



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

Issued by the Chief Inspector

Name of designated centre:	Boherduff Services Clonmel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	31 May 2022
Centre ID:	OSV-0005363
Fieldwork ID:	MON-0036936

About the designated centre

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

Boherduff Services Clonmel is run by Brothers of Charity Services Ireland. The centre can provide residential care for up to nine male residents, who are over the age of 18 years and who have an intellectual disability. The centre is located in a town in Co. Tipperary and comprises of two single storey dwellings and a self contained apartment. All residents have their own bedroom, some en-suite facilities, shared bathrooms, sitting room, kitchen and garden area. Staff are on duty both day and night to support the residents who live here. Residents are supported by a social care leader, social care workers, staff nurse and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 31 May 2022	07:30hrs to 12:40hrs	Lisa Redmond	Lead
Tuesday 31 May 2022	09:00hrs to 12:40hrs	Conor Brady	Support

What residents told us and what inspectors observed

On the day of this inspection, the inspectors met with four of the six residents who lived in the designated centre. The designated centre comprised of two houses located in an urban area. At the time of the inspection, five residents lived in one house, with one resident living in the second house.

This designated centre had received a notice of proposed decision to refuse the centre's application for renewal of registration. This decision was based on repeated non-compliance with the regulations, which had a negative impact on the lives of the residents living in the centre. This inspection was completed following the receipt of representation from the registered provider, which outlined actions taken by the registered provider to make sustained improvements and meet regulatory compliance.

Overall, inspectors found that significant improvements had been made in this designated centre, since the inspection carried out by the Health Information and Quality Authority (HIQA) in February 2022. This included increased staffing levels and the appointment of a dedicated person in charge.

Inspectors met with residents on the morning of this inspection. Residents were observed getting ready for the day ahead. Staff members were observed sitting with residents to support them to have their breakfast, in line with their assessed needs. It was evident that the morning routine was still busy, as residents got ready to attend day services. However, staff members were effectively able to support residents in line with their assessed needs.

Staff spoken with told inspectors about the positive impact of increased staffing levels in the residents' home. One resident could now engage in regular walks, in line with their positive behaviour support plan. Staff members were making plans to increase residents' community involvement, and spoke about plans to attend a farmers market at the weekend. Restrictive practices which had previously been put in place due to a lack of staff supervision were no longer in place.

Some residents could not communicate their views verbally to inspectors about what it was like to live in their home. Inspectors observed residents' non-verbal cues including gestures and how they interacted with their physical environment. Residents appeared relaxed and content. Staff members could redirect residents from hazards to ensure their safety at all times.

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

Overall, this designated centre demonstrated a significant increase in compliance with the regulations, which had a positive impact on the quality of care and support provided to residents. As a result, the chief inspector planned to grant the renewal of registration for the designated centre.

A person in charge had been appointed in the centre. This individual had previously completed this role in the centre. This was a reported interim arrangement at the time of this inspection.

The person in charge knew the residents well and was aware of their support needs. Plans to increase the level of oversight in the centre were discussed, with the person in charge informing inspectors that they would base themselves in the designated centre to ensure they were available to staff members to provide support when required. A number of audits and reviews had been carried out, and the person in charge had developed an action plan with priority actions to ensure regulatory compliance and continuous quality improvement.

The remit of the person in charge had been decreased to ensure that their sole remit and responsibilities were to the oversight and monitoring of this designated centre. Inspectors met with senior management in the organisation and it was noted that they were well informed of the actions taken to improve regulatory compliance in this designated centre.

Increased staffing had a positive impact on the provision of care and support to residents in their home. Staff spoken with told inspectors about residents' increased activities and community involvement. This included the provision of individualised activities in line with residents' interests.

Regulation 14: Persons in charge

A dedicated person in charge had been appointed in the designated centre. This individual was a full-time employee and they held the role for this designated centre alone. A formal fitness interview was held with the person in charge during this inspection. It was evident that they held the necessary skills, qualifications and experience to fulfil the role.

Inspectors were satisfied that this individual could ensure effective governance, operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had put in place additional staffing to ensure residents were provided with effective care and support in line with their assessed needs. This had increased the staffing whole time equivalent by approximately 6.43 since the inspection in February 2022. This translated as an additional staff each day and night shift. Recruitment was underway to provide permanent staffing dedicated to this designated centre. However, the registered provider had ensured the use of consistent staff as regular relief and agency staff supported residents in their home.

Inspectors reviewed a sample of staff files. These contained the information and documents specified in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Clear lines of authority and accountability had been established in the designated centre.

The registered provider demonstrated that they had taken appropriate action to ensure effective oversight and monitoring of the centre. Audits and reviews had been carried out to oversee the centre's adherence with service policies, procedures and the regulations. This included an annual review, unannounced six monthly visit and a medicines audit. Reviews were comprehensive in nature and included areas such as health and safety, fire evacuation and HIQA inspections of the centre. The person in charge had developed an action plan with priority actions to ensure regulatory compliance and continuous quality improvement.

Judgment: Compliant

Quality and safety

Residents received a good quality of care and support in their home. It was evident that staff members had an excellent knowledge of the measures required to meet the assessed needs of residents, and to manage risk in the centre. This demonstrated significant improvements since the previous inspection carried out by HIQA in February 2022.

In response to the findings of the inspection completed in February 2022, the registered provider had put in place effective control measures to mitigate the risks

associated with lone-working, fire evacuation and responding to emergencies. This ensured the safety of residents at all times. It was also noted that staff members could better support residents' interaction with their physical environment, and re-direct them from potential hazards in line with their assessed needs and safety awareness.

As a result, there was a reduction in the use of restrictive practices in the designated centre. A restrictive practice which involved the kitchen door being locked at times of reduced staffing had been discontinued. This meant that residents had safe access to this part of their home at all times. Reduction plans were in place for a number of other environmental restrictions including a front door lock. Protocols outlining the use of this restrictive practice was in place, and staff members documented when this restrictive practice was utilised.

Staff spoken with were knowledgeable of residents needs and observed to be providing a safe and quality service.

The quality of service provision in both locations (that made up this designated centre) found that residents were provided with a very good standard of care and support.

Overall, the designated centre demonstrated good levels of compliance with the regulations. This had a positive impact on the quality of care and support that residents received in their home.

Regulation 17: Premises

The designated centre comprised of two houses which were both located in an urban area. The location of these houses meant that residents were in close proximity to local bars, shops and restaurants.

Each resident had their own private bedroom which had been decorated to reflect their individual likes and interests. Both houses were clean and warm. The residents' homes had been decorated to make them homely. There was sufficient communal and private areas for residents to relax in their home.

Judgment: Compliant

Regulation 26: Risk management procedures

Incidents that occurred in the designated centre were discussed with inspectors. There was evidence of learning and review following incidents/accidents. For example, staff spoken with discussed a resident's recent fall. Staff identified that this was the first time such an incident had occurred. As a result, a falls risk assessment

had now taken place to outline controls required to prevent the risk of injury to the resident. It was evident that staff members had responded appropriately following the resident's fall.

Judgment: Compliant

Regulation 27: Protection against infection

A number of measures had been put in place to protect residents from potential sources of infection, including COVID-19. Staff members wore personal protective equipment (PPE) when providing care and support to residents in their home. There had been an outbreak of COVID-19 in one of the designated centre's houses. Residents had been supported to receive medical attention when required at this time. Staff spoken with discussed isolation measures, the use of PPE and managerial support at this time. It was evident that this outbreak had been well-managed.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-resistant doors, emergency lighting and fire-fighting equipment were provided. Staff members and residents had completed fire drills to ensure all residents could be evacuated safely in the event of an emergency.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staffing levels had been increased in this designated centre. As a result, staff members could now adhere to the proactive strategies outlined in one resident's behaviour support plan including individualised staffing supports at night. Residents also had access to relevant members of the multi-disciplinary team including a psychiatrist and a psychologist.

Judgment: Compliant

Regulation 8: Protection

Measures had been put in place to protect residents from abuse. There was a clear process regarding the management of allegations of suspected abuse, which included the appointment of a designated officer in the organisation.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant