted that the house vehicle had been recently valeted and there was a cleaning checklist in place after each use.

In summary, the inspector found that the provider and the person in charge had implemented the compliance plan from the November 2021 inspection.

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

Overall on this inspection it was noted the provider had implemented elements of its compliance plan relating to staffing and protection of residents. However improvements were still required in relation to Regulation 28:Fire Precautions.

This designated centre was previously inspected in November 2021 by the inspector. During the course of that inspection significant concerns were identified in the house particularly in the areas of fire safety and staffing. Given such concerns the inspectors issued an urgent action on the day of inspection and the nature of the concerns were highlighted to the provider. A compliance plan response for the November 2021 inspection was submitted which was found to be satisfactory and addressed the staffing concerns and put measures in place to mitigate against the fire safety concerns, a decision was made to carry out a follow up inspection of this centre in May 2022 which was to focus on staffing and fire precautions.

During the current inspection, it was found that the provider had taken action to respond to the issues of concern raised by HIQA. However issues around safe evacuation of residents in the event of fire required review from a competent person regarding compartmentalisation and safe evacuation of residents at night. The inspector was not assured that the centre had attic compartmentalisation and this issues required clarity. It was noted how in the days after the previous inspection, the provider had devised its own action plan to respond to such concerns. For example, the provider began the transition process for one resident who had increasing needs and required nursing care and this resident had since fully transitioned to another designated centre. This residents care and support in Waxwing 2 had placed the team under increasing pressure as they did not have the nursing staff or staff numbers to provider the level of care this resident required. The provider had also put a second staff member on a sleepover duty at night to ensure there were adequate staff to respond and evacuate the residents in the event of a fire at night. There was adequate staff on the day of inspection and rotas reviewed indicated that while the second night staff was no longer on duty the staff numbers were maintained at adequate levels for the needs of the residents. There was also evidence of increased oversight from the provider and person in charge in terms of reviewing and amending personal egress plans as necessary.

On the previous inspection there had been no clear management arrangements in place in the absence of the person in charge and person participating in management. The provider had since implemented systems to address this and as an interim measure, another area manager was appointed to support the person in charge. Also the person in charge now had their office in the centre which meant their was improved oversight and governance.

Regulation 14: Persons in charge

The person in charge was experienced and qualified and was noted to be effective in the role as they had implemented an action plan to address the issues arising from the urgent action issued on the inspection in November.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staff numbers and skill mix at the centre was in line with the assessed needs of the residents, statement of purpose and the size of the designated centre. A second staff had been rostered at night for a period of time to ensure residents could be safely evacuated in the event of a fire at night.

Judgment: Compliant

Regulation 23: Governance and management

The provider had made efforts to implement its actions in response to the November 2021 inspection. Another area manager was appointed to support the person in charge in the absence of the centres person participating in management. Also the person in charge now had their office in the centre which meant their was improved oversight and governance. The COVID 19 contingency plan had been reviewed and updated since the inspection last in November and gave clearer guidance in relation to isolation in centres, governance arrangements and how to safeguard residents. However the provider had not fully addressed the issues in relation to Regulation: 28 Fire Precautions.

Judgment: Compliant

Quality and safety

Safeguarding processes and risk management within the centre visited by the inspector had improved overall however issues relation to Regulation 28 required improvement.

During the November 2021 inspection of this centre it was found that the provider

had not ensured that residents in the centre were protected and safeguarding plans maintained. There were active safeguarding plans in the centre which outlined that high levels of supervision were necessary to prevent peer to peer incidents occurring. The input of the additional night staff and the transition of the resident with high needs meant staff were now able to ensure high supervision at all times. While there had been some safeguarding incidents in this house since then, it was seen that the provider had taken action to try to reduce the potential for these to happen. Such action included having staff undergo additional safeguarding training and placing extra staff to the house.

On the day of inspection the inspector found improvement to the front of the premises, there were no moss and weeds and colorful pots of flowers decorated the front of the house. The hallway entrance and the office were visibly clean and the boxes and clutter that was previously in the office had been removed. The house looked much cleaner and there was a cleaning schedule in place which was signed and an enhanced cleaning schedule was in place in the event of an infection outbreak.

The house vehicles were now visibly clean and the vehicles had been recently valeted. There was a fresh supply of face masks and antibacterial wipes noted in the vehicle and a cleaning protocol was in place for after each use.

The risk of not being able to safely evacuate residents in a reasonable time frame in the event of a fire was now evident on the risk register. Previously this risk had not been identified and not risk assessed. The risk of not being able to implement the safeguarding plans was also not identified however on this inspection there was evidence that safeguarding plans were being followed.

The time frames for safe evacuation of residents during the November inspection did not provide assurances that all residents could be evacuated safely at night time when there was one staff on duty. There was a second staff member rostered on at night to mitigate the risk until one resident transitioned to a more suitable placement. The personal egress plans had been updated and there was one less resident, however the inspector was still not fully assured that the measures put in place addressed the issue fully. There was still a lack of clarity around compartmentalisation and a competent person was required to review this area and provider clarity as to whether the building had compartmentalisation in the attic. Also the residents had not actually evacuated the centre and an accurate time for them to evacuate to a designated point is required to provide assurance that all residents can be evacuated safely.

Regulation 26: Risk management procedures

The risk of not being able to safely evacuate residents in a reasonable time frame in the event of a fire had been risk assessed and was now logged on the the risk

register where previously it had not been identified as a risk.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector was still not fully assured that the measures put in place addressed the fire issue fully. While there was evidence of fire drills having been carried out both day and night simulated drills, the inspector was not assured regarding this as the times recorded were taken as they moved through to different rooms of the house and not directly out to the assembly point. The time frame had reduced but the residents had not left the building and there was no assurance from a competent person that the centre was compartmentalised and this was a safe procedure to implement.

Judgment: Not compliant

Regulation 8: Protection

Safeguarding plans could now be fully implemented and the high levels of supervision required could be maintained with the reduction of the number of residents with high care needs in the centre.

Judgment: Compliant

Regulation 17: Premises

The premises were designed and laid out to meet the aims and objectives of the service and the number and needs of the residents. The provider had carried out all remedial work as outlined in their compliance plan from November 2021 including ensuring that the centre was clutter free.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 17: Premises	Compliant

Compliance Plan for Waxwing 1 OSV-0004918

Inspection ID: MON-0036680

Date of inspection: 28/04/2022

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 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • A certificate of practical completion has been obtained from the fire safety officer. This outlines all fire works that have been completed within the center including the compartmentalisation of the attic. • This certificate is now filed in the fire register. • The fire safety officer has confirmed that staff have two to three minutes to move all residents from a compartment where a fire has occurred to a safe area – either outside the building or to the next compartment. • Going forward, progressive evacuations will continue with a total evacuation to the assembly point once all residents have been moved to the safe area. • A repeat night time drill occurred on 16/06/2022. A full evacuation was completed in 2 minutes 38 seconds. No challenges observed. 	

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 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	16/06/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	16/06/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Substantially Compliant	Yellow	16/06/2022

	case of fire.			
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