Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	No 4 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	28 November 2022
Centre ID:	OSV-0005127
Fieldwork ID:	MON-0038443

About the designated centre

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

The designated centre provides residential supports for a maximum of eight male residents, aged over 18 years. The facility, laid out in four courtyard cottages, can support persons with intellectual disability including those with autism. The individuals may have multiple/complex support needs. Some residents may present with behaviours that challenge. The supports provided focus on understanding and meeting the individual needs of each person living here, by creating as homely an environment as possible. Individuals are encouraged to participate in household, social and leisure activities and to reach their fullest potential in these areas of their lives. Each person living in the designated centre requires some support in activities of daily living in terms of their personal care, housekeeping, food preparation, managing finances and participating and accessing local community facilities and events. Residents are supported 24/7 by social care staff and care assistants, with nursing support provided by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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 28 November 2022	09:30hrs to 17:20hrs	Laura O'Sullivan	Lead
Monday 28 November 2022	09:30hrs to 17:20hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

This was an unannounced inspection completed within the centre to monitor compliance to the Health Act 2007. The centre had last been inspected in May 2021 where a good level of compliance had been evidenced. However, as part this inspection a number of areas of non-compliance were identified by inspectors. This included residents rights, governance and management and the use of restrictive practices.

This designated centre was comprised of four separate cottages located in a large courtyard environment. Combined the cottages could support up to eight residents. At the time of this inspection seven residents were living in these cottages. The majority of these residents attended a day service also operated by the provider in the same courtyard setting with one resident indicated as receiving their day services from the cottage where they lived. In total four of the seven residents present were met by inspectors during the course of this inspection. On arrival at the centre inspectors initially went to one of the cottages where two residents were living.

Upon entering this cottage it was observed by an inspector that the latch to the front door was held open by a piece of cardboard which prevented it from locking, allowing access to the home without staff or residents knowledge. This was queried with a number of staff and there was no rationale given as to why this was in place. Directly inside the front door of this cottage was a small table with an open notebook on it. When read by an inspector it was seen that this was a staff communication book which contained some personal information relating to residents such as when they would be visiting their family and health concerns. This had potential for residents' personal information to read by anyone who entered the house and did not promote the residents' right to privacy. There was also an unlocked key box present in this area which inspectors were informed contained keys to the other cottages in the centre. Such issues were highlighted to a member of the centre's management and it was later observed the cardboard on the door latch and the staff communication book were removed while the key box was locked.

At the start of the inspection two residents were present in the first cottage's living room with one resident sitting on a couch while another resident was lying down on a different couch. This living room was seen to be well furnished with photographs of residents on display around a fire place. It was seen by inspectors that present on a shelf in this living room was a monitor which showed five different feeds from closed-circuit television (CCTV) cameras that were located around the courtyard's exterior and entrance driveway. It was later noted that one of these feeds showed two enclosed areas used by the residents of two of the other cottages in this area. This monitor was clearly visible to all those present in this living room or the adjoining kitchen-dining room. The monitor remained turned on throughout the inspectors' time in this cottage. There was no consent in place for resident who may

be recorded on this camera or who may be visible on the feed. It was noted by inspectors that it was not clearly displayed that CCTV was in place within the centre.

The two residents initially present in this cottage were supported by staff members present to attend their nearby day services with staff seen to be very pleasant towards the residents. Before they left it was indicated to the inspectors by staff that one of these residents did not live in this cottage but came to this cottage during the day while their bedroom was located in one of the other cottages. It was initially specified that the resident could move freely between both cottages but documentation later reviewed indicated otherwise. It was found that when present in the cottage where their bedroom was not located, the resident did not have free access to a bathroom and would need to request staff to unlock a staff bedroom to avail of an en-suite bathroom either in a staff bathroom or a vacant bedroom. This was later highlighted to a member of the centre's management and inspectors were informed that this staff bedroom was to be unlocked going forward. There was no evidence of a review of the resident's current living arrangements by the provider given the acknowledgement that moving from one building to another was not ideal.

After these two residents had left the cottage inspectors did a complete walk through of the cottage. It was seen that large parts of the cottage were generally clean, well-presented and well-maintained. Each of the two residents living in this cottage their own bedrooms with en suite bathrooms. It was seen that both bedrooms were personalised and spacious. However, in both en suite bathrooms inspectors did observe some areas that needed further cleaning. For example, what appeared to be mould was evident around the tilework for baths in both areas, while one shower curtain appeared to have spots of mould on it. A toilet bowl in one of the en suites was also seen to require further cleaning. Inspectors were later informed that a deep clean of the centre had been conducted earlier in November.

An inspector visited the other three cottages after completing the initial walk through of the first cottage. In the second cottage visited no residents were present. Three resident bedrooms were present in this cottage two of which were located over the cottage's kitchen-dining room. While the third bedroom could be accessed from the main communal areas of this cottage, it was primarily accessed via a separate entrance that led to a stairs directly up to this third bedroom. This third bedroom was visited by an inspector and it was noted to be a large spacious bedroom with an en suite that appeared modern and clean. Photographs of the resident and their family were also on display in his bedroom.

The other two bedrooms in this cottage were also seen by the inspector. Again each of these bedrooms had their own en suite bathrooms and were found to be clean. It was noted though that one of these en suite bathrooms had a shower but no bath. It was indicated to the inspector that the resident, whose bedroom this en suite was connected to, preferred to have baths so used the en suite bathroom of another resident's bedroom in the same cottage. The staff member indicated to the inspector that the resident whose en suite would be used by the other resident had never raised any issue around the sharing of their en suite.

This resident's bedroom was reviewed by the inspector and it was noted that in

order for the resident who preferred baths to access the en suite they would have to pass through the other residents bedroom. The en suite bathroom itself was found to be clean and modern in appearance. It was noted though by the inspector that toiletries for both residents, which were separated, where present in this en suite. In addition, the inspector also noticed a sign on display indicating that one resident was to use blue towels while another was to use grey towels. Some blue and greys towels were then seen mixed together and left on a bench in this bathroom. These towels appeared unused.

After this the inspector went to the remaining two cottages, both of which were home to one resident each at the time of inspection. When visiting the first of these cottages it was found to be very homelike with some Christmas decorations seen to be on display including a Christmas tree in the living room. While the house was generally clean and well-maintained the inspector did note that a table and a bench in this cottage appeared worn. The resident who lived in this cottage was not present when the inspector visited but it was seen that their bedroom was personalised to the resident's interests. For example, it was indicated by a staff member that the resident liked electronics and it was seen that their bedroom had a laptop, a tablet device, a gaming chair and an electronic drum set present amongst others.

Later on after leaving this cottage the inspector met the resident who lived there as they moved around the courtyard area with a staff member. The resident greeted the inspector while the staff member present, with some resident input, indicated that the resident helped with jobs such as putting diesel in the vehicles used by the centre and also helped to burn weeds around the grounds of the courtyard. The resident appeared very comfortable in the presence of this staff member and was latter seen by the inspector doing some burning of weeds with the same staff member. It was indicated to the inspector that the resident was the only person who did this and the resident was seen to be operating the burning device under the supervision of the staff member.

A different staff member was also present in the final cottage visited. The one resident living there was also present but did not engage with the inspector. However, this resident also appeared comfortable with the staff present and was to seen go and stand beside the staff who engaged very pleasantly and warmly with the resident. The resident was seen smiling during such interactions. This resident's cottage was of a similar layout and design as the other cottage where only one resident was living. It was also seen to be presented in a homely manner while also being clean and well-maintained overall. The resident had their own en suite bedroom which were also presented in a similar fashion.

Other residents were not met for the duration of the inspection with most residents attending the nearby day services for much of the remainder of the inspection. However, inspectors did review documentation relating to residents. Amongst these were notes of resident meetings that happened in the centre. While the notes of such meetings suggested that topics such as complaints, activities and food were discussed with residents, it was noted that the meeting notes were very similar. For example, in the sample of meeting notes reviewed it was read how the exact same

food choices and activities were recorded as being discussed consistently over a twelve month period.

Throughout the centre it was noted that residents did not have free access to all areas within their environment. For example, in July 2022 alerts had been placed on a number of bedroom doors to alert staff if a resident left a room at night. This had not been recognised as a restriction of the individuals' free movement and not reviewed as such. A number of other practices which were restrictive in nature had not been identified by the provider as such and therefore had not been reviewed in accordance with best practice.

This inspection found improvements were required in a number of regulations concerning the care and support of residents to ensure residents were being afforded safe and person centred services that met their assessed needs. 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.

Capacity and capability

Based on the overall findings inspection, improvement were needed regarding the monitoring systems in operation for this centre to ensure that relevant matters which affected residents' quality of life and rights in their home were identified and addressed. This designated centre had been previously inspected by the Health Information and Quality Authority (HIQA) in May 2021 after the provider had submitted an application to renew the centre's registration. An overall good level of compliance with regulations was found during that inspection and following that inspection the centre had its registration renewed for a further three years until September 2024. In granting the renewal of registration due regard was paid to the statement of purpose provided for the centre. This is an important governance document which sets out the services to be provided to residents and forms the basis of a condition of registration. Amongst the information contained within the statement of purpose for this centre was an objective to support residents to "live in a house that is person centred where each individual's rights and responsibilities are upheld and respected". It also outlined an aim to consult with residents to have choice in their daily living".

Since the previous inspection the statement of purpose had been updated and contained much of the information required by the regulations. It was noted however that staffing details as outlined in the document did not reflect the staffing arrangements that were being provided. In addition, it was also found that the floor plans of the centre as contained within the statement of purpose did not reflect the actual layout of the centre as noted on this inspection. While the statement of purpose had been reviewed, it still outlined the same objective to support residents to live in a house where their rights would be protected and provided for

consultation with residents. Despite this, as referenced elsewhere in this report, inspectors identified a number of instances where the rights of some residents were not being upheld along with absence of consultation in some areas such as their environment.

The registered provider had ensured the allocation of a clear governance structure of the centre. The person in charge had the required skills and experience to fulfil their role. They reported directly to the person participating in management allocated to the centre. There was evidence of communication between members of the governance team through such means as formal supervisory meetings.

The registered provider had ensured the regulatory required monitoring tools had been completed. This included an annual review of service provision and six monthly unannounced visits to the centre. Whilst these appeared comprehensive, these tools were not used to identify areas of non-compliance. Therefore actions were not put in place to ensure compliance with the regulations. This was also evident in a number of centre level monitoring tools utilised. For example, an infection prevention and control (IPC) self-assessment tool completed deemed the centre fully compliance. However, the monthly IPC audit had identified the need for staff training since May 2022. On the day of the inspection this action remained outstanding with two staff requiring infection control training.

The inspectors reviewed daily notes of a number residents' which were completed at the end of each shift by the staff member providing supports. Within this document a section was present to allow for governance review. This review had not been completed for a number of months to ensure governance oversight of centre level practices and to increase awareness of issues highlighted in daily notes. For example, the use of restrictive interventions and night time routine for residents

The registered provider had allocated a staff team to the centre. This included social care workers and care assistants. Staff spoken with stated one resident required support at all times from a male member of staff. When this was queried by staff and management rationale for this staffing support was unknown. Rationale was also not present within the individual's personal plan. Inspectors were informed that this was a historic requirement which had not been reviewed to ensure this reflected the current assessed needs of the individual. For this individual it was also noted in their personal plan that at times in the morning the resident would leave their house for staff supervision until their dedicated day staff came on duty. While management stated this was historic guidance staff did state that on occasion this does still occur. Due to staffing levels in place in two of the cottages, staff reported that on occasion a resident fell asleep on the couch in one house and then was awoken and brought to another house to their bedroom. This was also documented within the resident's daily notes.

Overall, staff were supported to attend mandatory training as set out by the registered provider. Some gaps were present however in such areas as manual handling, IPC and children's first. Where members of the multi-disciplinary team had recommended for specific training to be completed this was facilitated. It had been self-identified by the registered provider that staff supervisions were not being

completed in accordance with organisational policy. A plan was in place for this to be addressed by the end of 2022. Staff meetings occurred monthly within the centre as a means to communicate areas of concern or issues arising in the centre. A sample of these reviewed were found to very similar in nature with the same actions arising since March 2022 with no evidence of actions being reviewed or rationale for these not being addressed.

During this inspection a copy of a completed HIQA issued self-assessment on restrictive practices was reviewed by an inspector. Under the regulations the provider must notify the Chief Inspector on a quarterly basis of any restrictions occurring in a centre. Relevant notifications had been submitted in a timely manner and it was seen that the restrictions as outlined in the notifications submitted corresponded with the contents of the self-assessment. However, during the course of this inspection it was identified that there had been some other restrictions practices implemented in the centre which had not been notified to the Chief Inspector as required. These included restrictions placed one resident around access to a bathroom and access to the cottage where their bedroom was located. It was also found that in recent months, the use of an alarms on some residents' bedrooms had been introduced. This too had not been notified to the Chief Inspector in the most recent quarterly notification submitted and were used to alert staff to residents' movement at night.

The registered provider had a writing residential service agreement in place with each resident. These included service to be provided within the centre and fees to be paid. However, whilst families and representatives were informed of fees to be paid annual the service agreement had not been updated to reflect this. Also, stated within in the agreement was the request for financial contributions to be paid, but no clarity as to what this contribution was and the value of this. The organisational policy with to guide staff in the area of admissions to the centre had not been reviewed as required in September 2021.

Regulation 15: Staffing

The inspectors were not assured that staffing levels allocated to the centre was appropriate to support the residents' assessed needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The registered provider had self identified that formal supervision of the allocated staff team were not complete in accordance with organisational policy.

While overall, training was supported and facilitated in the centre, a number of gaps

remain evident this included in such areas as IPC and manual handling.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had allocated a clear governance structure to the centre. While the regulatory required monitoring tools had been completed these were not utilised to identify areas of concern and ensure these were addressed in a timely.

Governance oversight was not evidenced to ensure the centre was operated in a safe and effective manner which ensured the rights of all residents was respected.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The admissions policy required to support staff and residents in the area of admissions to the centre had not been reviewed as required by the provider in June 2021

While residents had a signed residential service agreement in place, these had not been reviewed to reflect the current charges within the centre. Where these agreements stated a financial contribution was required, further information on this was not forthcoming.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development of the statement of purpose. This document required review to ensure that all information required under Schedule 1 was present and accurate.

The design and layout of the centre was not accurately reflected with the statement of purpose.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that all regulatory required incident had been reported. This included the alleged abuse of a vulnerable person, suspected or confirmed and the use of restrictive practices within the centre.

Following the inspection the provider completed a review resulting in a number of retrospective notifications submissions.

Judgment: Not compliant

Quality and safety

While the provider had a personal planning process in use which had multidisciplinary input, during this inspection improvement was identified regarding rights, consultation and restrictive practices. Following the previous inspection of the centre residents meetings were held monthly. Following review of these meetings it was found that information was repetitive in nature with similar actions arising for over 12 months. For example, the same potential meal plans had been highlighted to residents since January 2022. The service being provided to residents required improvement to ensure the centre was operated in manner that was respectful to residents rights.

In accordance with the requirements of the regulations, each resident in the centre had been supported to develop an individualised personal plan. Such plans were intended to set out the needs and supports of residents and provide guidance for staff in supporting these needs consistently and in accordance with the residents wishes. Inspectors reviewed a sample of such plans and found that they contained some relevant information and had been regularly reviewed. Each resident had been supported to complete an annual review of their identified assessed needs. However, these plans were not consistently used to identify and support all areas. This included personal living spaces and free access to same. Consultation with residents in all areas of their life such as daily routines was also not evident.

Residents were supported to identify personal goals through personal outcome measures. Such goals were regularly reviewed with responsibilities assigned for supporting residents to support residents to achieve these goals. Examples of goals included increasing community participation and trips. Documents reviewed indicated that residents were being supported to achieve such goals and residents did avail of community activities such as going shopping, attending local masses and eating out. It was also found that residents were supported to maintain contact with their families either through visits to their family home or through video calls. Residents also attended and could avail of a day service on site daily.

While these were good areas of practice evidenced during this inspection, inspectors identified a number of instances where the rights of residents in their home were not being facilitated and supported on a day-to-day basis. Particular concerns were identified regarding one resident current living arrangements. This residents bedroom was in one cottage but their days were spent in another cottage. Based on the evidence found on this inspection, this resident did not have full enjoyment of their rights in their home, while there was also an absence of evidence of consultation with the resident around this arrangement. In addition, when reviewing records related to the resident it was noted that they had a specific plan in place to promote good sleep hygiene. Despite this there were times when this resident could fall asleep in one cottage but would then have to be woken up to be brought to their bedroom located in another cottage. Due to the layout of the cottage during the day the resident did not have free access to a toilet during the day. This was addressed by the provider during the inspection

There also were recorded entries of this resident trying to access other residents' bedrooms at night in the cottage where their own bedroom was not based. What the resident may have been attempting to communicate with this or the potential impacts on peers had not been assessed at the time of this inspection. No guidance was available on how to support the resident with this behaviour or a review had not been completed to identify the trigger for the behaviour. Along with this resident, there was also an absence of evidence of consultation relating to other residents rights within the centre. For example, one resident used another resident's en suite bathroom. When reviewing a rights assessment relating to the latter resident, it was read by an inspector how this resident was indicated as having their own bathroom. However, based on the toiletries and towels present in this bathroom, it was clear that this resident did not have their own bathroom as suggested. When reviewing documentation relating to another resident information about their daily routine suggested that they may be brought from the cottage where they lived to another cottage in the morning while waiting for their assigned staff to come on duty. While the person in charge indicated that this no longer happened, a staff member spoken with suggested it did happen on occasions. No clear rationale was evidenced for this practice in the centre.

Given the nature of this inspectors requested a review for the previous six months leading up to this inspection to determine if this had happened. In addition when reviewing daily notes related to the same resident, some entries were seen which suggested that the resident had been "gotten up" to attend their day, despite having had an interrupted night's sleep to attend their day services rather than allowing them to sleep in. Such instances suggested that there some practices in the centre could have the potential to impact residents' rights and quality of life in their homes. Such potential impacts were also evident by the some of the restrictive practices that were in use within the centre. As referenced earlier in this report, some restrictive practices in use in this centre which had not been identified as such prior to this inspection even though the provider did have systems in place for the review of such practices. As such the management and recognition of restrictive practices was found to be an area in need of improvement. These included the use of door alarms to alert staff if residents awoke during the night and the use of CCTV

cameras in communal spaces.

Inspectors also reviewed areas relating to residents' safety in this centre. As part of this the fire safety systems in place were reviewed which were in place in all cottages and included fire extinguishers, emergency lighting, a fire alarm and fire doors. It was observed when inspectors first entered a cottage at the start of inspection that one such fire door entering the utility room was held open by a chair. While this chair was later seen to have been removed, the holding open of fire doors in this way would prevent it from acting as intended. The fire safety systems in place were subject to checks to ensure that they were in proper working. From records provided though an inspector did note some gaps in internal staff checks during October 2022 and, while the fire alarm had received a quarterly maintenance check in November 2022, this was the first such check that had happened since May 2022.

Records were also provided relating to cleaning done in the centre and while these were generally indicated as being done some gaps were also noted which suggested certain assigned cleaning duties were not being done consistently. Despite the cleaning that was indicated as being done, as highlighted earlier, two en suite bathrooms were found to require further cleaning. The need for such cleaning was not captured by a self-assessment that was focused on infection prevention and control (IPC) nor monthly IPC audits which were being conducted. An inspector reviewed these audits and noted that all IPC audits completed between May and November 2022 had found that not all staff had completed relevant IPC training. Despite this it was found on this HIQA inspection that, while most staff had completed such training, there remained some IPC training gaps. Staff members on duty were observed to be wearing to face masks throughout this inspection with supplies of these present in the centre along hand sanitisers and cleaning supplies.

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities within the centre and in the wider community.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre presented as clean, with some areas as requiring further attention.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Records provided relating to cleaning to be completed in the centre suggested certain assigned cleaning duties were not being done consistently. IPC audits completed in the centre were not utilised to addressed areas of concern in a timely manner.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, effective fire safety systems were in place and regularly reviewed.

It was observed when inspectors first entered a cottage at the start of inspection that one such fire door entering the utility room was held open by a chair, preventing the fire door from acting as intended.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

While residents were supported to have a personal plan these did not accurately reflect and assess the holistic needs of all residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The registered provider had not ensured that all restrictive interventions within the centre had been identified and utilised for the shortest duration necessary in the least restrictive manner.

Residents were not at all times supported in the area of behaviors that challenge.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had not ensured that all incidents which could have a potential abusive nature had been identified and assessed as such.

Judgment: Not compliant

Regulation 9: Residents' rights

The designated centre was not operated in a manner which supported residents choice in their daily life. Some practices within the centre were not congruent to the resident's privacy and dignity being promoted.

Judgment: Not 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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for No 4 Stonecrop OSV-0005127

Inspection ID: MON-0038443

Date of inspection: 28/11/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider has arranged for the daily routines of all residents to be reviewed and staff supports to be identified to support these routines. [31/01/2023] A review of the physical layout of the Centre will also be conducted to examine options to possible convert a sleep-over staff to a night awake cover. [31/03/2023] As an interim measure the Provider will recruit an additioanal night awake staff cover [31/01/2023] which will be reviewed when the outcome of the possibility of converting a sleep-over staff to carry out this night awake duty [30/06/2023]	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The registered provider will ensure that - The Person in Charge is supported to ensure formal supervision of the staff team members is completed in accordance with the timelines of the organisation's policy. [28/02/2023] - Staff due training/refresher training have been scheduled to complete this training as soon as practicable. [31/03/2023]	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Provider has reviewed the findings of this inspection to address issues not currently identified on existing monitoring systems. It has identified that whilst the daily report book for each resident does record key issues for residents, the daily routines are not set out in a format to flag possible restrictions on the resident rights and some issues are not identified on the rights review checklist on the residents plans Accordingly, the Provider will now introduce a daily routine schedule for each resident that will flag and possible restrictions/rights issues and this will be reviewed on an ongoing basis and formally as part of the review of the Person Centred Plans, the multi-disciplinary review of the plans and as part of the Provider 6 monthly visits. [31/01/2023]

The Provider will also review the format of the Annual review and 6 monthly visits to identify other possible areas for improvement to identify areas of non-compliance with regulation. [31/01/2023]

The Provider will support the PIC to ensure that
- daily reports are reviewed on a regular basis. [31/12/2022]
- Notes of Team Meetings and Residents meetings are reviewed and agreed actions identified and updated at follow on meetings. [31/01/2023]

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
The registered provider will ensure that
- a copy of the annual correspondence with the resident or their representative in relation to the Residential Charges [RSMACC] [Residential Support Services Maintenance and Accommodation Contributions] is kept on file with their Service agreement.
- The provider is currently working on updated Residential Service Agreements which will reflect changes as indicated in the Codes of Practice under the Assisted Decision-Making (Capacity) (Amendment) Bill 2022 due to be fully enacted in early 2023. New agreements will issue to all residents [31/03/2023] including
(a) clarification that the RSMACC Contribution is the residential charge and no other contribution is payable by residents.

(b) The annual letter of update of the RSMACC amounts payable will form part of the Residential agreement and that no new agreement will issue unless other sections of that agreement require amendment.

The organisational policy on Admission, Discharges and Transfers to the centre has been updated and is scheduled for final ratification on 10/01/2023]

Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The statement of purpose of the Centre has been updated to reflect the updated staffing arrangements provided and to include more accurate floor plans of the layout of the centre. [10/01/2023]

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The Person in charge has ensured that all the necessary notifications including retrospective notifications on restrictions for Q3/2022 have been made to the Authority and will ensure that the tracking system in place via the Centres incident log will ensure completeness of notifications in future [22/12/2022]

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Provider will ensure that the premises is maintained and kept cleaned to a suitable standard including the en suite bathroom areas.
- One shower curtain has been replaced and others will be replaced as necessary. [30/11/2022]
- A table and a bench in one house have been replaced with dining table and chairs [17/12/2022]

Deep cleans of the Centre, last completed during the first week of November 2022, are scheduled every 6 months or will be requested more frequently if required.

The Provider will arrange for options to be examined to provide more living or bedroom area to a resident who currently socializes with residents in another house. The review will be based on the outcome of the current Multidisciplinary review of the resident's needs. [31/03/2022]

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The Provider will ensure that

- all assigned cleaning duties will be carried out consistently and if there are exceptional circumstances where duties cannot be undertaken that a handover system of outstanding tasks is in place in the Centre. [31/12/2022]

- The self-assessment and audit tools on ICP will highlight the need for cleaning of the various areas in the Centre and in particular the ensuite bathroom areas [31/01/2023]

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Provider has ensured that
- the staff team has been advised that fire doors are not to be kept ajar unless they have the appropriate door closure devise is fitted. [28/11/2022]
- the fire checks are conducted on a weekly basis [30/11/2022]
- the fire alarm maintenance checks occur on a quarterly basis [28/02/2023]

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Provider will ensure that the residents' personal plans will identify the individuals daily routine and staff support required to assist the person in that routine. If there is a specific requirement for an individual support e.g. male staff only, this will be risk assessed and the rational for this will be specified. A review date included in the risk assessment. Changes in daily routines will be noted on the plans and where necessary elevated to the Provider for further discussion [31/01/2023]	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge will review the staff protocols for supporting individual residents to ensure that updated risk assessments and management plans are in place. The Provider will - ensure that behavioural issues that appear to impact on other residents are recorded on the Centre's incident management system and all such events are reviewed to address both to support the resident displaying the behaviours and those impacted, through their personal plans. [31/01/2023] - All restrictions in the Centre have the appropriate sanction from the Providers Behaviour Standards Committee [28/02/2023] - Use of door sensors to residents' bedroom doors have been referred to the Restrictive Practices Committee for its oversight. [08/12/2022]. - Multidisciplinary supports are available to individuals who display behaviours of concern to ensure that function of the behaviours is assessed and guidance on how to support the resident with this behaviour is available to the staff team [31/01/2023]	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The Provider will ensure that all issues of behaviours that impact co-residents are	

identified and processed in accordance with Provider Policy & Procedures and are notified to the Authority. [31/12/2022]

The Person in Charge in conjunction to the Provider's Safeguarding Officer will examine the multidisciplinary report on behaviours of concern and decide if further investigation of potential abuse is warranted. [31/01/2023]

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The registered provider will ensure that
1. Residents are consulted on in relation to all aspects of their daily routine
2. Where residents visit other houses in the Centre other than their own, the rational for such visits are clearly set out and that the necessary consents are in place and kept under review i.e. the individuals consent to visit and the consent of the residents of the residents in the house being visited. [31/01/2023]
3. Resident has access to toilet adjacent to his own bedroom, communal toilet and toilet in house where he spends his evenings and weekends is now open to him. 28/11/2022.
4. The daily routine outline for each resident will identify possible rights infringements for the resident or their co-resident and steps taken to remedy any such issues on a timely basis [31/01/2023]
5. Where daily routine identifies concerns regarding behaviours e.g. upset sleep patterns followed by wake up calls next morning by staff or falling asleep during visit or attempting to enter rooms of other residents these issues will be noted as a behavioural incident in the 'Incident Green Book' and examined, involving multidisciplinary input as necessary and addressed on a timely basis [31/03/2023]
6. Each resident's daily routine is kept under regular review to support them to have choice and control in his or her daily life, in accordance with their wishes, age and the nature of their disability. If there are patterns of changing need identified on the review of daily routines this will be flagged by the Person in Charge to the Provider. [31/03/2023]
7. That all documentation which may contain resident's personal information is held securely in the Centre. [28/11/2022]
8. That the security CCTV system monitor is visible only to staff in the Centre. The monitor has been relocated to the staff office [30/11/2022]
9. That CCTV security cameras are clearly identified with signage and residents are aware of the locations being filmed on the grounds outside of the Centre [31/01/2023]
10. The use of door alarms at night to alert night awake staff of residents movements will be reviewed by the Rights Committee [28/02/2023]

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 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	30/06/2023
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	31/03/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately	Not Compliant	Orange	31/03/2023

	supervised.			
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.	Substantially Compliant	Yellow	31/03/2023
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	17/12/2022
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	31/01/2023
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support	Not Compliant	Orange	31/01/2023

	provided to residents.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	31/03/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/02/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing	Not Compliant	Orange	10/01/2023

	the information set out in Schedule 1.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	20/12/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	22/12/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with	Substantially Compliant	Yellow	31/01/2023

	paragraph (1).			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/01/2023
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	31/01/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	28/02/2023
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour	Substantially Compliant	Yellow	31/01/2023

	necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/12/2022
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	31/01/2023
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.	Not Compliant	Orange	31/12/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with	Not Compliant	Orange	31/03/2023

	his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	31/01/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	31/01/2023