

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

Issued by the Chief Inspector

Name of designated centre:	Boherduff Services Cashel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	01 May 2024
Centre ID:	OSV-0005060
Fieldwork ID:	MON-0038731

About the designated centre

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

Boherduff Services Cashel is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential care for a maximum of twelve adults, both male and female, with intellectual disabilities. The centre consists of two individual purpose-built bungalows which are located next to one another in a town in Co. Tipperary. Local amenities in the area include shops, restaurants, sports clubs, historical sites and theatres. The first house is a bungalow which provides community residential care to six adults with a disability. Similarly, the second house is a bungalow which provides community residential care to six adults with a disability. Both units are similar in their design and layout and comprise of a sitting room, kitchen, dining room, an office, six individual resident bedrooms, staff sleepover room, visitors room and a number of shared bathrooms. Both houses have well maintained gardens to the rear of the houses. The centre is staffed by a person in charge, enhanced nurse practitioners, social care worker and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Wednesday 1 May 2024	09:30hrs to 17:00hrs	Conan O'Hara	Lead
Wednesday 1 May 2024	09:30hrs to 17:00hrs	Sarah Mockler	Support

What residents told us and what inspectors observed

This was an unannounced inspection completed by two inspectors across over one day. The purpose of the inspection was to monitor the centre's compliance with the regulations and the implementation of the actions which were identified in response to the previous inspection. The previous inspection completed in October 2023 identified issues with staffing, residents rights and general welfare and development. This resulted in elements of poor quality of care being delivered for the residents within the home. While, the current inspection identified that the person in charge and staff team had an increased focus on supporting residents engagement in activities, there remained areas for improvement. For example, it was not demonstrable that there was sufficient staffing levels in place to meet the needs of residents. In addition, a recent new admission to the service was not planned sufficiently to ensure staffing numbers were adequately accounted for.

The designated centre comprises of two large purpose built detached bungalows in a residential area in Co. Tipperary. The houses were located next to each other. On the day of inspection there were 12 residents availing of full-time residential care. Over the course of the inspection, the inspectors had the opportunity to met with nine of the residents and to visit both bungalows.

On arrival at the first bungalow, a staff member welcomed the inspectors in and they completed the sign in process. At this time some residents were in bed and others were up and ready for the day. One resident was getting ready to leave for their day service and they had their two bags ready at the door. A second resident greeted the inspectors before having their breakfast. Residents were seen to come up into the kitchen area and be supported with their breakfast. The inspectors were informed some residents choose to get up later in the morning. Throughout the morning the inspectors observed residents preparing for the day and spending time in the sitting room.

Later in the morning, three residents were supported to attend a music session in the provider's day service. Two residents remained at home and engaged in in-house activities such as nail painting and hand massage. The three residents returned in the afternoon from the music session and one resident noted that they had a great time. Overall, residents appeared comfortable in their home and in the presence of the staff team.

In the second home, the inspectors met with three of the six residents. Three residents had left the centre to attend day services. In the morning, two residents were observed spending time in the sitting room. One resident was being supported with their breakfast and the other resident was lying on the couch sleeping. The inspector spent a short time in the sitting room with the residents. The inspectors then met with a third resident that was having their breakfast in the dining room. The three residents also attended the music session in the late morning.

The inspectors completed a walk around of both units of the designated centre. As noted, the centre consists of two individual purpose-built bungalows which are located next to one another. The design and layout of both houses is the same and each house comprises of a sitting room, kitchen, dining room, an office, six individual resident bedrooms, staff sleepover room, visitors room and a number of shared bathrooms. In general, the houses were observed to be well-maintained and decorated in a homely manner. The provider had installed new windows in the two units and made a number of upgrades to the premises including changing a store room to en-suite for one resident. The provider had self-identified some areas for further improvement including the flooring in one en-suite, the need to modernise a second resident's en-suite and areas of painting in need of attention.

The inspectors also observed two practices which did not uphold residents' rights to privacy which required review. This was highlighted to the person in charge and provider on the day of inspection. For example, one resident's personal documentation was being stored in a communal area on the day of inspection. In addition, a practice was observed regarding the storage of personal care equipment which did not best promote the dignity of a resident.

Overall, the residents appeared comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. The inspectors found that the provider had responded to the findings of the previous inspection and implemented their action plan. However, despite the good quality of care and support offered by the staff team when on duty, due to the assessed needs of residents including a recent admission, it was not demonstrable that the staffing numbers were adequately accounted for to meet the residents assessed needs.

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

Capacity and capability

The inspectors found that there was a clearly defined management system in place which had identified lines of authority and accountability. The local management and staff team were striving to provide a service that was safe, consistent and appropriate to residents' needs. While there was evidence of increased focus on supporting residents to engage in activities, it was not demonstrable that there were sufficient staffing levels in place to ensure this progress was sustainable.

The last inspection found that it was not evident that staffing levels were in line with the changing needs of residents and that resources were mainly focused on delivering required care needs and therefore aspects of residents' lived experience were being negatively impacted. While, there was evidence that the provider had a high level discussion of staffing levels and prepared a business case for their funder

seeking additional staffing support, this remained an area for improvement. The inspectors acknowledge that there had been greater flexibility in staffing resources due to a reduction in resident numbers. However, there had been a recent admission to the centre and staffing resources had not been reviewed in light of this change.

The inspectors reviewed a sample of training records and found that a number of staff were out of date in mandatory training including fire safety, manual handling and safeguarding.

Regulation 15: Staffing

The inspectors found that the staff team were observed to be striving to provide care in line with residents' assessed needs. However, it was not demonstrable that the staffing levels in place were in line with the changing and assessed needs of residents. This was a repeated failing as this had been identified in the previous inspection in October 2023.

The inspectors reviewed the staffing roster for both units for March, April and the week of the inspection, and found that in both units there was a core staff team in place. Across the two units, the 12 residents were supported by six staff during the day and three staff on waking night cover. At the time of the inspection, the centre was operating with four whole time equivalent vacancies which was managed through the current staff team, the use of regular agency and relief staff. The inspectors were informed that the provider was actively recruiting to fill the vacancies.

As noted, the previous inspection found that the staffing levels required significant review to demonstrate that they were in line with the changing and assessed needs of the residents. While, actions were taken by the provider such as discussions with the area manager and person in charge around staffing levels and an application to the funder for additional staffing, this had failed to appropriately address or evidence that appropriate actions had been taken to effectively and sustainably resolve the staffing issues.

Staffing resources also were not comprehensively reviewed on foot of the new admission. For example, the new admission was assessed as requiring two to one support for mobilisation in the home. As there was only one staff member at night in the unit this evidenced that due consideration had not been given to staffing levels to ensure the resident could be evacuated in a timely and effective manner.

In addition, in the first unit, of the six residents, one resident attended a day service and one resident was assessed as required one-to-one supervision. This meant that four residents were supported during the day by two staff. The four residents were assessed with high support needs including personal care, moving and handling and feeding eating and drinking, with a number of residents requiring 2:1 care at times.

The inspectors were informed that after the last inspection, there was increased flexibility in staffing due to a bereavement in the second unit of the centre. This allowed one staff member from the second unit to come over to support residents in the first unit to engage in activities. However, a recent new admission of one resident to the second unit meant that this practice was no longer possible.

Overall the staffing levels in place required comprehensive review as it was not evident that they meet all the assessed needs of residents which directly impacted on aspects of the residents' lived experience.

Judgment: Not compliant

Regulation 16: Training and staff development

The systems in place for the training and development of the staff team required improvement. From a review of a sample of training records, some of the staff team had did not have up-to-date training. For example, a number of staff required training in areas including fire safety, deescalation and intervention techniques, safeguarding, manual handling. Overall, it was found that the management and booking of staff onto relevant trainings required significant improvement at provider level.

Judgment: Not compliant

Regulation 23: Governance and management

It was not evident that the centre was resourced appropriately to meet residents' personal and social care needs. This was also identified on the previous inspection. Although the provider had previously submitted written assurances that a review of resources would occur, this had unfortunately failed to effectively address the staffing issues.

In response to the last inspection, there was evidence that the provider had completed a high level discussion regarding staffing levels and submitted an application to their funder for additional staffing. While there was evidence of an increased focus on activities facilitated by an increased staffing ratio, a recent admission to centre meant a decrease in staffing ratio and that this practice was no longer possible. Overall, while residents' health needs were being met, there remained improvement required in demonstrating that the centre is resourced appropriately to meet the residents personal and social care needs.

Judgment: Not compliant

Quality and safety

Overall, there were established management systems in place to monitor the quality of care and support provided to the residents. The inspectors found that the service was striving to provide person centred care and support. There was evidence of increased focus on activation and stimulation. However, it was not clear if the improvements made under Regulation 13: General Welfare and Development and Regulation 09: Residents Rights were sustainable. In addition, the transfer of one resident to the centre was not managed in an appropriate manner to ensure identified risks were addressed on their admission.

The inspectors reviewed a sample of residents' personal files which comprised of an assessment of residents' personal, social and health needs. Since the last inspection, the provider had developed an activity schedule for each resident and sought support from the speech and language therapy to support people to identify & choose preferred activities. The inspectors reviewed a sample of resident activity records for March and April and found that there was evidence of an increased focus on activities. However, as noted, it was not clear if the enhanced focus on activities was sustainable as the centre had admitted a new resident a week before the inspection.

Regulation 13: General welfare and development

The previous inspection found that some residents' activation and stimulation levels were observed to be poor in this centre and required review. This remained an area for improvement.

On this inspection, the inspectors found that there had been an increased focus on activation and stimulation levels in the centre. For example, of the 12 residents, four attended a day service whilst eight residents remained in the centre supported by six staff members. Of the eight residents the provider had developed activation schedules and activity tracking sheets. From a review of activity schedules, it was evident that residents were being supported to access their community or engage in table top activities in their home. On the day of inspection, residents were observed leaving for day service, attending music session or engaged in table top activities such as nail painting or hand massage.

As noted, the arrangements in place for staff member from the second unit to support the residents in the first unit to partake in activities was no longer possible due to a recent admission. It was unclear if the improvements made in activation and stimulation levels were sustainable due to the centre's resources.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

From a review of a recent transition of a resident from within the service it was not evident that appropriate planning and supports were put in place to ensure the resident's identified needs were appropriately met.

Although a planning meeting had taken place with members of the multi-disciplinary team and the person in charge, on the day of inspection aspects of the residents' care was not possible due to a lack of equipment and/or staff training. In addition there was no review of staffing needs in light of the resident's specific needs such as needs around fire evacuation. Although some of the risks posed by the lack of appropriate planning were mitigated by having regular staff present during the day. The systems in place to ensure documentation, equipment, and staff training had been completed prior to their admission had not occurred.

For example, the resident required two to one for mobilisation. A hoist had been transferred with the resident and was to be used if the resident fell. No staff had completed training in relation to this prior to the resident's transition and therefore this could not be used in the event of fall. In addition, equipment such as epilepsy seizure mats were not in place on the day of inspection despite the resident having a specific assessed need around this.

Judgment: Not compliant

Regulation 9: Residents' rights

The previous inspection found that improvement was required to ensure residents' had the freedom to exercise choice and control in his or her daily life. This remained an area for improvement.

Following the previous inspection, the increased staffing levels due to a resident bereavement supported the remaining residents to have greater choice and control on their daily lives. Similar to the findings under Regulation 13: General Welfare and Development while there was improvement in choice and control under a rights based approach to care, it was not clear if this was sustainable due to a recent admission and an overall reduction in the staffing ratio.

In addition, the inspectors also observed two practices which did not uphold residents' rights to privacy which required review including a resident's personal documentation was being stored in a communal area. This included banking documentation and documentation pertaining to their health needs. This was poor practice in terms of the resident's right to privacy. In addition, a practice was

observed regarding the storage of personal care equipment which did not best promote the dignity of a resident.

Judgment: Substantially 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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Boherduff Services Cashel OSV-0005060

Inspection ID: MON-0038731

Date of inspection: 01/05/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • A comprehensive review of the assessed needs of the individuals will be undertaken to establish the appropriate level of staffing required to meet the assessed needs of the individuals now residing in the centre. Following this the business case previously completed will be updated and submitted to the HSE. • A night time fire drill will be completed with existing staffing levels to ensure that the staffing is sufficient for fire evacuation. • Arising from the findings of the inspection as an interim measure, pending completion of the review of staffing, a staff member has been redeployed on a temporary basis to provide an increased focus on day support for people supported in accordance with their preferred activity. 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The PIC maintains a training records folder for each staff member which is reviewed on a regular basis to ensure that all staff have completed mandatory trainings and refresher training in line with policy. • Staff who have been identified as not having the appropriate mandatory and refresher training have been booked on required training courses. 	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A comprehensive review of the assessed needs of the individuals will be undertaken to establish the appropriate level of staffing required to meet the assessed needs of the individuals now residing in the centre. Following this the business case previously completed will be updated and submitted to the HSE. • A night time fire drill will be completed with existing staffing levels to ensure that the staffing is sufficient for fire evacuation • Arising from the findings of the Inspection as an interim measure pending completion of the review of staffing, a staff member has been redeployed on a temporary basis to provide an increased focus on day support for people supported in accordance with their preferred activity. 	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> • A comprehensive review of the assessed needs of the individuals will be undertaken to establish the appropriate level of staffing required to meet the assessed needs of the individuals now residing in the centre. 	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:</p>	

- A night time fire drill will be completed with existing staffing levels to ensure that the staffing is sufficient for fire evacuation in light of the new admission.
- Following a referral sent on 23/04/2024 the occupational therapist assessed the person supported on 13/05/2024. A hoist sling was identified and is in place since day of assessment. Staff refer to care plan in relation to using the hoist.
- Tunstall Emergency response were contacted on 25/04/2024 & visited the residence & replaced the epilepsy seizure mat with a fully functioning epilepsy seizure detection mat.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- All individuals documentation is now being stored in designated filing area to ensure the resident's right to privacy.
- All personal care equipment is being stored in each of the residents private bathrooms in accordance with the dignity of the resident.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/09/2024
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/09/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to	Not Compliant	Orange	30/09/2024

	appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2024
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.	Not Compliant	Orange	30/06/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/05/2024
Regulation 09(3)	The registered provider shall	Substantially Compliant	Yellow	30/05/2024

	ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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