



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

## Issued by the Chief Inspector

Name of designated centre:	Skylark 4
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	17 May 2021
Centre ID:	OSV-0007391
Fieldwork ID:	MON-0032802

## About the designated centre

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

Skylark 4 provides a full time residential service to 4 males over the age of 18 with a primary diagnosis of Intellectual Disability. The centre which is located in Limerick city is a 2 story detached house which provides single rooms for all residents. The house has a kitchen, dining area, bathroom and toilet facilities as well as areas for relaxation and socialisation. The house has an outdoor area with sitting area. All bedrooms are single and the ground floor bedroom has en suite WC. Residents have open access to a secure back garden. The purpose of SKYLARK 4 is to make every effort to provide each resident with a safe, homely environment which promotes independence and quality care based on the individual needs and requirements of each person. To achieve the purpose of the Designated Centre a person centred approach is adopted by staff and management. The centre is managed by a person in charge and a team of social care workers and care staff.

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

Number of residents on the date of inspection:	4
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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
Monday 17 May 2021	09:45hrs to 16:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On the day of inspection the inspector had the opportunity to meet with three of the four residents who resided in the centre. The fourth resident remained at home with family for the duration of the COVID 19 restrictions. Conversations with residents took place from a 2-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

Residents are also supported to keep in contact with their family on a regular basis, and during the current health pandemic, this was primarily through video and telephone calls. The inspector reviewed feedback that had been submitted by families as part of the annual report consultation process. Three of four families responded to the annual review questionnaire, the questionnaire documented positive responses to all questions. Three resident's families have visited the new house and are delighted with the good quality finish and size of the house. One family member mentioned how 'they would love a house like this themselves'. Another family said since they moved to the new house they are happy and has a spring in their step.

The residents were very articulate and helpful and gave the inspector a tour of their home which they were very proud of. They pointed out artwork and paintings which they had chosen or made themselves. It was evident from the decoration, personal items on display and the resident bedrooms that the residents were involved in the running and decoration of their home.

The inspector spoke with all residents on the day and found them to be very comfortable in the centre. They spoke fondly of staff and said that they were kind to them. One resident said they loved their home and wouldn't want to live anywhere else. The residents were noted to be very involved in running their home, making lunch, tea etc. They were active on zoom during the afternoon, engaging in different classes and chats with friends. Zoom classes included Tai Chi, Men on the Move and Coffee Mornings which all residents said they enjoyed. One resident told the inspector that they go to the shop every morning to buy the newspaper and they enjoy this.

Residents were encouraged and supported around active decision-making and social inclusion. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions made. Residents were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. The provider supported a self-advocacy group within the organisation and information about this group was on display in the house. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms, and decision-making assessments were included in residents' personal plans.

The centre was a new building and was very modern, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. The residents said they felt safe in their home and much preferred it to their previous house.

In summary, the inspector found that each resident's well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

The next two sections of the report 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 delivered to each resident living in the centre.

## Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe, appropriate to their assessed needs and consistently and effectively monitored. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the resident and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core small team of staff known to the residents who transferred to the new centre with them. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents assessed needs. For example they were very aware of the fluid intake monitoring for one resident due to low sodium levels.

The person in charge had a training matrix for review and the inspector noted that

all staff had received mandatory training. There was significant training completed by staff in relation to protection against infection. The staff had completed Hand Hygiene Training, Breaking the Chain of Infection, Personal Protective Equipment and Infection Prevention and control Training. There were some gaps in training however these were being actively addressed and were scheduled for completion in the coming days after the inspection. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, manual handling, positive behaviour management and fire safety.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in February 2021 and Aug 2020 and a review of the quality and safety of service was also carried out for 2020. This audit included residents and family views and also reviewed staffing, quality and safety, safeguarding and a review of adverse events or incidents. Family view indicated satisfaction with the service and care provided. Three resident's families have visited the new house and are delighted with the good quality finish and size of the house. One family member mentioned how 'they would love a house like this themselves'. Another family said since they moved to the new house they are happy and has a spring in their step. Some areas identified for review were: a sample of staff files reviewed were well presented and overall contained most of the records and information specified in the regulations, gaps in employment history were not satisfactorily explained. The providers application form has now been updated. It now requests candidates to provide full employment history including employment both Ireland and abroad, voluntary employment/college placement, period of unemployment, homemaking, travelling etc. This is also clarified during the interview process. These audits resulted in action plans being developed for quality improvement and actions identified had been completed.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were mostly resolved locally and were resolved to the satisfaction of the complainant. For example a resident recently made a complaint that there was no grab rail or step on a new van that was provided for the house. This complaint was communicated to the transport department and the required upgrades were addressed. There were no open complaints at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

## Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and

was effective in the role.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The person in charge had an actual and planned rota which was in line with the statement of purpose.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training in line with regulations.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
Clear management structures and lines of accountability were in place.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge notified the Chief Inspector of incidents that occurred in the



designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The provider had ensured that there was a comprehensive needs assessment in place for the residents. The assessment of needs included a mental health review by the multi disciplinary team for one resident which resulted in a comprehensive mental health support pan. This included a section on the residents 'experiences' 'how the resident presents' when in crisis and 'how the staff might support the resident' through this difficult period. This was a very practical document and gave clear guidance to staff and was noted to be very effective and very person centred.

There was also evidence of a review by the occupational therapist as a result of staff reporting one resident was noted as having difficulties with putting on their socks and carrying the teapot. Following this assessment measures were put in place such as a smaller and lighter teapot was purchased so that the resident could maintain their independence.

While an assessment of need was completed, goals outlined were very general. The goals outlined in the person centred planning process were very broad and not specific to the resident. Also the progress of the goals had not been tracked so the inspector could not determine if goals had been achieved or who was supporting the resident to achieve their goals. For example one goal mentioned was regarding social integration but it did not indicate how this was going to be facilitated or what it meant for the resident and in what time frame it could be achieved.

The person in charge had ensured that the residents were assisted and supported to communicate in accordance with their needs and abilities. The residents had access to television and Internet and a tablet had been purchased to facilitate the residents to video call their family members during the COVID - 19 restrictions. The residents relationships and contact with peers through regular zoom classes and meetings. These included zoom Tai Chi, Men on the Move and Coffee Mornings.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs and their wishes. The residents were active in their new community. They utilised local shops, local amenities such as parks, went for walks and drives. On the day of inspection the residents went for a drive and a walk. They were also observed on zoom classes.

Overall the health and well-being of the residents were promoted in the centre. Staff demonstrated a good knowledge of the residents health care needs and how to support them. The residents were supported to access their GP and other health care professionals. There was epilepsy care plans in place for residents, eating and swallowing plans, fluid monitoring and mens' health checks. Staff with whom the inspector spoke were familiar and knowledgeable regarding all health care plans in place. There was evidence of dental visits and occupational health visits.

The person in charge had ensured the centre had appropriate practices relating to ordering, receipt, prescribing, storage, disposal and administration of medicines. However review of medication errors was required in order to reduce the number of medication errors in the centre. There was a number of medication errors in relation to the administration of a medication which was administered separate to the blister pack, this was omitted on several occasions. The person in charge committed to addressing this and intended to implement a new auditing system to ensure errors did not occur going forward.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The premises was maintained to a very good standard and was appropriate to residents needs. The centre was a new building and was very modern, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings, artwork and photographs.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. The person in charge had ensured that the residents were still able to engage in activities such as walks and drives. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection. There was adequate supply of personal protective equipment in the centre and hand sanitizer while all staff were trained in infection prevention and control.

The person in charge had ensured that all fire equipment was maintained and that

there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the residents could be safely evacuated in 40 seconds. No issues were highlighted as part of the evacuation drill. Personal egress plans were in place for the residents. Fire doors were in place and the automatic magnetic closers were placed on doors.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the person in charge regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life and consent was sought from the residents for example for the COVID - 19 and flu vaccine.

### Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider ensured that the resident received appropriate care and support in accordance with assessed needs and their wishes.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the resident.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured the centre had appropriate practices relating to ordering, receipt, prescribing, storage, disposal and administration of medicines. However review of medication errors was required.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a assessment of the residents needs had

<p>been completed. However goals required to be more specific and person centred.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Regulation 6: Health care</b></p>
<p>Overall the health and well-being of the resident was promoted in the centre.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 7: Positive behavioural support</b></p>
<p>The person in charge had ensured every effort was made to identify the function of behaviours that challenge and supports were provided where necessary.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 8: Protection</b></p>
<p>The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 9: Residents' rights</b></p>
<p>The provider had ensure that the residents rights were respected and that they exercised choice and control in their daily lives.</p>
<p>Judgment: Compliant</p>

## 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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
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	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Skylark 4 OSV-0007391

Inspection ID: MON-0032802

Date of inspection: 17/05/2021

## 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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none"> <li>• The medication policy will be reviewed at the upcoming staff meeting in order to reinforce learning from the medication training in terms of staff’s administration of medication.</li> <li>• The person in charge will continue to carry out weekly medication checks and increase medication checks when relief staff are on duty. Additionally, on call supports are available if relief staff need over the phone assistance during the administration of medication.</li> <li>• The medication not included in the blister pack will be highlighted during a verbal handover before the relief staff start their shift as this medication presents in a sachet format and cannot be included in the blister pack.</li> <li>• The person in charge will continue to monitor the medication risk monthly to identify trends.</li> <li>• The person in charge will continue to inform Head of Services of medication errors by submitting the Quarterly returns to Head of Services – PRN &amp; Medication Errors, or more frequently if required. Furthermore, Quarterly medication audits will be carried out by the area manager as per BOCL medication policy.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: <ul style="list-style-type: none"> <li>• The person in charge completed an Understanding the difference between the Person</li> </ul>	



Centered Plan and Personalised Care and Supports Plans on 01/07/20

- The importance of identifying goals that are specific and person centered will be added to the agenda for discussion with staff as part of the next staff meeting
- The person in charge will ensure that the goals identified in the assessment of needs for each resident will be more specific and person centered by using the SMART tool to effectively monitor the status of each goal.

## 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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	25/06/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the	Substantially Compliant	Yellow	31/08/2021

	supports required to maximise the resident's personal development in accordance with his or her wishes.			
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