



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

Issued by the Chief Inspector

Name of designated centre:	Boherduff Adult Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	23 November 2022
Centre ID:	OSV-0005071
Fieldwork ID:	MON-0029247

About the designated centre

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

Boherduff Adult Services consists of two units providing residential care for up to ten residents. One of these is a bungalow located on the outskirts of a urban area while the other unit is a purpose built bungalow located just outside the same area. The two units provide for both genders and those with intellectual disabilities and/or Autism Spectrum Disorder. One unit provides for young adults while the other provides for an older group of residents. Both units are open overnight 365 days of the year and are open on a 24 hour basis at weekends. Each resident has their own bedroom and other facilities throughout the centre include sitting rooms, kitchens, bathroom facilities and staff rooms. Staff support is provided by nursing staff, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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How we inspect

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 23 November 2022	10:00hrs to 17:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with all nine residents who lived in the designated centre. The centre comprised of two bungalows, located a short distance apart, outside a small town.

Overall, this centre ensured residents were provided with person-centred care that met their assessed needs. Good management systems ensured that the service proactively responded to resident's changing needs, including at times of illness.

Residents spoken with told the inspector that they were happy in their home, and that they liked living there. The inspector observed a resident laughing and making jokes as they chatted with the inspector and staff members. It was evident that they were very comfortable with staff members, indicating that they knew them well. After meeting the inspector, the resident had plans to do the grocery shopping with staff members, and have a coffee in a local Café.

A number of residents were unable to communicate their views on what it was like to live in their home. At all times, residents' physical gestures and interactions with the environment indicated that they were content and relaxed in their home. Staff members advocated for residents, and ensured that residents were supported to continue to engage in their daily planner, which was important to them. Where the inspector's presence may cause a resident anxiety, staff communicated the supports required to ensure little disruption to residents, as outlined in their behaviour support plans.

During the COVID-19 pandemic, residents were supported to use video calling to keep in touch with friends and family. When restrictions allowed, outdoor and window visits were supported. In line with residents' interests, they had been supported to go for regular walks in local wooded areas and parks. A number of residents were also supported to attend a drive-in mass during this time. Residents were happy to now re-engage in day services, community access and having visitors in their home.

Residents living in the designated centre had access to seven vehicles to support them to engage in activities and community life. Due to the assessed needs of residents living in one house, each resident had their own individual vehicle which provided consistency, and meant that they could go out with staff as they wished. On the day of the inspection, residents were supported to engage in a variety of activities including local walks, coffee and reflexology. One resident liked to go to the local races. The resident spoke about a recent trip where they were supported by staff to attend the races, and to place bets as they wished. It was evident that this was very important to them.

Residents' homes supported their needs and provided for a safe environment. 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

This inspection was completed following an application to renew the registration of the designated centre. It was evident that the registered provider had ensured there was a good level of oversight in the designated centre. It was evident that both staff and residents were familiar with the person in charge, and that they had a regular presence in the centre.

Management systems in place ensured effective oversight of the supports provided to residents in their home. All staff working directly with residents reported to the person in charge. There was evidence of regular team meetings, which evidenced learning and discussions, including after an incident had occurred. All staff received supervision annually. It was evident on review of these records that staff were facilitated to raise any issues or concerns.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made a full application to renew the designated centre's registration. This included the submission of documents and the payment of a fee. This had been completed in the correct format, in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre had a person in charge. The person in charge carried out the role for a total of two designated centres. It was evident that they held the necessary skills, experience and qualifications to fulfil the role.

The inspector met with the person in charge, as part of this inspection. The person in charge was aware of their role and responsibilities, as outlined in the regulations. It was evident that they maintained a good level of oversight in the designated centre, and proactively managed resources and staffing to meet the needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a consistent team of social care workers, a social care leader, care assistants and staff nurses. It was apparent that there was sufficient staff on duty to support residents. There was also evidence that staffing levels had recently increased to support one resident. Recruitment for the three care assistants required to meet this increased staffing need was well underway.

A rota had been developed, which clearly outlined the staff on duty each day and their hours of work.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members had engaged in mandatory training as part of their role. This included the safeguarding of vulnerable adults, hand hygiene, and infection prevention and control. A number of staff were due refresher training in fire safety, management of behaviour that challenges, first aid and manual handling. For the most part, these trainings were scheduled to take place after the inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents living in the centre had been established. This contained the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff files. These files contained key information about staff working in the centre, as specified in Schedule 2 of the regulations. This included evidence of their identity, vetting disclosures and evidence of relevant

qualifications.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured. This included a contract of insurance against injury to residents. This was submitted prior to this inspection, as part of the designated centre's application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the care and support provided to residents in 2021 had been carried out. This review sought the views of residents and their representatives. A SMART action plan had been developed, which clearly outlined the actions taken and the time-line for these actions to be completed. These were very much in line with the findings of this inspection, indicating a proactive approach to quality improvement in the centre.

A number of regular audits and reviews were completed in the centre, to ensure effective oversight was maintained. This included health and safety audits, infection control, medicines audits and an analysis of notifications and incidents, accidents and medicines errors. Where one resident had a number of falls, a review of this was carried out, with additional supports being put in place to prevent the resident receiving an injury as a result of their falls risk.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available to residents in their home. This documents set out the specific care and support provided to residents. This document was reviewed as part of the application to renew the designated centre's registration. It was noted that it contained all of the required information outlined in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A clear complaints process was provided in the centre. There was also an accessible complaints procedure, which included an appeals process.

It was evident that residents were supported to make complaints, and that action was taken on foot of complaints in the centre.

Judgment: Compliant

Quality and safety

Throughout the inspection, staff members spoken with were aware of the assessed needs of residents, and their roles and responsibilities in providing a safe and quality service to residents. It was demonstrated that there was a proactive approach to quality improvement in the centre, which positively impacted residents' quality of life.

All residents had access to their general practitioner (G.P.). A number of residents required support to meet their health care needs. Where one resident required an aseptic technique to meet their health needs, a clean area and appropriate equipment to carry out this procedure was provided. All staff who undertook this procedure had been supported to complete relevant training in this area.

When required, residents had a behaviour support plan. These plans clearly outlined the proactive and reactive strategies required to support residents to manage their anxieties, and/or behaviours that challenge. When a resident experienced an increase in incidents of behaviours that challenge, additional multi-disciplinary team support was provided to alleviate their anxieties.

Overall, residents were provided with a good quality of care and support in their home.

Regulation 11: Visits

Residents were supported to receive visitors in their home. There was sufficient space for residents to receive a visitor in private, if they so wished. A number of residents regularly spent time with friends and family outside of the centre,

including on overnight visits. Where supervised visits were required to safeguard residents, this was support by the staff team.

A visiting policy had been developed by the registered provider. A visitors log was also in place to record visitors entering the centre.

Judgment: Compliant

Regulation 13: General welfare and development

It was evident that residents were supported to engage in their local community in line with their wishes, likes and interests. Recreational opportunities were provided to residents daily, and there was access to transport to facilitate these activities.

Judgment: Compliant

Regulation 17: Premises

The first house the inspector visited was a large bungalow. There was a garden to the front and back of the residents' home, which residents could enjoy. An area to the front of the house had been made into a 'karting-track' which one resident enjoyed driving their go-kart on. Each resident had their own private bedroom in their home. Where residents required minimalistic environments, this was provided. Where premises issues were identified, there were clear plans to address these areas. This included plans to replace the kitchen, and a full remodel of one resident's bathroom.

The second house the inspector visited was a large, purpose-built bungalow, with a garden area. Each resident had their own private bedroom, which was decorated with colours, photographs and personal items that were meaningful to the individual residents. A large open plan kitchen and dining area was also provided, which supported residents' access in line with their mobility needs. There was sufficient private and communal spaces in the residents' home.

In some areas of this house, and despite recent deep-cleaning, some bathroom tiling was observed to be stained. Throughout the house, window handles were observed to be broken and in need of replacement or repair.

Judgment: Substantially compliant

Regulation 20: Information for residents

A resident's guide had been developed by the registered provider, in line with the regulations. The guide contained information about the services residents would receive in their home. This included information about the arrangements for visits, the complaints process and the terms relating to residency.

Judgment: Compliant

Regulation 26: Risk management procedures

There were no high rated risks in the centre at the time of the inspection. It was evident that risk assessments outlined the specific risks associated with each individual residents' care and support needs. There were clear control measures in place, to reduce the risks to residents.

The organisation had a clear risk management policy. This outlined the information required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

Each of the houses had a separate laundry room. Plastic laundry baskets were used, and these could be easily cleaned when required. Laundry was segregated appropriately, and overall good laundry practices were observed. A colour-coded cleaning system was used throughout the centre, meaning that there was little risk of cross-contamination while cleaning.

Alcohol hand gels were readily accessible throughout the centre. Overall, good practices relating to infection, prevention and control was observed.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-resistant doors, fire-fighting equipment and emergency lighting were provided to aid safe and effective evacuation. Each quarter, fire evacuation drills were completed. There was evidence of learning from these drills, including updated actions being outlined in residents' personal evacuation plans and/or residents' risk assessments. Bed evacuation was used for a number of residents, and it was evident that appropriate exits were available to support the evacuation of these

residents.

Staff spoken with were aware of the procedures in relation to fire safety, and the evacuation of residents. The inspector was assured that all residents could be safely evacuated from the centre, in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines were stored in a locked press in the office of each house. Medicines were received regularly from residents' local pharmacy. Medicines prescription records outlined the residents' medicines, the dose required and the time and route of administration. If residents had an allergy, this was clearly documented on the medicines prescription record.

Three liquid medicines did not have the date of opening recorded. Therefore, it was unclear when these medicines would need to be disposed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to receive treatment and support at times of illness. Following a cancer diagnosis, one resident was supported to seek treatment. During this time, staff members discussed the arrangements put in place to support the resident to engage in treatment. This included providing one consistent staff member who supported the resident at each treatment, and a night awake staff member to support the resident in the event they were unwell after their treatment. Staff reported good communication and engagement with the hospital staff. This resident had recovered from their illness, and was beginning to re-engage in activities and their local community.

Judgment: Compliant

Regulation 7: Positive behavioural support

It was noted that there had been a recent increase in incidents of challenging behaviour for one resident. Staff members advocated that the resident continue to engage in their daily plan, and supported the inspector to meet with them at an appropriate time. Additional multi-disciplinary input including psychology support

was being provided to the resident at this time.

Judgment: Compliant

Regulation 8: Protection

A policy which outlined the procedures in relation to the safeguarding of vulnerable adults was provided. This policy outlined a zero tolerance approach to abuse.

At the time of the inspection, there were no safeguarding concerns in the centre. Staff spoken with were very familiar with the actions required, such they have concerns regarding a resident.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident throughout this inspection that residents' rights were promoted and respected. Residents were consulted with and involved in decisions relating to their care and support. It was evident that staff members promoted residents' right to privacy and dignity, and treated them in a caring and respectful manner at all times.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Boherduff Adult Services

OSV-0005071

Inspection ID: MON-0029247

Date of inspection: 23/11/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• Since the time of the inspection:<ul style="list-style-type: none">◦ 1 staff has completed Manual Handling Training on 13/12/2022◦ 7 staff have completed Fire safety Training on 20/12/2022• Remaining staff will have the required training completed by Q1 2023	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Quotes are being sought to replace the windows and tiling in one house. Works are anticipated to be completed by 30/06/2023	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none">• All medicines have the date of opening recorded on packaging from 28/11/2022.	

- Staff were reminded at team meeting on 13/12/2022 to ensure that all liquid medications/ointments require opening dates clearly recorded on packaging. This will be subject to regular monitoring by the PIC and in local level audits.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2023
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt,	Substantially Compliant	Yellow	13/12/2022

	prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
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