Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	No 2 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	14 June 2022
Centre ID:	OSV-0005132
Fieldwork ID:	MON-0028190

About the designated centre

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

The designated centre comprised of two houses in close proximity to each other, in a Cork City suburb. Residential services were provided to adult males with mild intellectual disability or autism. One house comprised of a living-room, a kitchen / dining room, a staff bedroom / office, four bedrooms and two bathrooms. The second house comprised of a living-room, a kitchen / dining room, a staff bedroom, a staff office, five bedrooms, a bathroom and a shower room. Each house had external sheds for storage and utility services and all gardens were well maintained. The staff comprised of qualified social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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
Tuesday 14 June 2022	09:15hrs to 17:10hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an announced inspection completed within the centre to assist in the registration renewal application of the centre. The centre consisted of two large detached houses located within close proximity on the outskirts of a busy city suburb. The centre currently supports nine residents within both houses. The inspector had the opportunity to meet with a number of residents during the inspection to obtain their opinion on what it was like to live in the centre.

The inspector spent time with residents on their arrival in one house. Residents were enjoying their breakfast and going about their day. Residents chatted about what they like to do and where they like to go. This included breaks away to Galway and Bantry, trips home to see their families and going to local sporting events. One resident showed the inspector around the house and where they liked to relax with the other residents. Another resident showed the inspector their newly renovated bathroom which they liked a lot more now.

One bedroom in this house had recently been renovated to allow for the admission of a resident. This transition to the centre was ongoing with staff supports in place. The current residents in the centre told the inspector they were happy with how this was going and were happy for the new resident to join them in the house. All residents in this house consented for the inspector to review their personal plans and any documentation that was required.

The house presented as clean and tidy. Residents told the inspector they like to keep it clean and helped the staff with some household chores. There was a large garden to the rear of the house. One resident told the inspector they liked to go out to their shed to use their exercise machine every morning. Overall, the garden was well kept. However, cigarette butts were observed to thrown in the shore with no proper means for their disposal. This was addressed immediately on the day of inspection.

The inspector also visited the other house and was shown around by a resident who was present. They informed the inspector that a lot of work had been done in the centre recently with the painting only completed the day before. They were very happy with this. The residents spoken with were very happy in the centre. They enjoyed going out and about independently with support from staff as needed. One resident spoke of one of their ongoing goals looking at their family history and where they came from. They showed the inspector the folder they kept to keep their memories.

Residents were observed to be very relaxed in the centre. They interacted positively with staff present and spoke highly of the staff team. Residents had been supported to complete a questionnaire prior to the inspection with responses received all of a positive nature.

Staff spoken with knew the residents well and spoke of them in a respectful manner. Some improvements were required to ensure the privacy and dignity of all residents were also paramount in the written word. This will be discussed later in the report.

Residents spoke of enjoying their independence and going out and about with their friends. Some improvements were required to ensure this was supported in the safest manner. This included the need for governance oversight of all alleged incident to ensure all areas were reviewed. Including risk, safeguarding and staff awareness. The following two sections of the report will discuss this in further detail.

Capacity and capability

This was an announced inspection completed within the centre to assist in the registration renewal application of the centre. As part of the application to renew the registration of the centre for a further three years the registered provider had submitted a complete and correct application. This included the appropriate insurance of the centre and floor plans which reflected the current layout. Whilst the statement of purpose had been submitted some minor amendments were required to this document including the title to be assigned to members of the governance team.

The registered provider had appointed a clear governance structure to the centre with clear roles and responsibilities set out. The person in charge was suitably qualified and experienced to fulfil their governance role. They were employed in their role and had governance responsibility over four designated centres. The inspector was not assured that with this level of responsibility, the person in charge could maintain effective oversight over this centre. This included the notification of incidents and identification of areas of concern.

The registered provider had ensured the implementation of the regulatory required monitoring systems within the centre. This included the completion of the annual review of service provision in December 2021 and an unannounced visit to the centre in April 2022. Actions identified from these included; the need for increased formal staff supervision and the review of the statement of purpose. At centre level the appointed social care leader completed a number of monitoring systems including infection control and finance audits. Whilst these were completed consistently these were not used to identify and address all areas of non-compliance. For example, need for increased review of risks such as lone workers.

Following an alleged incident within the centre there was a need for increased governance oversight. Whilst the alleged incident was reported within the daily notes the governance team were not aware the alleged incident had occurred. Staff had not reported the incident to the person in charge and no follow up of the incident had been completed. Whilst an incident form had been requested, no follow through had been completed again to ensure this task was done. As part of the inspection, the person in charge had been requested to provide assurances that the

alleged incident would be reviewed accordingly. These assurance were received the day following the inspection.

The registered provider had ensured the provision of the appropriate staff team to the centre. One identified action following the annual review was the need for adherence to the organisational policy on staff supervision. A plan was being implemented to ensure all staff received formal supervision. Whilst the annual review was completed in December 2021 this action was ongoing. The person in charge had supported the staff team to attend training which had been deemed mandatory to support the assessed needs of residents in the centre. Where training was outstanding such as medication management and supporting behaviours of concern these were booked to be completed in the coming weeks.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre for a further three year cycle. This application included such information as the statement of purpose, floor plans of the centre and the required application fee.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of suitably qualified and experienced person in charge to the centre. They hold governance over four designated centres and are employed in a full time capacity. Due to the governance responsibilities of the person in charge the inspector was not assured that effective oversight was in place.

Judgment: Substantially compliant

Regulation 15: Staffing

The registered provider had ensured the appointment of a suitably qualified staff team to support the assessed needs of the residents. An actual and planned staff roster was developed and maintained by social care leader with oversight from the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured the staff team were supported to attend training which was deemed mandatory to meet the assessed needs of residents currently residing in the centre. A self-identified need for adherence to organisational policy relating to supervision was being addressed within the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had ensured the information required under Schedule 1 was present

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured the centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure had been appointed to the centre. The registered provider had ensured the implementation of the annual review of service provision and a six monthly unannounced visit to the centre. Where actions had been identified these were addressed in a timely manner. However, the need for increased governance oversight was required to ensure all incidents were identified and addressed in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose incorporating all information required under Schedule 1. Some clarity was required in the name of the position applied to the members of the governance team.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not ensured all required incidents had been notified to the authority. The person in charge was requested to complete this notification as part of the inspection.

Judgment: Not compliant

Quality and safety

Overall, it was evidenced during this inspection that the service provided to residents currently residing within No. 2 Billberry was person centred in nature. Residents were supported in the area of activation and ensuring meaningful activities were supported on a daily basis while maintaining their independence. Each resident within the centre had been supported to develop and review a personal plan. Through person centred planning meetings held annually, residents were supported to set personal goals for the coming years. These were regularly reviewed by the resident and their keyworker to ensure progression of the goals.

Residents were supported to make choices and decisions in their home which were listened to with regard to activities and personal goals. Residents spoke of their rights and what they are entitled to have. This included such things as being safe and having their own space. However, the registered provider had not ensured that each resident's privacy and dignity was respected at all times. A communication diary was in place in one area which contained personal information about a number of residents. This included such information as a resident's bank card number or information about an upcoming home visit.

There was also a need for increased consultation with residents in such areas a multi-disciplinary reviews and following an alleged incident. Whilst each resident had an annual multi-disciplinary meeting there was no clear evidence that residents were invited to attend or if they were consulted with beforehand. Following an alleged

incident, there was no evidence that the resident had been supported to ensure their rights were promoted.

As part of a documentation review by the inspector it was noted an alleged incident had occurred for a resident whilst in the community in the weeks prior to the inspection. The resident had informed a staff member the day after the alleged incident. Whilst this had been reported in the daily notes and to an external agency, it had not been identified as a safeguarding concern, nor had it been reported to any member of the safeguarding or governance team. Whilst another resident was also involved in the incident no record of this was present. As this had not been reported, no follow up had been completed in accordance with local and national procedures. As part of this inspection, the registered provider was requested to submit assurances that a review of the alleged incident would be completed and the required actions would be taken. These assurances were received on the day following the inspection.

Residents in the centre were supported to manage their finances in accordance with their assessed needs. Balances present on the day of the inspection were found to be correct. However, there was evidence of non-adherence to procedures as set out by the provider to be completed. This included a double signature on all transactions and receipts. In one house, daily records were not consistently completed. Some directions relating to financial arrangements were found to be paternalistic in nature and reflected the wishes of others rather than the resident. This required review to ensure the wishes of the resident were paramount.

The registered provider ensured that there was a risk management policy in place. The systems in place within the centre for the assessment, management and ongoing review of risk required review. Whilst a risk register had been developed, this did not contain all risks present within the centre. Lone working for example had not been addressed. Whilst individualised risk assessments had been developed for a number of areas these had not been reviewed following a significant incident to ensure current control measures were effective.

The registered provider had ensured that effective fire safety management systems were in place. All residents spoken with could clearly articulate the evacuation procedures. These were evidenced to correspond with the fire evacuation plan and personal emergency evacuation plan in place.The completion of regular fire drills and staff training ensured all staff were aware of the support needs of residents in the event of an emergency. All fire equipment was routinely serviced by a competent person.

The registered provider ensured that residents who may be at risk from a health care associated infection were protected and that precautions and systems were in place in relation to the COVID-19 pandemic. A cleaning schedule was in place for staff to adhere to. The staff team and residents maintained oversight of the cleanliness of the centre. Staff were observed adhering to national and organisational guidance with respect to COVID 19 including the use of face masks, social distancing and hand hygiene. Clear guidance was in place should a resident or

staff present with symptoms.

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access activities of choice and recreation.

Judgment: Compliant

Regulation 17: Premises

The designated centre was well maintained and appropriate to the assessed needs of residents. The residents were supported to maintain the premises and to decorate their home in accordance with their unique tastes and interests.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured the development of a guide in respect of the designated centre. This was made available to the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management policy in place.

The risk register in place was not regularly reviewed to ensure all areas of risk within the centre were identified and with the necessary control measures in place. This included lone working for staff members. Whilst some individual risk assessments were in place, these were not actively reviewed following an incident and did not address specific risks in place.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider had ensured that procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre were in place. The centre presented as clean with a cleaning schedule in place to maintain this level of cleanliness at all times.

Staff were observed adhering to national and organisational guidance with respect to COVID 19 including the use of facemasks, social distancing and hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place. All residents spoken with could clearly articulate the evacuation procedures which corresponded to the fire evacuation plan and personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a comprehensive personal plan for each resident that reflected the nature of residents' assessed needs and the supports required.

Judgment: Compliant

Regulation 8: Protection

It was evidenced that the registered provider had not ensured measures were in place to protect residents from all forms of abuse. This included in the area of financial supports.

There was not clear evidence presented on the day of inspection that an alleged incident had been reviewed in accordance with local and national guidance. As part of the inspection the registered provider was requested to submit assurances that the alleged incident would be reviewed in accordance with local and national policy

and guidance. These assurances were received on the day following the inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were supported to make choices and decisions in their home which were listened to with regard to activities and personal goals. However, the registered provider had not ensured that each resident's privacy and dignity was respected at all times. A communication diary was in place in one area which contained personal information about a number of residents.

There was also a need for increased consultation with residents in such areas a multi-disciplinary reviews and following an alleged incident.

Judgment: Not 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	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for No 2 Bilberry OSV-0005132

Inspection ID: MON-0028190

Date of inspection: 14/06/2022

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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The Provider is currently in the process of finalising the recruitment of additional Persons in Charge to the Provider Governance Structure which will reduce the caseload of the Person in Charge in this Centre. The additional Persons in Charge will be formally appointed to the role on completion of their management training which is targeted for October/November 2022.	
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 Person in Charge will ensure that the staff training matrix is kept updated. Two staff were identified as needing refresher training, one in behaviours management and one in manual handling, both have been scheduled for training. Person in charge to ensure the plan for supervision for 2022 is carried out in line with Brothers of Charity policy.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will ensure management systems are in place in the designated centre to ensure the service provided is safe, appropriate to residents, consistent and effectively monitored. • The person in charge has reviewed the current systems for recording and reporting	

issues and has identified improvements as necessary.
• Weekly significant recording log to be reviewed weekly by the person in charge.
• Improvements identified in areas of safeguarding and risk assessment are set out in regulation 8 and 26.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The registered provider will ensure that the statement of Purpose is kept updated in line with Schedule 1. The statement has been reviewed and updated including updates to the names of positions of the members of the Governance team.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The person in charge has ensured that

- All staff have been reminded that all incidents of concern need to be logged in the Green Incident Book which is designed to ensure that the reporting of events can be monitored from this central log.
- The Person in Charge will give the Authority notice in writing in within 3 working days of adverse incidents occurring in the designated centre. Following this inspection the person in charge has competed a required retrospective notification.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Provider will ensure that the systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies is operating effectively. A review of Risks is a standing Agenda item at Tam meetings.

A risk assessment for lone working for staff members has been compiled.
The risk register and individual risk assessments already in place will be reviewed in accordance with timeframes set out in policy.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The registered provider will ensure that residents are protected from all forms of abuse.

On the day following the inspection written assurances were forwarded to the authority around an incident that required review.
A team meeting was scheduled with staff on the 15 June 2022. During this meeting, the staff team were spoken with about correct procedures with reference to safeguarding and recording of incidents

All Staff have been advised to undertake HSEland safeguarding awareness training again as a matter of priority and evidence for their completion to be provided to Designated Officer and Person in Charge as a matter of priority.

A look back will be done by the Person in Charge on the daily records and the communication book to ensure no similar incidents took place during the past 12 months. [29 June 2022].

Records kept to ensure safety of finances which were not completed as per written instruction, (where double signing was required) have now been rectified.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider will ensure that there are systems in place to support each resident's privacy and dignity to be respected.

Following an incident in the community, further consultation with the resident and Multi-disciplinary team has been carried out to offer support to residents to ensure their rights are promoted.

In relation to respecting the views of residents who do not wish to participate in their annual review, this choice and preference will be better recorded in their file.

Where communication diaries are used in Centre these will no longer contain Personal Information about residents and staff will be reminded that communication diaries are to be used for day to day running of house, all details related to persons supported will be kept in their own individual files.

With regards to financial arrangements the Person in Charge will ensure that wishes of resident remain paramount in situations where family members provide recommendations on such matters.

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	30/11/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents'	Substantially Compliant	Yellow	30/06/2022

	needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/06/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/06/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/06/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2022
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in	Not Compliant	Orange	30/06/2022

	relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/06/2022
Regulation 09(3)	The registered provider shall 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.	Not Compliant	Orange	30/06/2022