



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

Issued by the Chief Inspector

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| Name of designated centre: | No 2 Seaholly |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Cork |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 25 May 2021 |
| Centre ID: | OSV-0004572 |
| Fieldwork ID: | MON-0031883 |

About the designated centre

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

No. 2 Seaholly is comprised of two detached bungalows. The number of bedrooms in each bungalow ranges from four to six. Each bungalow has its own garden area. The centre is located on a campus with a number of other designated centres, on the outskirts of Cork city. The centre is registered to provide a residential service to people aged 18 years and older. For the minority of residents this service is provided on a shared care or respite basis. Each resident of No. 2 Seaholly has been diagnosed as functioning within the range associated with a moderate to severe level of intellectual disability. Some residents also have a diagnosis of autism. It is stated in the statement of purpose that each resident requires full support in activities of daily living. The centre is staffed at all times with nursing care provided as required.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 7 |
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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 |
|---------------------|----------------------|------------------|------|
| Tuesday 25 May 2021 | 09:00hrs to 17:00hrs | Laura O'Sullivan | Lead |

What residents told us and what inspectors observed

This inspection of No.2 Seaholly designated centre took place during the COVID 19 pandemic. All required precautions were taken by the inspector in accordance with national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn through the day of the inspection. The registered provider had been informed of the inspection 48 hours in advance to allow for preparation of a clean space and the informing of residents of the inspection.

On arrival the inspector was met by the appointed person in charge and was welcomed to the centre. An initial feedback meeting was completed to ascertain the current wellbeing of residents and the status of the centre. As the centre was currently undergoing a reconfiguration the person in charge discussed the actions which had been completed to progress same, including the renewal of registration application and the application to register a new centre.

The inspector did have the opportunity to meet with a number of residents during the course of the inspection. One resident told the inspector that "the boys" were coming in for the afternoon and they would have "great craic". The resident was very comfortable in the company of staff and was aware of who was coming on shift and what activity they were going to do. They had chosen to go on a spin. The residents peer agreed to this activity and was looking forward to stopping at the shop to get their packet of "rolo sweets". This resident was relaxing on the couch and told the inspector they had a lovely weekend and had got a takeaway at the weekend. These residents were getting ready for a cup of tea and to have some cake that they had baked that morning.

In this house, one resident was spending time at home and not there for the inspector to meet. It was evidenced however as part of the annual review and residents meetings that these residents had been consulted with respect to the operations of the centre and appeared content. Another resident was out and about with they day support staff. Staff supported this resident in an adapted self-contained area of the house. This was tailored to meet the individual needs of this resident who resided in the centre on a respite basis. The statement of purpose ensured that this resident when in the centre was provided with individualised supports.

The inspector called to visit the second house which is under the remit of No.2 Seaholly. Some residents chose not to interact with the inspector and this was respected. Some residents were out and about on social activities and one resident was being supported by staff in the on site relaxation room. Staffing levels ensured that individualised activities and interests could be promoted while maintaining the safety of all. Staff supporting these residents were very aware of their changing needs and the need for ongoing review and consultation. The inspector was shown the gardening activities which had commenced and was developed during the

COVID-19 pandemic.

Staff were observed to adhere to guidelines in place when supporting residents with behaviours which may be of concern. They spoke clearly of the need of consistently when providing these supports. All interactions were observed to be professional in nature with residents observed to be very relaxed in the company of the staff team. Through a clear governance structure residents were provided with a safe service. Findings of the inspection will be discussed within the report.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within No 2 Seaholly. A good level of compliance was evidenced. The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including notifications of all required incidents and the regular review of the statement of purpose. The appointed individual also had a good knowledge to the needs of the service users. They held governance responsibilities in three centres, in an effective manner through effective monitoring systems.

Following on from the previous inspection of the centre, a reconfiguration of units was in progress. This risk inspection noted this reconfiguration increased governance oversight to ensure service improvement. A clear governance structure was in place within the centre. The person in charge; whom was supported in their role by appointed social care leaders, reported directly to the person participating in management. Key duties were set out for the appointed team leader including the supervision of staff, and the overview of action plans. Clear communication was evident between the person in charge and social care leaders through regular face to face meetings and documented supervisions. There was also evidence of information sharing within the governance team.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in 2020 by the person in charge. The most recent unannounced visits to the centre, was in progress. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that had been identified. The person in charge and social care leaders completed regular reviews of action plans to ensure all actions are achieved within the allocated time line.

In conjunction to the organisational oversight in place the person in charge ensured measures were in place for the day to day oversight of service provision. For example a restrictive practice audit and infection control was carried out. Whilst actions plans were in place and reviewed both by the person in charge and social care leaders, these plans did not evidence when the action was completed and

closed off. Staff were also encouraged to voice their concern or address any issues in relation to the care and welfare of residents as part of staff meetings or formal supervisions.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs. With support from the social care leaders and person in charge all staff received formal supervisory meetings in accordance with local policy. One topic discussed was the training needs of staff. The provider had identified mandatory training needs for all staff members. This included children's first and infection control. The person in charge had however not ensured that the training matrix in place was up to date and reflected the current training needs of the staff team. The current staff team afforded consistency to the support needs of the residents and through the COVID pandemic had continued to afford a high level of staffing consistency.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensure the application for the renewal of registration had been completed.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. They held a governance role in three designated centres.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured the current skill mix of staffing within the designated centre reflected the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured effective measures were in place for the appropriate supervision of the staff team allocated to No. 2 Seaholly.

Some improvements were required to ensure that all staff were facilitated and supported to access training relevant to the assessed needs of residents.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider ensured the current skill mix of staffing within the designated centre reflected the assessed needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured a governance structure was appointed to the centre. The provider had ensured the roles and responsibilities of all members of the governance team were clear.

Overall, systems were in place to ensure that management systems were effective, to ensure that the service provided was safe and appropriate to the residents' needs. Clarity was required with respect to some actions plans to ensure actions were completed to drive service improvement.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensure the statement of purpose was prepared in writing and reviewed as required. Information set out within Schedule 1 was present and correct.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents which required notification were done so in the correct manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure.

Judgment: Compliant

Quality and safety

It was evidenced during this inspection that the service afforded to the residents currently residing within No.2 Seaholly was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of their support needs where possible. The person in charge had ensured that each individual had personal goals in place to support their community interactions. A number of areas of non-compliance evidenced in previous inspection had been addressed including fire containment measures and safeguarding vulnerable adults from abuse.

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language and dietician. Each resident was supported with goals, ranging from skills training to social activities. Staff were observed supporting the residents to achieve these goals. Through completion of a regular personal plan reviews and personal outcome measures there was clear evidence of the progression of goals. A number of goals had been adapted due to COVID 19 restrictions.

The design and layout of the centre met the objectives and function as set out in the statement of purpose. Each resident had an individualised bedroom which was decorated in accordance with their wishes. A large garden was in place with safe areas for the residents to engage in relaxation or gardening activities. Residents with whom the inspector met appeared very comfortable in their home. The centre was clean and overall, well presented and accessible.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere in a suspected or confirmed case of COVID 19

for staff and residents. Staff members were facilitated to complete the required training such as infection control and hand hygiene ensuring adherence to these guidelines.

The registered provider had effective systems in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. There was also evidence of ongoing communication with appointed designated officer for guidance and support. The intimate care supports needs of each resident was documented within each personal plan in a respectful and dignified manner.

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, firefighting equipment and resident and staff awareness of evacuation procedures. Residents were supported to complete regular fire evacuation drills to promote awareness. Some improvement was required to ensure that the documentation of fire evacuation drills allowed for clear review of systems such as personal emergency evacuation plans. The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk including both environmental and individual.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for education and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs; and
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the objectives and function as set out in the statement of purpose. The centre was clean and overall, well presented with accessibility facilitated throughout.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that a copy was provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk including both environmental and individual.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents, staff and visitors were protected from infectious disease by adopting procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority and adhered to current national guidance

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment and resident and staff awareness of evacuation procedures. Some improvements were required with respect to the documentation of fire evacuation drill to ensure an effective review was completed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensures that staff have up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Where a restrictive practice was in place this utilised in the least restrictive manner for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted on all aspects of their support needs.

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 - 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 |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | 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 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for No 2 Seaholly OSV-0004572

Inspection ID: MON-0031883

Date of inspection: 25/05/2021

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The Person in Charge will ensure specific training requirements to meet the needs of the residents are identified and planned for. This will include planning for training requirement identified during staff supervision sessions and chairing a meeting annually, or more often if required, to identify any change in need for the persons residing there and to identify training needs for members of the staff team. The Annual Multi-Disciplinary review of the Personal Plan will support this process. • The Person in Charge will notify any trainings identified as required to the training Department for planning and delivery and will ensure that the Training Matrix log is kept updated. | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Provider has arranged for the Person in Charge to carry out quarterly audits on Restrictive practices in use in the Centre, Risk register audits and staffing skills mix audits. • The Person in Charge receives a weekly service area report of significant issues. • The Provider arranged for the Person in Charge to attend all Annual Multi-Disciplinary review meetings, restrictive practice sanctioning and review meetings. | |

- Regular meetings are held with the PPIM and Director of Services in relation to compliance.
- Provider 6 monthly unannounced visits are in place and actions are clearly defined, the Person in Charge works with the Social Care Leader to ensure actions are time framed and implemented, the Person in Charge will ensure the date the action is completed is included on the document.

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| Regulation 28: Fire precautions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The Person in Charge ensures that each property has an evacuation plan and fire drills are conducted at suitable intervals.
- An Emergency Response Protocol is in place to advice on support to evacuate at night time.
- The Person in Charge ensures that staff members are suitably trained in Fire Prevention and emergency procedures.
- The Person in charge will ensure that the Fire drill documentation contains sufficient detail to effectively review systems including the Personal Emergency Evacuation Plans (PEEPs) and apply learning if required.

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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 30/08/2021 |
| 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. | Substantially Compliant | Yellow | 30/07/2021 |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at | Substantially Compliant | Yellow | 30/08/2021 |

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| | suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | | | |
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