



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

## Issued by the Chief Inspector

Name of designated centre:	No 4 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	13 May 2021
Centre ID:	OSV-0005127
Fieldwork ID:	MON-0032375

## About the designated centre

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

The designated centre provides residential supports for a maximum of eight male residents, aged over 18 years. The facility, laid out in four courtyard cottages, can support persons with intellectual disability including those with autism. The individuals may have multiple/complex support needs. Some residents may present with behaviours that challenge. The supports provided focus on understanding and meeting the individual needs of each person living here, by creating as homely an environment as possible. Individuals are encouraged to participate in household, social and leisure activities and to reach their fullest potential in these areas of their lives. Each person living in the designated centre requires some support in activities of daily living in terms of their personal care, housekeeping, food preparation, managing finances and participating and accessing local community facilities and events. Residents are supported 24/7 by social care staff and care assistants, with nursing support provided by the person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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
Thursday 13 May 2021	10:00hrs to 15:45hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

From what residents told us and the inspector observed, it was evident that residents were provided with a good quality service where their choices were promoted and respected. Residents told the inspector that they were very happy with the staff that supported them in their home, and that they were supported to participate in activities in line with their wishes.

On the day of the inspection, the inspector met with four of the residents that lived in the designated centre. Residents were attending day service on the day of the inspection. As the day service building was located on the same premises, the inspector had the opportunity to meet two of the residents during the day. The inspector met two more residents on their return home from day service.

The inspector was provided with seven questionnaires that had been completed by residents about the quality of care and support that they received in their home. It was evident from reviewing the questionnaires that residents were very happy where they lived, and with the staff that supported them.

The premises of the designated centre was located on the outskirts of a large town, with close proximity to a number of community amenities including shops and restaurants. It comprised of four cottages in a courtyard setting. In one resident's questionnaire they said that they liked how close the day service was to their home. On the evening of the inspection, the residents were observed independently walking back to their home after day service had finished. Staff members told the inspector that the location of the day service ensured that there was no rush to get ready in the morning, and that this could be completed at the residents' pace.

The premises of the designated centre was quiet and calm, providing a relaxing atmosphere which the residents enjoyed. There were a variety of potted plants that residents had sowed with the support of staff members. The inspector met one resident on the morning of the inspection, as they were sowing peas and beans. The resident told the inspector that they like to do the weeding, with staff support. The resident was later observed having a break in the garden, where they appeared relaxed as they enjoyed the sunshine.

There was a large garden area which had items that the residents used to participate in activities. This included a trampoline, a goal to play soccer and a polytunnel. It was evident from reading the residents' questionnaires that the residents enjoyed the large outdoor space, gardening, BBQ's and going for walks in the local area. Throughout the COVID-19 pandemic, residents were supported to have visitors in the garden area where they had socially-distanced picnics. It was evident that residents enjoyed these and looked forward to seeing their family and friends.

The person in charge gave the inspector a tour of the designated centre. Two of the

four cottages provided individual residential supports to one resident each at the time of the inspection. In one resident's questionnaire, a resident stated that they enjoyed having a home to themselves. Each resident had a private bedroom and en-suite bathroom. Residents' homes had personal items including photographs and items of interest on display. One resident's telescope was set up so that they could star-gaze while another resident had a drum kit in their bedroom. Visual schedules were in place for a number of residents, and the inspector had the opportunity to see one resident use their visual schedule to indicate that they had finished day service for the day and that they had two days until they received a family visit.

The inspector met one resident as they relaxed on the couch in the sitting room of their home. The resident told the inspector that they had been to a wildlife park the day before the inspection. It was evident that the resident enjoyed boat trips and that they were planning one with the support of their day service. The resident was also being supported to attend an appointment to see their general practitioner (G.P) on the evening of the inspection. The inspector observed a staff member getting ready to bring the resident to the appointment, which included bringing the resident's medicines prescription chart in the event it was required.

The inspector met two residents on their return home after day service. On arrival, a staff member took each resident's temperature and supported the residents to sanitize their hands. One resident said hello to the inspector while the second resident gestured a wave. Staff members spoke with the inspector before the residents arrived home, and explained elements of each residents' behaviour support plan and personal plan that were relevant to the inspector's visit. This evidenced that the staff members knew the residents well, and this supported the inspector to have a positive visit with the residents.

Staff members told the inspector that residents enjoyed relaxing with a hot drink when they arrived home after their busy day. Residents were offered a hot drink of their choice which was prepared by a staff member. There was a drinks dispenser in the kitchen and dining area which was readily available with a cold drink. Each resident had a water bottle with their photograph which was placed beside the drinks dispenser. Residents were observed picking up their water bottle and independently pouring themselves a drink. It was evident that this promoted residents' independence and choice, in line with the residents' needs.

One of the residents communicated using words, gestures, facial expressions and body language. The resident was observed relaxing on the couch watching television. It was noted that there was a side table with a newspaper beside the resident. Staff members told the inspector that the resident enjoyed looking at newspapers and that the resident's routine every Thursday was to go to the shop to buy the local newspaper. Staff members told the inspector that they had access to a number of vehicles to support residents to access the local community and engage in activities. At times there were up to five vehicles available to the designated centre, which promoted individualised activities and choice to each resident.

The inspector observed interactions between residents and staff members throughout the inspection. Staff members were observed having respectful

interactions with the residents, where residents' rights were promoted and choice was facilitated. Residents appeared comfortable in the presence of staff members as they independently accessed their home. Staff members also supported the inspector to engage in conversation with the residents.

It was evident that residents were happy in their home, and that they were supported to live a life that promoted their independence and respected their wishes. Residents were supported by a staff team that they knew well. 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.

The designated centre had a consistent staff team which included care assistants, social care workers and oversight by the person in charge who was a registered nurse. The person in charge fulfilled the role for this designated centre alone, which comprised of four cottages. This individual held the necessary skills and qualifications to carry out the role. It was noted on discussions with the person in charge that they had a very good knowledge of the residents and their individual support needs.

The person in charge reported to their line manager, who carried out the role of person participating in management. The line manager reported to the director of services, who had the responsibility of reporting to the organisations board of management.

Oversight was maintained through the completion of a variety of service reviews, which included the annual review and unannounced six monthly visits to the designated centre. An action plan was developed to ensure improvements were made to service provision following recommendations and findings from the service reviews. There was evidence that actions were progressed and completed in line with the action plan. It was noted that these service reviews included consultation with residents and their representatives. This ensured that residents were consulted in the management and review of the designated centre.

The registered provider had ensured that staff members had received appropriate mandatory training to support them in their roles. This included medicines management, safeguarding of vulnerable adults and fire safety. Staff members had also completed a number of training courses in response to the COVID-19

pandemic. The designated centre's annual review noted that online courses which had been provided as an alternative method of training during the COVID-19 pandemic had been a positive development in the provision of training to staff.

The registered provider had ensured that a number of documents had been submitted to the Health Information and Quality Authority (HIQA) to support the application to renew the registration of the designated centre. These documents had been submitted to HIQA in the correct format, in a timely manner. Some minor amendments were required to the designated centre's statement of purpose. This was completed on the day of the inspection, and sent to HIQA to support the application to renew registration.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application had been made to renew the registration of the designated centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge had the necessary skills and qualifications to carry out the role.

Judgment: Compliant

### 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 appeared to be happy with the support that they provided.

Judgment: Compliant

### Regulation 16: Training and staff development

The registered provider had ensured that staff members had received appropriate



mandatory training to support them in their roles. This included medicines management, safeguarding of vulnerable adults and fire safety. Staff members had also completed a number of training courses in response to the COVID-19 pandemic.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

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. There were clear lines of authority and accountability in the designated centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose containing the information set out in Schedule 1.

Judgment: Compliant

### Regulation 30: Volunteers

There had been no volunteers working in the designated centre since the previous inspection of the designated centre due to COVID-19.

Judgment: Compliant

## Quality and safety

Residents were provided with a good quality of care and support in line with their choices and wishes. It was evident that residents were happy with the supports that they received, and that their independence, privacy and dignity were promoted and respected.

Residents had been subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. Where healthcare needs were identified, these were supported by a plan of care. There was evidence of regular input of a number of allied health professionals, in line with the assessed needs of residents.

The statement of purpose identified that the designated centre provided supports to residents who may display behaviour that challenges. Residents had an appropriate plan of care to ensure that staff members were aware on how best to support them to manage behaviour that is challenging. When restrictive practices were put in place, this was completed with oversight from the behavioural standards committee.

A number of measures had been put in place to protect residents in response to the COVID-19 pandemic. There was evidence that staff and residents were subject to regular temperature checks. Staff members wore face masks at all times in the designated centre. Following an outbreak of COVID-19 in the designated centre, an outbreak control team meeting had been held, with input from Public Health. A COVID-19 guidance folder had been put in place in the designated centre. However, improvements were required to ensure that guidance for staff on COVID-19 reflected the current measures in place.

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. However, it was noted that a fire drill to simulate night time staffing levels had not been completed in the previous 12 months, in line with the registered provider's safety statement. Fire extinguishers, fire doors and emergency lighting were in place.

Measures had been taken to ensure that residents' rights were promoted and respected and that all residents lived a life of their choosing. Staff members supported residents to engage in activities in line with their interests, and these were linked to residents' goals and the personal planning process. Residents' personal information was stored in a locked press to ensure personal communications were stored securely. However, residents' meetings had not been completed since August 2020. Improvements were required to ensure that residents' house meetings were completed in line with the designated centre's statement of purpose.

Regulation 10: Communication
It was evident that residents were assisted and supported to communicate in line with their assessed needs and wishes. Resident had access to appropriate media including television, radio, newspapers and internet.
Judgment: Compliant
Regulation 13: General welfare and development
It was evident from what residents told the inspector that they were provided with opportunities to participate in activities in line with their interests.
Judgment: Compliant
Regulation 17: Premises
The premises of the designated centre was clean, warm and suitably decorated.
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 27: Protection against infection
Improvements were required to ensure that guidance for staff on COVID-19 reflected the current measures in place in the designated centre.
Judgment: Substantially compliant

## Regulation 28: Fire precautions

A fire drill to simulate night time staffing levels had not been completed in the previous 12 months, in line with the registered provider's safety statement.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents were subject to a comprehensive assessment of their health, personal and social care needs. There was evidence of regular multi-disciplinary input in line with each residents' assessed needs.

Judgment: Compliant

## Regulation 6: Health care

Residents were provided with appropriate healthcare in line with their assessed needs and personal plans. Residents had access to a G.P, and were supported by staff to attend medical appointments.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Therapeutic interventions were provided to residents to support the management of behaviour that is challenging. These plans were reviewed as part of the personal planning process.

Judgment: Compliant

## Regulation 9: Residents' rights

Improvements were required to ensure that residents' house meetings were completed in line with the designated centre's statement of purpose.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for No 4 Stonecrop OSV-0005127

Inspection ID: MON-0032375

Date of inspection: 13/05/2021

## 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 updated Covid19 guidance sheets for all staff's information are held in the Centre. A sign sheet will be attached so that all staff can sign to demonstrate that they are aware of guidance and responsibilities in relation to Covid 19 matters. To be signed by all staff by 30 June 2021.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Provider has ensured that</p> <ul style="list-style-type: none"> <li>- a night-time simulated fire drill with minimum night time equivalent staff was carried out on 23 May 2021 and</li> <li>- night-time simulated drills will be carried out annually in line with organization policy.</li> </ul> <p>These drills will be recorded and records kept in Centre's fire folder.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	



The Provider has ensured, together with the Person in Charge that residents are residents meetings have resumed to ensure residents consultation and participation in the organization of the Centre. A Residents meeting was held on 23rd May 2021 to inform residents on current issues and to discuss their preferences and needs. Minutes of meeting were circulated to any resident not in attendance. Staff discussed the minutes with them and signed that they had done so. Residents meetings will be scheduled for every 4 weeks and will be minuted.

## 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 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	23/05/2021
Regulation	The registered	Substantially	Yellow	23/05/2021

09(2)(e)	provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Compliant		
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