



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

## Issued by the Chief Inspector

Name of designated centre:	No.1 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	08 November 2022
Centre ID:	OSV-0005128
Fieldwork ID:	MON-0032654

## About the designated centre

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

No. 1 Bilberry provides residential supports to a maximum of two female adults in the mild/ moderate range of intellectual disability. The support service operates on a Monday to Friday morning basis. All residents must be able to live independently as staff supports are not rostered on at certain times during the day. At present, staff return to the centre at approx. 21.30 and are available to the residents until 09.30 on a sleepover support roster. No. 1 Bilberry provides staff support on this basis for five nights per week. No. 1. Bilberry is an end of terrace semi-detached house. It is situated in a town centre, in a suburb of Cork. It is a three storey modern house. The general layout of the house is a sitting room leading to the dining room and an open plan kitchen. There is a small patio to the back of the house. On entering the house there is a hall way with a stairs leading to the first floor.

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

Number of residents on the date of inspection:	2
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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
Tuesday 8 November 2022	09:00hrs to 16:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

This was a short term announced inspection of No.1 Billberry with the intention of monitoring compliance with the regulations and Health Act 2007. The inspector was greeted at the door by a resident and the person in charge appointed to the centre. The inspector was welcomed into the main living room where introductions were made. The resident offered the inspector a cup of tea and a seat at the dining room table.

Another resident joined the conversation at this point. They said hello and welcomed the inspector but did state that they did not want anyone looking through their personal plan. They highlighted this was individual to them, and they had a right to their privacy. The inspector stated that this would be respected and the resident could show the inspector what they wished to throughout the day. The resident agreed to this.

All parties sat at the dining room table to have a conversation about life in the centre. Both residents were very happy and content in their home. One individual was looking to spend more time in the centre and the person in charge and provider was assisting them to make this possible. The other resident had moved into the centre over the past year. Both residents were very happy to live together. They told the inspector they got on very well and like to help each other in the house. Residents met with each other before the final transition to the centre to ensure this was the correct situation for all.

Residents asked the inspector if they would like to look around the house. One resident told the inspector that the washing line in the back garden was broken but the person in charge assured the resident that this had been reported and a new one would be purchased in the coming days. The resident was satisfied with this. Since the last inspection of the centre the layout of the centre had been changed to ensure the layout met the assessed needs of the residents. One resident's bedroom was on the first floor. They proudly showed the inspector their room and their favourite personal possessions. They told the inspector that they loved their room and liked to relax there.

The other resident also showed the inspector their room. This too was tastefully decorated and was located on the third floor of the centre. Both residents had private bathrooms and ample storage space. Residents enjoyed keeping the centre clean and tidy and had set chores they completed daily to maintain this. The centre was located in the middle of a busy suburb which allowed residents to complete additional household tasks such as grocery shopping.

Upon return to the dining area both residents spoke with the inspector regarding their daily medications. Residents were supported by their support staff to administer their medications and oversee the receipt of these. Residents showed the inspector their process of how they take their medications and also what the staff team

do to support them including counting of their tablets when they collect them from the pharmacy. Residents also had an awareness of the reason these medications were required and when they needed to be reviewed.

The residents living in the centre had busy and active lives in the local community. With awareness and safety training many activities were accessed independently with residents confidently informing the inspector how they would obtain assistance in the community if required. One resident left the centre to attend their day service and meet with friends. They said good bye to the inspector and told them they could look at whatever documentation they required. The other resident told the inspector they had household jobs to complete before they started their job in a local coffee shop. They would be downstairs in the centre should the inspector need any further information.

The inspector went to the office to complete a review of documentation. At differing points during the course of the inspection the inspector had the opportunity to chat with this resident. They informed the inspector of the fire evacuation procedure in the centre and what both residents would do in the event of an emergency at times when staff were not present. They also spoke with the inspector about the complaints procedure within the centre. They could speak with the person in charge or a staff member if they were not happy with each something.

The resident showed the inspector the records of the house meetings which were used as a platform for staff to communicate any changes in the day to day operations of the centre to residents. These were also utilised as a means of discussing ongoing topics within the centre, for example the complaints procedure and how to keep yourself safe. The resident told the inspector they enjoyed these meetings and said the staff were always very helpful. They could talk to them about any concerns they had and were assured the required actions would be taken.

The inspector observed interactions between residents and staff and found these interactions to be positive and supportive in nature. When a resident displayed some anxiety over the course of the day this was supported in a very respectful manner resulting in a positive impact for the residents. Staff spoken with had a clear understanding to the individual support needs and rights of the residents currently residing in the centre.

The next two sections of the report will review evidence present in the areas of capacity and capability of the provider and the quality and safety of the service provided and how this impacts the life of the residents.

## Capacity and capability

No.1 Billberry presented as a centre with a good level of compliance with the

regulations. There was clear evidence of effective governance and oversight of the centre by members of the governance team which ensured all residents received a good quality service that was in line with their assessed needs. Some minor improvements were required to ensure compliance with all regulations. This included for example the review of the statement of purpose document to ensure all information present was accurate.

The inspection was facilitated by the person in charge, residents of the centre and the staff team. All members of the governance team met with on the day of inspection were very knowledgeable of the needs of the residents and the requirements of the service to meet those needs while promoting the residents rights and independence. The person in charge had very good oversight of the service with effective measures in place to find areas of concern and addresses these in a timely manner. They had the required qualifications and relevant experience as outlined in the regulations to fulfil their role effectively. The person in charge reported directly to the newly appointed person participating in management. This included regular face to face communication and formal supervisory meetings.

The provider had implemented measures to maintain oversight of the service. The provider had completed an annual review into the quality and safety of care and support in the centre was completed in December 2021. This report identified good practice in the centre and areas for improvement. The person in charge completed regular review of the action plans in place to ensure all actions were completed. In addition, unannounced audits were completed six-monthly in line with the regulations. The last of which was completed in June 2022. However, at the time of the inspection the report had yet to be completed for this visit and had not yet been forwarded to the centre for review. This was provided to the inspector and the centre by the close of the inspection.

In addition, the person in charge and the staff team completed a range of audits in the centre. These included for example, a review of incidents, medication audits and an infection prevention and control. The person in charge had a clear oversight of actions required to maintain a high level of compliance within the centre. Any actions identified by residents or staff were escalated to the person in charge and addressed in a timely manner.

There were clearly defined management structures in this centre. Residents and staff were aware of the procedures of who to contact in an emergency or if assistance was required. A review of incidents evidenced as required with all incidents were notified in accordance with Regulation 31.

Staff in the centre received supervision from the person in charge through annual personal development review and six weekly supervisory meetings. Formal supervisions were completed in accordance with the organisational policy and were employed in conjunction with regular team meetings. These measures were implemented to ensure all staff had the opportunity to raise concerns or for issues to be addressed.

The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of residents. The person in charge maintained a planned and actual staff roster in the centre. This rota reflected the whole time equivalent of staff as set out in the statement of purpose. Staff had access to a range of training which had been deemed mandatory to support residents in the centre. However, upon review the training matrix in place had not been updated to reflect the current training needs of some staff. For example in the area of hand hygiene and infection control.

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis through house meetings. Residents spoken with were clearly aware of the complaints procedure and were assured that any complaint highlighted was actively addressed. Both residents informed the inspector they would be happy to make a complaint if needed.

#### Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operation of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured the numbers and skill mix of staff were suitable to meet the assessed needs of residents.

An actual and planned rota was in place.

Judgment: Compliant

#### Regulation 16: Training and staff development

Effective supervision and performance management systems were in place and completed in accordance with organisational policy.



Staff had access to a range of training. This training was supported and facilitated by the provider to meet the assessed needs of residents. While staff were supported to attend the required training some gaps were present in the area of infection control and hand hygiene.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The provider had prepared a directory of residents, and had ensured that all required information in relation to residents was held in the centre, as outlined in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management arrangements were effective in delivering a good quality service to residents. There was an annual review of the quality and safety of care and evidence that actions arising from this were acted on. However, while completed in June 2022 the report of the six monthly unannounced visit to the centre was yet to be provided to the person in charge for review.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the time frame identified in the regulations. Some minor amendments were required to ensure all information present was accurate to the current status of the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified in

line with the requirements of regulation 31.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis.

Judgment: Compliant

### Quality and safety

No.1 Billberry presented as a centre which promoted the right of the each individual through open communication, promoting independence and awareness training. Interactions with residents evidenced their individual awareness of their rights and how they were satisfied the service in the centre was safe and effective. Residents were consulted in the day to day operations of the centre including choice in their daily life. Weekly house meetings occurred to discuss operations of the centre such as meal planning and any changes in operations such as change planned activities.

The centre presented a three storey detached building located in a busy city suburb. The centre presented as warm and homely with residents proudly showing their personal areas. Residents had active lives community availing of services such as the local bars and restaurants, shops and cinema. Residents were supported with maintain their skills and independence to assist in these meaningful activities. One resident attended a local day service while another resident had a job in the local café. Residents' personal goals included increasing their time in the centre, supporting their spiritual needs and continuing family visits.

Each resident was supported to develop a comprehensive personal plan. This incorporated the annual assessment of need, multi-disciplinary recommendations and personal outcome measures. These personal plans were regularly reviewed to ensure they reflected the current needs and wishes of the individual were supported. These plans incorporated also the healthcare support of residents. These plans were evidenced to be clear and ensured a consistent staff approach in supporting resident to achieve the best possible physical and mental health.

Residents' safety was promoted in this centre. All staff were trained in safeguarding. Staff were knowledgeable on the steps that should be taken if there were any safeguarding concerns in the centre. The contact details of the designated officer

and complaints officer were on display in the centre. Safeguarding was included as an agenda item on house meetings and team meetings to ensure a consistent approach. Residents also had an awareness of their right to be safe and how to keep themselves safe in the centre and in the local community.

Residents were also protected from the risk of infection. Good practice in relation to infection prevention and control was observed during the inspection. There were adequate hand hygiene facilities in the centre with sufficient PPE stock in place. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines. Residents were observed completing touch point cleaning during inspection and adhering to infection control measures. Environmental and infection control audits were routinely completed. Residents and staff were knowledgeable on steps that should be taken to protect residents from infection and the rationale for the need for this.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There were a number of risk assessments that identified centre specific risks; for example, independent time for residents, safeguarding and the use of public. Control measures were in place to guide staff on how to reduce these risks. These were maintained on a risk register. This covered numerous risks to the service as a whole. Risk assessments were regularly reviewed and gave clear guidance to staff on how to manage the risks. Positive risks were taken to promote the choice of the individuals in the centre.

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly to ensure their specific support needs were met. Residents spoken with on the day of the inspection discussed the fire evacuate procedure with the inspector. They showed the inspector where they would go to outside of the building and how they would call for help.

### Regulation 13: General welfare and development

Residents had access to facilities for recreation in accordance with their age, interests and likes. They engaged in a variety of activities in line with their interests. These included activities in the centre and in the wider community. Residents were supported to maintain links with family as they wished.

Judgment: Compliant

### Regulation 17: Premises

The premises were suited to meet the needs of residents. The centre was in very good structural and decorative repair. There was adequate private and communal space. The centre was personalised with residents choice of decor and their photographs.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and plans were in place to support residents to self-isolate in cases of suspected or confirmed COVID-19. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The registered provider had effective measures in place for the safe storage, ordering receipt, storage, administration and disposal of medicinal products within

the centre.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated in a multi-disciplinary manner.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents health care needs were identified, monitored and responded to promptly.
Judgment: Compliant
<b>Regulation 8: Protection</b>
Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
The provider ensured that residents could exercise choice and control in their daily lives. Regular house meetings and key worker meetings were taking place and residents were consulted in the running of the centre.
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
<b>Capacity and capability</b>	
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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for No.1 Bilberry OSV-0005128

Inspection ID: MON-0032654

Date of inspection: 08/11/2022

## 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: The Provider will ensure that the training matrix is kept updated to reflect current training needs of all staff and any identified gaps in training will be rectified in particular in the area of infection control and hand hygiene.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will ensure that the report from the six monthly unannounced Provider visits to the centre will be provided to the Person in Charge for review on a timely basis following the visit.	



## 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	30/11/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and	Substantially Compliant	Yellow	08/11/2022

	put a plan in place to address any concerns regarding the standard of care and support.			
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