



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

## Issued by the Chief Inspector

Name of designated centre:	Poppy Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	27 March 2023
Centre ID:	OSV-0004472
Fieldwork ID:	MON-0036915

## About the designated centre

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

Poppy Services is run by the Brothers of Charity Services, Ireland. The centre can provide care for up to six male and female residents, who are over the age of 18 years, and who have an intellectual disability. The centre comprises of three separate houses, located a short distance from each other, in Co. Roscommon. Each house provides residents with their own bedroom, some en suite facilities, bathrooms and shared use of communal areas. There is also a large garden surrounding each house, for residents to use as they wish. Staff are on duty both day and night to support the residents who reside in this centre.

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

Number of residents on the date of inspection:

5

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 27 March 2023	09:10hrs to 14:15hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection and was facilitated by the person in charge and their staff team. Over the course of the day, the inspector also had the opportunity to meet briefly with two residents: however, due to their communication needs, neither engaged directly with her about the care and support they received. While this inspection identified many areas of good practice, an immediate action was required to be issued to the provider, to address fire safety concerns. This will be discussed further, later in the report.

This designated centre comprised of three houses, located a few kilometres from each other, in Co. Roscommon. As part of this inspection, the inspector visited each house, where, residents had their own bedroom, some en-suite facilities, bathrooms and shared use of kitchen, living and dining spaces. Each house also had large gardens for residents to use, as and when they wished. Many of the residents who lived in this centre, had assessed communication needs and pictorial references, such as, weekly schedules and menus, along with various sensory items, were prominently displayed for residents to refer to. Each house was clean and provided residents with a comfortable living environment. There were some maintenance and re-decoration works identified as part of this inspection, and later on, this will also be discussed in more detail.

The first house visited by the inspector, was home to two residents, one of whom was at home with family, while the other was having a lie on in bed. One of these residents had moved to the centre in previous months, while the second resident had only recently transitioned. Staff reported that these transitions were satisfactory, and that although both residents maintained separate daily schedules, when they did engage together, they got on well. Staff also spoke of the plans in place to utilise a spare room as a recreational space, for one of these residents to use, in response to their behavioural support needs. This house was subject to a recent outbreak of infection, and in response to this, at the time of the inspection, the provider was in the process of implementing specific control measures in this house. Staff who met with the inspector were aware of the current infection control status of this house, and of their role in supporting residents, while the outbreak remained.

The second house visited by the inspector, was home to one resident, who had specific behavioural support needs and was responding well to living on their own. Both their home and surrounding garden was vast in size, and this resident was observed to freely use the open space available to them, to run around. Upon the inspector's arrival, they were getting ready to leave with the support of staff to head out to a nearby town. This staff member told the inspector that as part of recent goal setting for this particular resident, they were hoping to introduce going to coffee shops, as part of this resident's weekly routine. Many soft furnishings and sensory items, such as bean bags and mirrored wall features, were available to this resident in their home, which they often used. The third house, was home to two

residents, who had lived together for a number of years. When the inspector arrived, one of these residents was availing of their day service in the comfort of their home and were enjoying playing with picture cards. They briefly greeted the inspector through a touch gesture they commonly used, and showed off photographs of their family, that they had proudly displayed in their bedroom. These residents had a keen interest in art and much of their work was prominently placed in the sitting room and in their bedrooms. Overall, there was a warm and pleasant atmosphere in each of these three houses, where staff were supporting residents with their morning and daily routines, in a very friendly and relaxed manner.

These residents all led very active lifestyles, and the provider had ensured that adequate transport and staffing arrangements were in place, to facilitate them to be as active as they were. Some residents required a specific level of staff support, particularly when they were out and about in the community, and this was consistently provided to them. Of the staff who met with the inspector, they each were very familiar with each resident's preferences for social activities and endeavoured to ensure that the weekly scheduling of social interactions, were very much based on the interests of residents, so as to maximise the potential of their social interactions. Where residents had specific behavioural support needs, staff were vigilant in the planning of social activities for these residents, ensuring activities were meaningful and of benefit to them. Many residents chose to have their day service delivered in their own homes, and this was accommodated by staff. Some liked to go shopping for groceries with staff, others often went out for tea and coffee, while others enjoyed activities such as swimming and going for walks and drives. Maintaining links with family and friends was also important to many of these residents, with some regularly going to visit family members. Staff also supported them to make and receive video and voice calls to their families, and residents were encouraged to welcome visitors into their homes, as much as they wished.

Many of the staff working in this centre had done so for many years and were familiar with the residents and their assessed needs. This had a positive impact for residents, as it provided them with continuity of care, by ensuring they were consistently supported by staff who knew them well. In recent times, in order to support the centre's staffing arrangement, relief staff were frequently required to meet the rostering needs of this service. To ensure residents were not impacted by this, person in charge had ensured that only regular relief staff, who were familiar with the service and the needs of residents were allocated to provide this additional support. Over the course of the inspection, the inspector had the opportunity to speak with individual staff members. Each were found to be very knowledgeable of residents' assessed needs, and spoke respectfully about residents' preferred daily routines. Of the interactions observed by the inspector, staff interacted in a friendly and respectful manner with residents.

Although the provider had many effective systems in place to ensure residents' assessed needs were being met by this service, there were a number of concerns raised upon this inspection, in relation to governance and management arrangements. These concerns were in relation to the capacity limitations of the person in charge, whom at the time of this inspection, held responsibility for a number of other services operated by this provider. This was observed to impact on

oversight and monitoring arrangements, resulting in some significant areas of improvement being required to this centre's risk and governance and management systems.

The findings of this inspection will now be discussed in the following two sections of this report.

## Capacity and capability

The purpose of this inspection was to assess the provider's compliance with the regulations. Although the provider was found to be in compliance with some of the regulations inspected against, similar to the last inspection which occurred in August 2021, improvements were again found in relation to aspects of fire safety and to the overall premises. As a result, this inspection resulted in not compliant findings to areas such as fire safety, risk management systems and governance and management arrangements.

The staffing arrangement for this centre was under continuous review by the person in charge, to ensure that an adequate number and skill-mix of staff were at all times on duty to meet the assessed needs of residents. In response to the rostering needs of this service, at the time of this inspection, the provider was undergoing a recruitment process. In the interim, where additional staff were required to support these residents, this was provided through regular relief staff. This interim arrangement was subject to regular review by the person in charge and senior management, and to date, had been effective in ensuring these residents continued to be supported by the number of staff that they were assessed as requiring, both day and night.

Although the provider had systems in place to oversee the quality and safety of care, significant improvement was required to these systems, whereby, issues which were highlighted to the provider upon the previous inspection, were again found on this inspection. These issues pertained to fire safety, which resulted in an immediate action being issued to the provider to address. Even though the provider had monitoring systems in place for fire safety, which were implemented on an almost weekly basis, these systems were found ineffective, as this particular fire safety issue was identified by the inspector in all three houses. Although assurances were received that the issue was being rectified on foot of this inspection, the provider had failed to identify this issue for themselves, prior to it being brought to their attention.

The person in charge was appointed with the overall responsibility of this centre in May 2022, and were supported in their role by their staff team and line manager. Although they knew the residents and their assessed needs well, and demonstrated strong knowledge of their regulatory responsibilities, given the additional responsibility they also held for other services operated by this provider, this placed limitations on their capacity to effectively oversee and monitor this centre. They

spoke with the inspector about the challenges they sometimes faced with regards allocating time to visit each house, along with the impact had on their ability to fully engage and become familiar with all operational aspects of the running of this centre, since their appointment. Although six monthly provider-led visits were occurring, the capacity limitations of the person in charge, had directly impacted regular internal monitoring processes. For instance, the person in charge told the inspector that they generally completed a number of audits within the centre. However, in recent times, they did not have the capacity to complete some of these audits, which compromised their ability to monitor and oversee aspects of this service, that were previously monitored for improvement. Although members of senior management spoke with the inspector about the provider's plans to appoint an additional support role to the person in charge, at the time of this inspection, this position remained at recruitment stages.

### Regulation 15: Staffing

The staffing arrangement for this centre was maintained under very regular review by the person in charge, who ensured that a suitable number and skill-mix of staff were at all times on duty to support the needs of these residents. Where additional staffing resources were required from time to time, the provider had relief staff available to this centre, who were familiar with its operations and with the needs of the residents. Furthermore, contingency plans were also in place to guide management on how to respond, should this centre experience decreased staffing resources. Of the staff who met with the inspector as part of this inspection, they were found to be very knowledgeable on the assessed needs of these residents and informed the inspector that they received regular support and guidance from the person in charge.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that his centre was adequately resourced to meet the objectives as set out within the statement of purpose. However, significant improvements were required to aspects of governance and management, to ensure the effective oversight of the quality and safety of care.

Similar to the last inspection of this centre, failings were again found in relation to this centre's fire safety arrangements. This resulted in an immediate action being issued to the provider on the day of inspection to address. Even though this issue was previously highlighted to the provider, coupled with regular fire safety checks being carried out in this centre, the provider had failed to identify this issue for



themselves, prior to it being brought to their attention upon this inspection.

Furthermore, there were failings on the part of the provider, to provide adequate management systems to support the capacity of the person in charge, which was having a direct impact on the overall effectiveness of the monitoring of the quality and safety of care in this centre. For instance, along with this centre, the person in charge also held responsibility for another designated centre and two other separate services operated by this provider. Current governance and management arrangements had not fully considered the person in charge's capacity, which since their appointment, had impacted their ability to become familiar with all operational aspects of this centre. In addition to this, due to the capacity limitations of the person in charge, in recent times, this had compromised their ability to carry out specific internal audits to monitor for the quality and safety of various aspects of the service delivered to residents. This meant that should areas of improvements be required within this centre, similar to those identified upon this inspection, the provider's current management systems could not ensure that these would be identified and rectified in a timely manner.

Judgment: Not compliant

## Quality and safety

Overall, these residents enjoyed a good quality of life, whereby, they were supported by staff to regularly access the community and engage in activities of their choice. Some residents maintained strong connections with their families, and along with accepting visitors into their home, residents were just as supported to go and visit family and friends. Effective arrangements were in place to ensure residents' needs were regularly assessed for, and where some residents were in the process of transitioning to the centre, they were fully supported by the arrangements the provider had put in place, in preparation for their transition.

Regular fire drills were occurring in each house and the outcome of these gave assurances to the provider, that in the event of fire, staff could support all residents to evacuate the centre, in a timely manner. However, similar to the last inspection, upon a walk-around each house, the inspector identified a number of self-closing fire doors that required maintenance and the use of door wedges was also observed, hindering the containment function of these fire doors. An immediate action was issued to the provider, who put arrangements in place to have this addressed. Following on from the last inspection, the provider had attended to a number of remedial and maintenance works that were required to the centre. However, similarly, as part of the same walk-around, a number of re-decoration and maintenance works were again identified upon this inspection. Although the person in charge was aware of this, the provider had not yet put a plan of works in place to address the works required.

At the time of this inspection, the provider was in process of responding to an outbreak of infection, which had impacted this centre's staffing resources, but had not impacted the quality and safety of care received by residents. To ensure the safety and welfare of all residents and staff was maintained during this time, additional infection prevention and control measures were implemented. Contingency plans were in place, should this centre's staffing levels be further impacted by this event, and both local and senior members of management were aware of the measures to be put in place, should this occur.

Although the provider had risk management systems in place, aspects of this system required improvement to ensure it better supported this centre in the identification, response and monitoring of risk. For instance, although the provider had established monitoring systems to identify risk in this centre, some of these proved ineffective, particularly in relation to identifying the risk posed to fire safety, as identified upon this inspection . Furthermore, with the aforementioned limitations on the capacity of the person in charge, this also posed a risk to this centre's oversight and monitoring arrangements, which at the time of this inspection, had not been responded to by the provider. Even though there was a risk register in place for this centre, it required further review to ensure it better supported the provider in the on-going review of specific risk in this centre, particularly in areas such staffing levels, transitional planning, fire safety and infection prevention and control.

Although this inspection did identify where significant improvements were required to aspects of risk and governance and management, it is important to note, that this did not directly impact, or take away from, the quality of life and quality of care that that these residents received in this centre.

## Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured these residents were supported to express their wishes. These residents were cared for by staff who were familiar with their assessed communication needs and who were able to interpret residents' wishes through visual cues, pictorial references and gestures.

Judgment: Compliant

## Regulation 11: Visits

Residents were supported to welcome visitors in their home and were equally supported to have home visits. The layout of each house within this designated centre, offered residents to have the opportunity to meet with their visitors in private, if they so wished.

Judgment: Compliant

### Regulation 17: Premises

This designated centre comprised of three separate dwelling houses, each located a few kilometres from one another, in Co. Roscommon. Each house provided residents with their own bedroom, some en-suite facilities, bathrooms and shared access to communal spaces.

Similar to the last inspection, during a walk-around of this centre, it was observed where some of these houses would benefit from some maintenance and re-decoration works. For example, in one house mildew was observed on the walls of the utility room. In two of these houses, multiple rooms were observed to require repair and paint work to walls, skirting and architrave. Maintenance work to some flooring was also required in one of these houses. Although the person in charge was aware that these works were required, the provider had not yet developed a plan of works to ensure these would be addressed in a time bound manner.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Although the provider had risk management systems in place, aspects of these required significant improvement to ensure more timely identification and response to specific risk in this centre. These specific failings in relation to risk management arrangements for this centre, have been discussed under fire safety and governance and management

There was a risk register in place for this centre; however, it required review to ensure it better supported the person in charge in their on-going review of specific risks in this centre. For example, at the time of this inspection, the person in charge was responding to, and monitoring specific risks pertaining to staffing levels, transition of residents to the centre, oversight and capacity limitations and infection prevention and control. However, the risk register didn't clearly identify each of these risks that were currently being managing, or accurately describe the specific controls being put in place to mitigate against these risks.

Judgment: Not compliant

### Regulation 27: Protection against infection

The provider had infection prevention and control arrangements in place and at the time of this inspection, was in the process of responding to decreasing staff levels of foot of a recent outbreak of infection. In response to this, the provider had sought advice from public health and were monitoring all staff and residents for any signs of infection. Additional arrangements were also put in place, to ensure the safety and welfare of all staff and residents was maintained, during this time. Contingency plans were in place to support the person in charge in responding to this event and clear plans were in place for service provision, should further infection occur.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety arrangements in place, including, fire detection systems, emergency lighting and regular fire drills were occurring. However, issues in relation to fire safety were identified upon this inspection, to include:

- Maintenance works were required to within all three houses, with regards to fire containment, which resulted in an immediate action being issued to the provider to address
- Although regular fire safety checks were being conducted by staff, a review of this monitoring system was required, as these checks had failed to identify specific risks pertaining to fire safety, which were identified upon this inspection.
- Even though there was a fire procedure available, it also required review to ensure better clarity was provided to staff on how to respond, should a fire occur.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The provider had systems in place for the assessment of residents' needs and development of personal plans, to guide staff on how best to support these residents. At the time of this inspection, some residents were in the process of transitioning to the centre. The provider had ensured suitable arrangements were in place to support these residents during this time and a regular re-assessment of the needs was being conducted by staff, to better inform the review and development of personal plans. Residents' goal setting was also an important aspect of the care delivered to these residents, with staff appointed with the responsibility for supporting residents to work towards achieving their chosen goals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, that suitable arrangements were in place to provide them with this. Clear behaviour support plans were in place to guide staff on how best to support these residents and regular multi-disciplinary input was sought in the review of residents' behavioural support interventions. There were some restrictive practices in place, and these were maintained under regular multi-disciplinary review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured effective systems were in place to guide and support staff on the timely identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents. At the time of this inspection, there were no safeguarding concerns in this centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Poppy Services OSV-0004472

Inspection ID: MON-0036915

Date of inspection: 27/03/2023

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In reviewing the governance and management for a number of Designated Centres, the Organisation has restructured the managers and their area of responsibility. The Organisation has now recruited another full time supernumerary Manager to add to this area. This person commences in post on 21/05/2023. This increases the capacity of the current Manager/PIC to ensure the effectiveness of monitoring systems in overseeing the quality and safety in this centre. The Manager/PIC has a system in place ensuring weekly visits to each house within this Designated Centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The mildew issue in the utility room has been addressed and a new ventilation system is being installed.</p> <p>A time bound maintenance plan is in place for two houses in this designated centre, this includes repair and painting works and the replacement of flooring.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk management systems in this designated centre have been reviewed to reflect specific and current risks. This includes a full review of the risk register to ensure all risks are clearly identified with specific controls in place to mitigate against these risks.</p>	
Regulation 28: Fire precautions	Not Compliant



Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The maintenance issue with the fire door closures in this designated centre was addressed on the day of the inspection.

The fire procedures in this designated centre have been reviewed and are displayed to ensure all staff are clear on how to respond should a fire occur.

The most up to date fire safety checklists are now in place in this designated centre, these ensure that any specific risks pertaining to fire are identified and actioned in a timely manner.

## 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 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.	Substantially Compliant	Yellow	15/06/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	21/05/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Not Compliant	Orange	31/03/2023

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	27/03/2023
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	31/03/2023