



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

Issued by the Chief Inspector

Name of designated centre:	Fuchsia Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	02 September 2021
Centre ID:	OSV-0004471
Fieldwork ID:	MON-0026481

About the designated centre

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

Fuchsia Services consists of three houses and provides a residential service to 13 male and female adults. One of the houses is situated in a small village where residents live in walking distance to the community amenities. This house also has three buses available to support residents in accessing private appointments or activities. Residents are facilitated to remain at home in line with their wishes and attend day services at their leisure in this house. The other two houses are located within walking distance of each other and a medium sized town. Both of these houses also have transport. A social model of care is provided in the centre and residents are supported by a combination of social care workers, care assistants, a nurse and community connectors. Residents are also supported at night by a staff member in each house on a sleep-in arrangement and in one of the houses a waking night staff is also on duty.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Thursday 2 September 2021	08:45hrs to 18:45hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall the inspector found that residents were very happy living in this centre and were supported by a team of staff who knew the residents very well. However, residents were frustrated that the day services remained closed since the pandemic had begun last year. This was highlighted via complaints made by residents, through the providers own audits and at residents meetings. This needed to be addressed going forward in line with public health advice. In addition, a number of other regulations required improvements as outlined in Section 1 and 2 of this report.

As described in the service description this centre comprises of three community houses. For the purpose of this report, the houses in this centre will be referred to as House 1, House 2 and House 3.

The inspector visited the three houses on the day of the inspection and had the opportunity to meet most of the residents in each house.

House 1 was the first house visited. The inspector had the opportunity to meet all of the residents living there. One resident who the inspector met briefly was going out for the day with staff to attend an early private appointment and once finished intended to spend the day doing other things that were important to them. The other three residents spoke to the inspector about what it was like to live here. All of them spoke very positively about the services provided. They said they really liked the staff, loved the food and got to do things they enjoyed. Some of the residents told the inspector that they would talk to staff if they were not happy. One resident was not happy about a decision being made about where they lived. This warranted further review and is discussed under Section 2 of this report.

Some of the residents also expressed that they were very frustrated that day services had not resumed. They were also still frustrated with the fact that some of the activities they previously liked to do in the community had also not fully resumed since the pandemic had started last year. For example: one resident had been attending art classes prior to COVID 19 and this had not started back. One resident showed the inspector some of their art work and it was clear that they were very talented.

Although frustrated with the lack of day services and the restrictions around COVID 19, residents said they kept themselves busy, one resident had purchased a large art table so as they could continue to do their art work. Another resident was planning some work with their family member to complete some shelving units for their bedroom. The inspector also saw some photographs of some of the activities they had done since some of the restrictions had eased. This included going for walks, enjoying coffee out and visiting some local attractions. One resident who liked to go for walks in the local town every day to see what was happening had taken part in a walk called the 'May Marathon' last year. Residents spoke about their

family visiting the centre in recent days. They had also been included in the decision to receive the COVID-19 vaccination and one resident asked said they were very happy to have received this vaccination.

Some of the residents enjoyed music and spoke about concerts they had attended in the past. They were looking forward to attending more of these in the future.

Residents were observed having lunch and staff were supporting the residents in line with their food and nutrition plans. For example; one resident required specific cutlery to enjoy their meal and this was provided. Another resident was making some birthday cards to send to family members.

The premises of House 1 were large, spacious and clean each resident had their own room. One resident was happy to show the inspector their bedroom and this had been personalised to their individual tastes. They said they liked their room and loved being able to watch television and listen to music in their own private space. They had loads of storage space where they liked to store their large collection of handbags.

However, there were parts of House 1 that required updates and renovation work, while the provider had identified this in their own audits in 2020, only a some of the work had been completed. This is discussed in more detail in section 2 of this report.

In House 2 the inspector got to meet the three residents living there and they talked about what it was like to live here. All of the residents spoke very positively about their home and said they were happy with the staff and the people they lived with. Again some of the residents expressed frustration at not being able to attend day services as they really missed their friends. However, one spoke about their friend visiting them the day after the inspection and said they were really looking forward to this. All of the residents spoke about family visits home and family visiting the centre. Some residents had their own mobile phones and were able to stay in contact with family everyday. This informed the inspector that residents were being supported to maintain links with family and friends.

One resident was observed using their electronic tablet and spoke for a while with the inspector about some of the things they liked to watch on the tablet. Some went out for an afternoon walk with staff and residents and staff were also observed sitting having a cup of tea and a chat before dinner. The atmosphere in the house was very relaxed and homely. Two of the residents also had paid part time jobs one day a week. Both of the residents said that they really enjoyed this.

One resident had moved here since the last inspection, they said that they were very happy here and loved their bedroom. They showed the inspector their room. It was large, modern and very spacious. It had an en-suite bathroom, along with a walk in storage room. The resident said they loved this as they were able to store all of their belongings in there. The other bedrooms were to the same standard in the house.

From reviewing the records, the inspector noted one complaint that residents had

raised in this house about changes that had been made to the lay out of the centre to store personal plans and other personal possessions. The inspector spoke to one resident who had raised the complaint and they explained this to the inspector. They were happy with the outcome as the staff had made changes to the lay out. This informed the inspector that residents could voice concerns in the centre and they were listened to and acted on.

House 2 was spacious, clean and homely and had been finished to a high standard. There were no issues noted with these premises on the day of the inspection.

In House 3 , the inspector only got to meet three of the residents as two of them had gone out for dinner to the local pub. One resident had recently moved here and told the inspector that they were very happy living here. Since the last inspection one of the sitting rooms had been redecorated and now served as a relaxation area where residents could sit and listen to music. Other changes had also occurred in the layout of the premises. This had not been notified to the chief inspector and is discussed in Section 1 of this report.

The inspector observed some assistive aids that had been put in place to support one resident in the centre. This included pictures on cupboards to remind the residents where their personal belongings were stored. These aids were contributing to the resident maintaining their independence. One resident showed the inspector their tablet and talked about some of the music they liked listening to.

House 3 was large spacious and homely. However some areas of the centre needed attention which is discussed under Section 2 of this report.

Residents and family representatives had also completed questionnaires on their views of the services provided in the centre. Twelve were reviewed and overall the feedback was very positive.

Residents said that they felt safe in the centre and would talk to staff if they had a concern. One example was recorded by a resident where they had raised a concern in the past and this had been addressed by staff. Residents said that they liked their own bedrooms and liked living with the people they were living with. One resident described the centre as their home. Two residents expressed that they would like some changes to their living arrangements. One said they would like new curtains and one said they would like a bigger room. This information was given to the person in charge who said they would follow this up with the residents after the inspection.

Family representatives also gave very positive feedback. One described House 1 as a 'home from home' for their family member and said that the staff were very friendly and created a homely atmosphere. Another from House 3, described the diligence that the staff had shown during COVID-19 to the residents and commented that the centre had remained COVID free since the pandemic began. Family members also reported that staff always kept them informed and are prompt to reply to any queries they may have about their family member.

Throughout the inspection the inspector observed that the staff treated residents

with dignity and respect at all times. They knew the residents needs very well and in cases where it was required were strong advocates for the residents.

Capacity and capability

There was a defined management team, led by the person in charge who provided good leadership to the staff. The residents met spoke positively about the care and support they received. Notwithstanding this, there were a number of improvements required in some of the regulations reviewed. Specifically the provider had not notified the chief inspector of changes to the lay out of one of the houses. Improvements were also required under governance and management arrangements, records, staffing levels, the transition of one resident, the premises, fire safety, health care and residents rights.

This inspection was carried out following the providers application to renew the registration of the centre and to follow up on the actions required from the last inspection conducted in the centre in July 2020. The inspector found that all of the actions had been completed except for one which was still in progress at the time of this inspection. The details of the actions are discussed under the specific regulations.

Since the last inspection, some changes had occurred to the layout of House 3 as the purpose and function of three of the rooms had changed. This included changes to the staff sleeping arrangements, one of the sitting rooms and a communal space for residents. While the inspector found that this had not impacted on the residents living in the centre, the provider had not made an application to vary the conditions of registration of the centre as required under the regulations.

There were clear governance and management arrangements in place. The person in charge reported to an area manager who was also a person participating in the management of this centre. The person in charge also had the support of two team leaders in House 1 and 2 in order to assure oversight and accountability of the care and support being provided.

The person in charge was full time and had been newly appointed since the last inspection in July 2020. They were a qualified social care professional, had completed a management course and had a number of years experience working and managing disability services. They were very knowledgeable around the residents' needs in the centre and showed a commitment to continually improving the lives of the residents living there. For example; they spoke about a long term project they they were part of, which would involve up skilling staff and allow residents be supported with their end of life care in the centre. Staff also spoke about some webinar training that they were attending to support this new initiative.

An unannounced quality and safety review had been conducted in May 2021 where the provider had identified actions to improve the services being provided. The

inspector followed up on a number of them, some of which had been completed and some were still in progress at the time of the inspection. For example: in House 1 fire doors were required and these had been installed with the exception of one (which was awaiting delivery). However, some of the actions were continually highlighted by the provider in audits since last year. This included upgrades to the premises and buying a new bus for House 2. The inspector found that while funding had been sought for these, it was unclear whether the funding had been secured or whether these issues would be addressed in a timely manner. For example; it was noted in the annual review for the centre that funding may be a challenge. This required review.

There were sufficient staff in place to meet the needs of the residents in House 1 and House 3. However, in House 2 the staffing arrangements in the centre required review as there was only one staff on duty during the day and this impacted at times on residents being able to access community activities particularly given the recent changing needs of one resident.

There was a planned and actual rota maintained in the centre which showed that there was a consistent staff team employed. The provider had redeployed day service staff to work in the houses during the day while the day services were closed. A consistent locum staff were employed to support residents also. It had been highlighted through audits and at staff meetings that sourcing locum cover could be an issue. The inspector found that the provider was addressing this at the time of the inspection as one locum staff had been recruited.

The inspector spoke to staff in all three houses. They all reported that they were very supported in their role by the person in charge. They had a very good knowledge of the residents' needs in the centre and the systems in place to support residents with their needs. Staff had supervision with the person in charge and meetings were held to discuss the care and support needs of the residents in the centre.

Training records for staff were reviewed and staff had completed training in infection prevention and control, manual handling, safeguarding, fire safety, dysphagia, the safe administration of medication and positive behaviour support. Refresher training was required in one area and the person in charge had linked with the training provider to address this.

Records in the centre required improvements particularly in House 2 where there were gaps in the daily reports for residents. While it was evident that care was being delivered to a good standard, gaps were identified in some of the documentation maintained in other houses also. For example; the inspector observed a number of easy read planning tools and assessments for residents in their personal plans which included end of life planning and a rights assessment to establish what residents preferences were and these were not completed. Skin integrity checklists were also required to be completed daily for one resident and these were not in place. However, the inspector found that this did not impact on the resident who had support from nursing personnel and staff reported issues promptly to the residents

GP.

Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of the centre as required under the regulations. Some additional information was requested prior to the inspection to ensure the information supplied was complete and up to date. The provider was addressing this at the time of this inspection.

Judgment: Compliant

Registration Regulation 8 (1)

Some changes had occurred to the layout of House 3 since the last inspection where the purpose and function of three of the rooms had changed. This included changes to the staff sleeping arrangements, one of the sitting rooms and a communal space for residents. While the inspector found that this had not impacted on the residents living in the centre, the provider had not made an application to vary the conditions of registration of the centre as required under the regulations.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was full time and had been newly appointed since the last inspection in July 2020. They were a qualified social care professional, had completed a management course and had a number of years experience working and managing disability services. They were very knowledgeable around the residents' needs in the centre and showed a commitment to continually improving the lives of the residents living there.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff in place to meet the needs of the residents in House 1 and House 3. However, in House 2 the staffing arrangements in the centre required review as there was only one staff on duty during the day and this impacted at

times on residents being able to access community activities particularly given the recent changing needs of one residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had been provided with training in order to support the residents in the centre. Refresher training due was planned for.

Judgment: Compliant

Regulation 21: Records

Gaps were identified in some of the documentation maintained in the centre which included The inspector observed a number of easy read planning tools and assessments for residents in their personal plans which included end of life planning and a rights assessment to establish what residents preferences were. However, these were not completed. Skin intergity checklist to be completed daily was also not done. However, the inspector found that this did not impact on the resident who had support from nursing personnel and staff reported issued promptly to the residents GP.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had submitted an up to date statement of insurance as part of their application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

While the provider was self identifying issues with the premises, the lack of day services for residents and the requirement to purchase a new bus for the centre, they had not been addressed at the time of this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider shall had prepared a statement of purpose containing the information set out in Schedule 1. This had been reviewed as required to reflect changes to the management structures in the centre. A minor improvement was required to ensure that the staff numbers employed in the centre were reflected in this document for each of the three houses. This was rectified by the person in charge on the day of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified HIQA of any adverse incidents that had occurred in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector followed up on an action from the last inspection regarding a complaint made by residents. The inspector followed this up with the residents concerned, who reported that they were very happy with the outcome.

Judgment: Compliant

Quality and safety

Overall the residents reported that they liked living in the centre and were being supported to enjoy a good quality of life for the most part. However, improvements were required under premises, the transition of one resident, health care needs, residents' rights and fire safety.

The three houses were spacious, clean and homely. Each residents had their own bedroom and some had their own ensuite bathrooms. There was adequate storage

facilities for residents to store their personal belongings. However as discussed earlier some improvements were required in two of the houses. In House 1 as identified by the provider there were a number of updates required to the premises. While some work had been completed which included painting the hallway other work which included updating the kitchen and some of the bathrooms had not commenced. In addition; the inspector observed that the laundry room had a broken cupboard and the steel worktop and basin was rusted in parts. In house 2 at the time of the inspection there was work being completed in the back garden which was caused by the septic tank. Once this work was completed, the garden required some work which the provider had identified in their own audits. Some minor improvements were also observed by the inspector that required attention. This included, the carpet in the sitting room which needed to be cleaned or replaced and some of the paintwork in one of the kitchens needed to be redone.

Each resident had a personal plan which included easy read information for residents where required. The sample of plans viewed showed that residents needs had been assessed and reviewed regularly in the centre. Support plans were in place to guide staff practice and ensure that residents' needs were consistently met. Some of the records contained in residents' plans had not been fully completed. This is discussed under records stored in section 1 of this report.

Residents were supported to enjoy best possible health. There were support plans in place to guide practice in this area. Access to health and social care professionals such as physiotherapist, GP and speech and language therapist formed part of the service provided. Notwithstanding, one resident had been referred for support from an occupational therapist and this had not been completed at the time of the inspection. The person in charge stated that there was limited access to such supports in the area due to competing demands. This required review.

Staff had a very good knowledge of the residents needs. One resident spoke to the inspector about their health care needs and it was evident that they were included in the decisions around their care and support.

The provider had a contingency plan in place for the management of COVID-19. They had also completed the self assessment published by HIQA for the management of COVID-19. All staff and residents had been vaccinated for COVID-19. Some of the residents spoken to said they were very happy to have received this. There were also records in place to show where residents had been informed about the vaccination programme. Easy read information was available on how to get a COVID-test and there were plans in place to support residents to self isolate should this be required.

All staff had been provided with training in hand hygiene and the management of COVID-19. The person in charge conducted audits to ensure that staff were following the guidelines in relation to public health advice.

The provider had also put systems in place for the daily screening of symptoms for both residents and staff. The inspector also followed up on the actions from the last inspection regarding infection control and found that they had been completed.

There were fire safety systems in place to ensure a safe evacuation of the centre. In all three houses, there was fire equipment available including emergency lighting, and fire extinguishers which had been recently serviced. The provider had for the most part arrangements in place for the containment of fire. But as already stated one fire door was awaiting installation in House 1. Fire alarms were in place and staff were aware of the procedure to follow to check that the fire alarm was working and to identify in the event of a fire the zone in which the fire had started.

Residents had personal emergency evacuation which staff were familiar with. Fire safety was also discussed at residents meetings in each house. Fire drills included night time and day time drills. A sample viewed found that all residents could be safely evacuated in the centre when staff were present. However, the provider had not conducted a fire drill with one resident when they remained alone in the centre. This needed to be addressed to ensure that the appropriate supports were in place going forward. The inspector spoke to this resident about evacuating the centre in the event of a fire. The resident was very clear about what to do if the alarm sounded, but expressed concern to the inspector about exiting the front door of the building due to an incident that had occurred yesterday in the centre. This was brought to the attention of the person in charge who reviewed this following the inspection and put arrangements in place to address this going forward.

The provider and the person in charge had systems in place to manage and respond to risks in the centre. For example; the inspector observed that a resident had sustained a number of falls recently. Since then a number of reviews had taken place which included a review by a physiotherapist and the residents GP. A risk register was maintained in the centre which was being reviewed and updated. Individual risk assessments were also in place for residents.

Staff had been provided with training in safeguarding vulnerable adults. Some staff who met with the inspector were able to outline the procedures to follow in the event of abuse occurring in the centre. Residents said they felt safe and would report concerns to the staff or the person in charge.

As stated earlier in the report, one resident in House 1 was unhappy about a decision being made about where they lived. This involved the resident moving from their home to another house under this designated centre due to their potential future changing needs. The inspector viewed records pertaining to this and found that the staff in the centre had been strong advocates for the resident in supporting them. The person in charge and management also had numerous meetings to discuss and see how they could support the resident. While this informed the inspector that the residents will and preferences were considered around this decision, the inspector was not satisfied that all possible solutions had been fully explored at the time of the inspection. For example; the provider had not sought any approval from the funding body to see if the resident could be supported to remain in their own home.

Notwithstanding that there were a number of examples of how the provider supported people with their rights. For example; residents were given easy read information to make decisions about receiving the COVID19 vaccination. Residents

were able to make complaints and their concerns were listened to and acted on from a sample of records viewed. Some improvements were required to ensure that the complaints raised by residents regarding the resumption of day services were acted on in line with current public health advice. In addition, there were no records to demonstrate how residents were supported to decide whether to receive some health screening checks.

Regulation 11: Visits

Residents were supported to have visitors to the centre in line with current public health advice.

Judgment: Compliant

Regulation 17: Premises

In House 1 as identified by the provider to there were a number of updates required to the premises. While some work had been completed which included painting the hallway other work which included updating the kitchen and some of the bathrooms had not commenced. In addition; the inspector observed that the laundry room had a broken cupboard and the steel worktop and basin was rusted in parts.

In house 2 at the time of the inspection there was work being completed in the back garden which was caused by the septic tank. Once this work was completed, the garden would require updating. The provider had identified this in their own audits. Some minor improvements were also observed by the inspector that required attention. This included, the carpet in the sitting room which needed to be cleaned or replaced and some of the paintwork in one of the kitchens needed to be redone.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident who was being moved from their home to another house in this centre due to their potential future changing needs was not happy with this decision. The records viewed did not demonstrate that all possible solutions had been explored to allow this resident to remain in their own home.

Judgment: Not compliant

Regulation 26: Risk management procedures

The actions from the last inspection had been addressed. The provider and person in charge had systems in place to respond to and review risks in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The actions from the last inspection had been addressed. The provider and person in charge had systems in place to respond to and manage and outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

At the time of the inspection one fire door had not been installed in House 1.

The provider had not conducted a fire drill with one resident who remained alone in the centre for short periods of time.

A resident who expressed concern to the inspector about exiting the front door of the building due to an incident that had occurred yesterday in the centre was brought to the attention of the person in charge who reviewed this following the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need in place which had been updated and was regularly reviewed. Support plans were in place to guide staff practice and ensure that the residents needs were being met.

Judgment: Compliant

Regulation 6: Health care

One resident had been referred for support from an occupational therapist and this had not been completed at the time of the inspection. The person in charge stated that there was limited access to such supports in the area due to competing demands. This required review.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had been provided with training in safeguarding vulnerable adults. Some staff who met with the inspector were able to outline the procedures to follow in the event of abuse occurring in the centre. Residents said they felt safe and would report concerns to the staff or the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

Some improvements were required to ensure that the complaints raised by residents regarding the resumption of day services were acted on in line with current public health advice.

There were no records to demonstrate how residents were supported to decide whether to receive some health screening checks.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 8 (1)	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Fuchsia Services OSV-0004471

Inspection ID: MON-0026481

Date of inspection: 02/09/2021

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
Registration Regulation 8 (1)	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): As part of the renewal of registration, a revised Floor plan has been submitted as part of this process.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing arrangements have been reviewed to ensure that there is support available for people during the day when people are engaging in different community activities. A staff member is available for people supported at all times within the house should they choose to stay in their home while the other people supported engage in their activities in the community. Additional assistive technology has been sourced and will be installed to enable people to remain in their home independently in line with their will and preference. The assistive technology will ensure that support is available in an emergency from an adjacent house.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Team meetings have taken place with all three houses within the designated centre,	

highlighting the importance of correct recording keeping and ensuring no gaps occur within the daily logs.

A Skin Integrity Data Sheet is in place and is completed daily.

Person in Charge is reviewing these records weekly.

The Rights Assessment Forms have been completed in all three houses involving people supported in line with their communication methods.

The End of Life Planning Tool is in progress within the designated centre. As per guidance and training with TCAID Webinars and Psychology Department regarding palliative care and end of life planning, it is recommended that this process be completed in a natural and fluid way – analyzing each area of need and future planning. This is an on-going process that has commenced within the designated centre with the people supported.

Record-keeping training will also be held with all staff teams.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

In line with National HSE clinical guidance and BOCSI National Clinical guidance people were supported in their residential settings during COVID 19. Day service supports were provided in people’s homes to ensure that people still participated in meaningful activities and had access to the community in line with guidance.

Day services have resumed for the people supported in this designated centre in line with HSE guidance. People are now accessing day services in line with their will and preferences.

Funding has been sought to secure a wheelchair accessible bus for this centre. As an interim measure the people supported in this centre can access a wheelchair accessible bus from a day service location at evenings and weekends.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

There is a maintenance plan in place for all three houses in this designated centre. In one house repairs have been completed in the laundry room and a timeline is in place for further repairs.

Plans are being developed for internal renovations in this house also and senior management are involved in this process.

<p>A timeline is in place for further painting and upgrading in all houses. The garden will be developed in another house, and will include improved access for people to their garden. A contractor has been engaged to complete required works and to progress the development of the garden.</p>	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: A business case is being prepared to request additional funding from funding body to ensure all possible options are explored. This will support a person to remain in their home during day hours, as they no longer wish to attend their day service due to changing needs. In the absence of securing funding, the person supported can transition to another house within this designated centre, to support their changing needs.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire door has been installed. A specific Fire drill has been carried out with one person who remains in their home independently and will be completed on a quarterly basis. The person supported who expressed concerns in relation to exiting the front door, is now doing so without issue. This person supported is under continuous review with Physiotherapist.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Person In charge has continued to advocate for follow up with Community Occupational Therapist and a review will take place with person supported by 14.10.2021 in consultation with Physiotherapist to assess this person supported needs going forward.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: In line with National HSE clinical guidance as well as BOCSI National Clinical guidance people were supported in their residential settings during COVID 19. Day service supports were provided in people's homes to ensure that people still participated in meaningful activities and had access to the community in line with guidance. Day services have resumed for the people supported in this designated centre in line with HSE guidance. People are now accessing day services in line with their will and preferences.</p> <p>Health Screening has been completed with people supported. However, it has been recommended by GP's that due to low level of risk, some people do not require all screening checks.</p> <p>Person in charge has engaged with MDT and ensured that accessible information is available to all people in relation to all health care screenings. PIC has discussed health care screening with people supported to ensure they are making informed decisions. PIC has contacted National Screening service and has been provided with up to date advice. PIC has been advised to ensure that people meet the two requirements for eligibility, which GP's will assess as well ensure that it is in line with will and preference of people supported.</p>	

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	02/09/2021
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	27/10/2021

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/04/2022
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	15/10/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	26/09/2021
Regulation 25(4)(d)	The person in charge shall ensure that the discharge of a resident from the designated centre is discussed, planned for and agreed with the resident and, where appropriate, with the resident's representative.	Not Compliant	Orange	13/10/2021
Regulation 28(1)	The registered provider shall	Substantially Compliant	Yellow	16/09/2021

	ensure that effective fire safety management systems are in place.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	02/09/2021
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	16/10/2021
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	26/09/2021
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Substantially Compliant	Yellow	08/10/2021

	disability can exercise his or her civil, political and legal rights.			
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