



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

Issued by the Chief Inspector

Name of designated centre:	Waxwing 2
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	14 October 2021
Centre ID:	OSV-0004842
Fieldwork ID:	MON-0034368

About the designated centre

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

Waxwing 2 consists of two detached bungalows, one of which is situated in a small town with the other located a short driving distance outside the same town. This designated centre can provide a residential service for a maximum of 11 residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms throughout the two houses of the centre include kitchens, dining rooms, living rooms and bathrooms. Residents are supported by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 14 October 2021	9:00 am to 2:00 pm	Cora McCarthy	Lead

What residents told us and what inspectors observed

On the day of inspection the inspector had the opportunity to meet with all eight residents who resided in centre. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

As this was a follow up inspection the inspector spent the most time in the house that had not been visited on the previous inspection. First the inspector met with the four residents living in a bungalow in a rural area. On arrival the residents were getting ready for the day, some were having breakfast and some receiving support with personal care. The staff whom the inspector met were very pleasant and were very knowledgeable about the residents. They were observed making different breakfast of choice for the residents. The staff had also arranged the seating at the table in line with safeguarding plans and had staggered breakfast so that certain residents were not sitting down to breakfast at the same time. The residents were very comfortable around staff and appeared to have a positive relationship with them.

Residents had regular contact with family members and during the health pandemic were supported to keep in contact with their family on a regular basis, this was primarily through video and telephone calls. The Person in Charge advised that family contact has been very good for the residents and residents who have family contact have received phone calls and used video call applications to maintain contact with parents or siblings. When restrictions eased, face to face visits were supported for families and residents.

The residents in both houses were in and out during the day and interacted with the inspector at various times. The residents were very pleasant and welcoming and some residents showed the inspector their bedroom and they were decorated in the design of the resident's choice and colour. It was evident from the decoration, personal items on display, photos and the resident bedrooms that the residents were involved in the running and decoration of their home. Both houses overall required updating and decoration and the bedrooms were quite small. In the second house in the designated centre there was a residents bedroom which had a patio door but had no window for ventilation. However the person in charge informed the inspector that work is being completed as part of a bigger project which involved the residents moving out of the house so that fire works, accessibility and decoration could be completed.

The inspector observed the residents on the day and found them to be very comfortable and happy in the centre. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. The staff present were very knowledgeable about the residents' needs and preferences and were laughing and joking with the residents in a positive manner. On the day of the inspection the residents went out for a drive and walk. When leaving in the house

vehicle the inspector observed the staff implementing the seating arrangements in the vehicle in line with the safeguarding plans. The staff with whom the inspector spoke were very aware of safeguarding concerns, had completed training and safeguarding was a priority at team meetings. The residents were active on a video conferencing system during the pandemic, engaging with family and friends which residents said they enjoyed. Residents enjoyed TV, having meals together, and also enjoyed listening to music.

Positive improvements were evident in the centre since the last inspection. Residents were encouraged and supported around active decision-making. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions made. Safeguarding and advocacy were discussed at these meeting and residents were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms and decision-making assessments were included in residents' personal plans.

In summary, the inspector found that each residents well being and welfare was maintained to a good standard and that there was a visible improvement in the culture within the designated centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Overall, on this inspection it was noted that the provider had implemented its compliance plan arising from the previous Health Information Quality Authority HIQA inspection which was having positive impacts.

This designated centre was previously inspected in May 2021 where one of the two houses of this centre were visited by the inspector. During the course of that inspection significant concerns were identified in the house visited particularly in the areas of oversight, safeguarding and notifications. Given such concerns HIQA held a provider cautionary meeting with the provider in the same month where the nature of the concerns were further highlighted to the provider. Upon receipt of a compliance plan response for the May 2021 inspection, a decision was made to carry out a further inspection of this centre in October 2021 which was to focus on

safeguarding and protection and both houses were to be visited but particularly the house that had not been visited on the May inspection.

During the current inspection, it was found that the provider had taken action to respond to the issues of concerns raised by HIQA. It was seen how in the days after after the previous inspection, the provider had devised its own action plan to respond to such concerns. There was clear evidence that the identified actions were being implemented in practice. For example, the provider had started a review of all incidents occurring in the designated since the beginning of 2019 and had identified a number of instances where safeguarding procedures should have been followed. These were commenced retrospectively. Enhanced safeguarding training was also provided to staff and safeguarding was prioritised at team meetings. There was also evidence of increased oversight from the provider for those directly involved in the management of this centre. A new person in charge and administrative lead had also been assigned to ensure effective oversight and monitoring of the centre.

Regulation 14: Persons in charge

The person in charge and the team leader had implemented the actions outlined in the previous inspection compliance plan and a notable improvement was evident in safeguarding and notifications.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staff skill mix at the centre was in line with the assessed needs of the residents, statement of purpose and the size of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had implemented its actions in response to the May 2021 inspection which were having a positive impact overall. There was evidence of increased oversight from the provider for those directly involved in the management of this centre.

Judgment: Compliant

Regulation 31: Notification of incidents

An retrospective review of notifications was completed and all incidents since the previous inspection have been notified as necessary.

Judgment: Compliant

Quality and safety

Safeguarding processes within the house visited by the inspector had improved overall.

During the May 2021 inspection of this centre it was found that the provider had not ensured that residents in one house were protected from all forms of abuse. While there had been some safeguarding incidents in this house since then, it was seen that the provider had taken action to try to reduce the potential for these to happen. Such action included having staff undergo additional safeguarding training and placing extra staff to the house.

In response to the urgent action issued on the day the provider indicated that they had undertaken a review of all incidents occurring in the designated since the beginning of 2019 and had identified a number of instances where safeguarding procedures should have been followed. These were commenced retrospectively.

The house overall was seen to be well-furnished although both houses overall required updating and decoration and the bedrooms were quite small. In the second house in the designated centre there was a residents bedroom which had a patio door but had no window for ventilation. This was not in line with infection prevention and control guidance around good ventilation. The resident would have to leave the door fully open to ventilate the bedroom and this was not an option in late evening or at night. It was also observed that the presence of door ledges and some changes in surface levels in this house were not suited residents with mobility issues. However the person in charge informed the inspector that work is being completed as part of a bigger project which involved the residents moving out of the house so that fire works, accessibility and decoration could be completed.

Regulation 17: Premises

It was observed during last inspection that parts of this house were limited in space. It was also observed that the presence of door ledges and some changes in surface levels in this house were not suited to residents with mobility issues. The premises overall require updating and fire works are necessary in both houses.

Judgment: Not compliant

Regulation 27: Protection against infection

Infection and prevention control measures noted during this the inspection including the provision of relevant training to staff members, the use of personal protective equipment, the display of COVID-19 related information and the presence of hand gels. However areas that were were worn were difficult to clean and not in line with infection prevention control guidance. Also the bedroom without a window for ventillation was not conjusive to good infection prevention and control.

Judgment: Substantially compliant

Regulation 8: Protection

Since the May 2021 inspection there had been further incidents of a safeguarding nature that had taken place in the house that was the focus of this inspection. However, it was noted that the provider had taken action to reduce the potential for these to happen and had implemented safeguarding measures such as seating arrangements at meals and in the house vehicle and additional safeguarding training had also been undertaken.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised choice and control in their daily lives. Information and support had been given to residents to make decisions on whether they wanted to receive COVID-19 and flu vaccines. Residents were consulted about the running of this designated centre through weekly resident meetings.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

A new resident who was transitioning in and had already spent time in the centre did not have a transition plan, the person in charge committed to completing one with the admissions team straight away.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant

Compliance Plan for Waxwing 2 OSV-0004842

Inspection ID: MON-0034368

Date of inspection: 14/10/2021

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• An per condition 4 of registration for the centre, an Application to Vary was approved by the Chief Inspector on 19/08/2021 relating to Regulation 28, Fire & Safety. This outlines that all outstanding fire containment works will be completed by 31/12/2022.• An alternative house is required for residents while their home is upgrade.• This alternative house has been identified and is currently being upgraded. This house will be registered with HIQA and will be used to provide residents with a temporary home until such time as their home is upgraded.• Specifications have been completed in consultation with the Fire Safety Engineer on both houses. These will be tendered for in early 2022 and a contractor will be appointed.• Updating of the premises will take place at this time.• To ensure the safety of the residents relating to fire the following arrangements are in place;<ul style="list-style-type: none">o L1 fire panel and emergency lighting is in place and required checks will continue to be carried out.o A fire register is in place and a record of the required checks and maintenance is retained in the register.o Peeps are in place for all residents, they are reviewed on a regular basis with information regarding each resident and an outline on how staff will need to support each resident to evacuate in the event of a fire.o Annual night time fire drill completed.o Quarterly daytime fire drills completed.o Staffing arrangements in place by night to ensure that safe evacuation can take place	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Updating of the house and addressing areas which are dated and worn, will be addressed in line with the plan of works, during the completion of fire containment works. • Infection control measures are currently in place to address cleaning requirements. • A record of cleaning completed by staff is maintained. • Infection control procedure and a covid 19 procedure is in place. A monthly infection control checklist is completed. • Staff training completed • Bedroom ventilation will also be addressed as part of the planned upgrades. 	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:</p> <ul style="list-style-type: none"> • The bed had been assigned to the individual in advance of his using the bed through the organisations admissions process and this was agreed with the funder. • The individual stayed in the designated centre as a result of an emergency situation resulting from a family member being admitted to hospital. At the time there was no transition plan. • The transition plan for the individual is now completed. 	

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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/12/2022
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.	Substantially Compliant	Yellow	07/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	31/12/2022

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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