



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

## Issued by the Chief Inspector

Name of designated centre:	No. 2 Dewberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	26 May 2021
Centre ID:	OSV-0005719
Fieldwork ID:	MON-0032973

## About the designated centre

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

The centre is a four bed-rooms, two storey house. It provides residential support for a maximum of three male adults with a mild/moderate level of intellectual disability and with complex support needs. The model of care is a social care model with a focus on understanding and meeting the individual needs of each person living there. The service aims to create as homely an environment as possible, within a risk management context. Individuals are encouraged to participate in household, social and leisure activities and to reach their fullest potential in these areas of their lives. Residents require minimum supports in terms of personal care and significant supports in areas such as purchase/preparation of food and community participation. The centre is located in a rural area, but within easy reach of a local town and city when using private transport. Residents are supported at all times by a team of care assistants and social care workers.

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

Number of residents on the date of inspection:	3
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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
Wednesday 26 May 2021	10:30hrs to 16:30hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

From what residents told us and what the inspector observed, it was clear that residents were enjoying a good quality life where their rights were promoted and respected. Residents told the inspector that they were happy in their home, that they were happy with the staff that supported them, and that they participated in activities that they enjoyed.

On the day of the inspection, the inspector met with the three residents that lived there. The inspector was also provided with one questionnaire that had been completed by a resident about the quality of care and support that they received in their home.

On arrival to the designated centre, two residents were observed sitting outside enjoying the sunshine. The inspector introduced themselves to the residents who welcomed the inspector to their home. A third resident came outside and said hello to the inspector and gave them a thumbs up. Staff members had told the residents that the inspector would be visiting them in their home. The inspector showed the residents their identification, where they could see the inspector's photograph. In line with current guidance on visiting during the COVID-19 pandemic, the inspector provided their temperature reading to the person in charge.

The inspector spoke with the residents outside before entering their home. One resident told the inspector that they were going to work where they delivered post. The resident told the inspector that they liked their job, but that they missed being able to go to into the canteen where there would be a selection of cakes to have during their break. At various times during the inspection, the resident told the inspector stories about their job which they had held for a number of years.

Staff members told the inspector that this resident also volunteered in their local church and that they participated in the local tidy towns. They had also raised money for local charities through bake sales and sponsored walks. It was evident that the resident was actively involved in their local community, in line with their wishes.

One of the residents told the inspector that they were enjoying their retirement. Staff members told the inspector that the resident had decided that they no longer wanted to work and that their decision to retire was supported by their keyworker through the personal planning process. It was evident that this had a positive impact on the resident and that they were happy with the choice that they had made.

One resident told the inspector that they had recently celebrated their birthday. The inspector wished the resident a happy birthday, and the resident told them that they had enjoyed their birthday celebrations.

There were two vehicles parked in the driveway that were available to the residents. Two of the residents told the inspector which vehicle was their favourite and the reasons why. During the inspection, residents were supported to go out with staff members. One resident did the grocery shopping with a staff member, and told the inspector about some of the nice treats that they bought while they were shopping. Residents were also supported to relax in their home. One resident told the inspector that they were watching movies and sport throughout the day.

Staff members told the inspector that the COVID-19 restrictions had an impact on residents' activities. Residents had been referred to access community based day service supports and were waiting for this to begin. Before the pandemic, residents had been supported to engage in community programs, activities and holidays. The residents were supported to have individual holidays in line with their choices and likes. One resident used to go to see their favourite team play soccer twice every year. Staff members were planning residents' holidays in Ireland at the time of the inspection. Residents and staff members were hopeful that they would be able to go on holidays again soon. It was evident that staff members had supported residents to continue to engage in a variety of activities throughout the COVID-19 pandemic.

The premises of the designated centre was clean and homely in nature. A number of areas required painting and this was due to be completed when the COVID-19 restrictions allowed. The front and side fence outside the designated centre required repair, and the person in charge had reported same to the organisation's maintenance department.

Each resident had their own bedroom and private bathroom. One resident showed the inspector their bedroom, and told them about the personal items that they had displayed there including family photographs. The resident's bedroom was decorated in line with their personal preferences and their favourite colour. The resident had a television in their room but they preferred to watch television in the sitting room. Two residents chose not to show the inspector their bedroom and this choice was respected.

There were two sitting room areas in the designated centre. One resident liked to use one of these areas while two other residents liked to use the second sitting room. One resident was observed watching sports on the large screen television. In the sitting room used by one resident, there were photographs of them taking part in bowling events. The resident spoke to the inspector about their love of bowling, and that they were looking forward to competing again when the COVID-19 restrictions allowed.

It was evident that residents appeared happy and comfortable in their home. The inspector met with residents throughout the day as they went about their daily routines. The inspector completed a document review in the office of the designated centre, and residents came in and out to tell the inspector their plans for the day and to say goodbye as they headed out with staff. The inspector observed interactions between staff members and residents and these interactions were noted to be respectful in nature.

In the resident's questionnaire, one resident noted that the staff members that worked with them were great. The resident told the inspector that they liked their weekly routine and felt supported by staff members. When the resident made a complaint, they were happy with how it was resolved as they felt that they had been listened to.

It was evident that residents were happy in their home, and that they were supported to live a life that promoted and respected their choices and wishes. 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 the service provided to residents was safe, consistent and appropriate to residents' needs. Effective oversight of the designated centre was maintained, and the governance arrangements in place were suitable to meet the needs of the residents and the designated centre.

The designated centre had a consistent staff team which included care assistants and social care workers. The person in charge had recently been appointed to the role, having previously worked in the designated centre as the team leader. The person in charge fulfilled the role for two designated centres. 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 an excellent knowledge of the residents and their individual support needs. It was clear that the residents knew the person in charge well, and that they were comfortable in their presence.

The person in charge reported to their line manager, who carried out the role of person participating in management. This individual reported to the director of services, who reported directly to the board of directors.

It was evident that 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. The annual review included consultation with residents and their representatives. There was also evidence that residents participated in satisfaction surveys, and that they were regularly asked if they were happy where they lived and with the supports they received in their home.

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.

### 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 held the necessary skills and qualifications to carry out the role. It was evident that the residents knew the person in charge well.

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 were happy with the support that they provided.

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

## Quality and safety

Residents were provided with a good quality of care and support in line with their choices and wishes. Residents were involved in the decisions relating to their care and support, and they were supported to understand and promote the skills for self-care and protection.

Each resident living in the designated centre had an appointed staff member that was their key worker. Residents had been subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. Where there were identified needs, there was a subsequent plan of care. Residents were actively involved in the personal planning process, and supported by a multi-disciplinary team of allied health care and social care professionals. There was also evidence of short and long-term goals being developed with each resident.

In line with the personal planning process, systems had been put in place to ensure that risk control measures were proportionate to the level of risk identified in the designated centre. Impacts of risk management were discussed with residents throughout the personal planning process. There was also evidence that residents were supported to develop the knowledge, self-awareness, understanding and skills for self-care and protection.

Residents' rights were respected and promoted in the designated centre. Residents were supported to have a key to their bedroom if they wished. There was also evidence of regular keyworker meetings between residents and the staff member that was assigned to be their keyworker. It was noted that monthly meetings were not carried out with residents in line with the organisation's statement of purpose since October 2020.

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. It was evident that residents were aware of social distancing measures, and the reasons why these measures had been put in place. The registered provider had put in place guidance on the management and prevention of COVID-19 in the organisation. There was also evidence of an online space where the registered provider shared COVID-19 advice and guidance to staff and residents.

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. Fire extinguishers, the fire alarm panel and emergency lighting had all been reviewed by a competent person.

### Regulation 13: General welfare and development

It was evident that residents were supported to access facilities for occupation and recreation, and opportunities to be involved in community life.

Judgment: Compliant

### Regulation 17: Premises

The premises of the designated centre was laid out to meet the aims and objectives of the service. Although some minor premises works were due to be completed, these were due to be carried out after the inspection, when COVID-19 restrictions allowed.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured that a guide in respect of the designated centre had been provided with each resident.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems had been put in place to ensure that risk control measures were proportionate to the level of risk identified. Impacts of risk management were discussed with residents throughout the personal planning process.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that measures had been put in place to protect

residents from infection.

Judgment: Compliant

### Regulation 28: Fire precautions

Effective fire safety management systems were in place in the designated centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had been subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. Where there were identified needs, there was a subsequent plan of care. Residents were actively involved in the personal planning process, and supported by a multi-disciplinary team of allied health care and social care professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

It was evident that residents were supported to manage behaviour that may be challenging. Therapeutic interventions had been implemented with the informed consent of each resident, and were reviewed as part of the personal planning process.

Judgment: Compliant

### Regulation 8: Protection

Throughout the person centred planning process, residents were supported to develop the knowledge, self-awareness, understanding and skills for self-care and protection.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were respected and promoted in the designated centre. However, monthly meetings were not carried out with residents in line with the organisation'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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for No. 2 Dewberry OSV-0005719

Inspection ID: MON-0032973

Date of inspection: 26/05/2021

## 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 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Person in Charge will ensure that - Individual/keyworker meetings continue on a fortnightly/monthly basis depending on the preference of the person supported. - Residents meetings are scheduled to occur monthly in accordance with the Statement of Purpose.	

## 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 09(2)(e)	The registered 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.	Substantially Compliant	Yellow	29/06/2021