



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 Portsmouth |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Cork |
| Type of inspection: | Announced |
| Date of inspection: | 01 May 2024 |
| Centre ID: | OSV-0005685 |
| Fieldwork ID: | MON-0034593 |

About the designated centre

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

No. 2 Portsmouth provides residential services for a maximum of two adults. It provides support to persons with an intellectual disability, including those who have autism, behaviour that challenges and who may have a dual diagnosis of mental health and intellectual disability. The centre comprised two bungalows which have been reconfigured. The centre is located in a large campus style setting on the outskirts of Cork city. Each bungalow is single-occupancy. The service provides support to males and females and utilises the social care model. The centre offers a person centred approach and encourages residents to reach their fullest potential in all areas of their lives. The staff in the centre have a varied range of qualifications, skills and experience of supporting people with intellectual disability, which ensures a quality service is delivered to each individual living here. The staff team work a rota system of day and waking nights shifts.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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 |
|----------------------|----------------------|----------------|------|
| Wednesday 1 May 2024 | 10:00hrs to 17:30hrs | Elaine McKeown | Lead |

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The designated centre had previously been inspected in October 2022. This had been a focused inspection of Regulation 27: Protection against infection. The provider had adequately addressed all of the actions identified in that inspection. This included upgrade works to the kitchens and a bathroom. An unannounced inspection had been completed in July 2021. While the provider had addressed most of the actions identified in that inspection, on review of the training matrix for the staff team the inspector noted a gap in the training of staff that was also present in July 2021. A staff member had required refresher training in first aid since September 2020. They had not attended this training which was required for all staff to attend to ensure the safety and meet the specific assessed needs of one of the residents in this designated centre. This will be further discussed in the capacity and capability section of this report.

On arrival at the designated centre the inspector was met by the area manager and the social care leader. They introduced a resident and staff to the inspector. The resident was completing some writing activities to plan their day ahead, which included shredding documents in the provider's administration building on the campus. The resident had been supported to create their own social story about the planned inspection. This had a picture of the resident and their home and the logo for the Health Information and Quality Authority (HIQA). The resident expressed they understood the purpose of the inspector's visit. The staff were observed to seek the resident's permission for the inspector to walk around the resident's home.

The resident was happy to walk around the bungalow with the inspector while their supporting staff member was also present. It was decorated with items of interest and personal possessions and had recently been painted. The bedroom colours were reflective of the resident's personal choice. They also showed the inspector their garden space at the rear of their home which contained raised garden beds with fruit and vegetables growing. The staff outlined the range of vegetables that had successfully been cultivated during 2023. The resident also actively participated in all the required tasks for the 2024 crop and ongoing watering activities.

The inspector met with this resident a number of times during the inspection. This included when they offered the inspector some homemade baking they had made during their morning activity. They later participated in an exercise session in a local gym before returning in the afternoon to relax in their preferred chair looking out onto their garden with the door open as per their preference. The resident was also observed to store away their wallet and medications. They had a secure location for both which required coded access. The resident independently accessed both of these locations without the need for any staff assistance.

The inspector was shown a memory book that had been compiled containing a large

number of photographs of the resident in many different locations including beaches and outdoor activity centres during 2023. Staff explained that the resident was benefitting from the support of a consistent staff team. This was further evidenced when staff outlined that the resident frequently enjoyed social outings without the need to take a route map with them. Previously this had been an essential part of any social outing for the resident. While the route maps were still present, staff explained that the resident may choose to use them only if a staff member that they were not very familiar with was going with them on the outing.

Staff spoken too during the inspection listed numerous new activities that this resident had actively participated in. This included getting a car ferry to England to visit a theme park. There were many photographs and stories shared of this experience including the resident greeting a favourite character. Another goal was achieved after detailed planning by the staff team who had a contingency plan in place if the resident required it. However, this was not needed as the resident enjoyed a scheduled flight on an aeroplane with staff support. The achievement and success of this was described as opening up more opportunities for the resident to travel in the future.

Staff also spoke of how the resident had enjoyed and actively participated in a celebration of a joint milestone birthday with their neighbour in September 2023. The resident was observed by their family to socialise and relax in the company of peers and staff which was described as a positive experience for all involved. Staff also spoke about the volunteer work that the resident enjoyed doing in an equestrian centre. They also liked to go horse riding.

The inspector was introduced to the second resident later in the morning at a time that best suited their routine. In advance of meeting the resident the social care leader spoke of the progress the resident had made in recent months and how the resident was engaging more frequently in positive experiences. This included enjoying two short breaks away with staff to holiday locations during 2023. The staff team had completed a lot of advanced planning and risk assessments to assist with the success while ensuring the well-being and positive experience for the resident. Staff also spoke of the positive impact of an ongoing monitored medication reduction plan has had for the resident. This included increased communication from the resident, including verbal and eye contact.

The inspector was introduced to the resident in their sitting room as they relaxed on their preferred chair. The social care leader sat near the resident and supported them to engage in conversation with the inspector. This support included gently rubbing the resident's hand when they sought re-assurance. They also recited a favourite children's story for the resident during this time. The resident was encouraged to talk about a new social role, they had recently become an aunt. The resident smiled when this was mentioned and told the inspector their nephew's name. Staff were observed to encourage the resident to talk about their holidays which also included fun stories of activities that were enjoyed by both the resident and staff supporting them. Staff spoke of the positive impact the holidays had for the resident and also how they had adapted some regular activities when the

resident was experiencing difficulties.

This included bringing fold-up chairs with them on social outings. These were used on occasions if the resident was unable to spend time inside a social setting such as a café. The staff had identified locations where the resident could still get their preferred drink but would be able to sit in a space outside that would not cause an increase in their anxiety. This enabled the resident to continue to regularly engage in their preferred social activities. Visits with family members were also adapted to suit any changing circumstances which meant the resident still enjoyed regular contact with their relatives. Staff also spoke of how much the resident enjoyed spending time with dogs. The inspector was informed staff were reviewing the possibility of the resident having a canine companion.

Both of the apartments in this designated centre were homely and decorated to reflect the personal preferences of each of the residents. Colour choices were very different. General upgrade works were evident to have been completed in the kitchens. The provider was also in the process of replacing the internal doors in the apartments. Each apartment had space for the residents to relax. Changes had been made to one resident's bathroom to better suit their assessed needs. The inspector was informed the old water outlets were scheduled to be removed by the maintenance department. These were not adversely impacting the resident from using the space at the time of the inspection. The inspector was also informed one resident was supported to log their maintenance requests by the staff team.

The inspector observed many interactions between the staff team and the residents throughout the inspection that were respectful. All staff were observed to converse and complete activities in a professional manner while effectively communicating with the residents. For example, one resident was not ready to meet with the inspector on one occasion. Staff explained to the resident that the inspector would come back when it better suited and this was facilitated immediately once the resident indicated that they were ready to meet with the inspector.

In addition, the inspector reviewed a number of compliments that had been received by the staff team in the previous 12 months. The documented compliments outlined the dedication and support provided to the residents by the staff team. Compliments were received from relatives reflecting their appreciation of the dedication and caring nature of the staff team. In addition, compliments were also received from allied health care professionals, staff from the equestrian centre and members of the senior management team. These compliments were reflective of how well both residents were doing and the progress being made by the staff team.

All staff had completed training in human rights and it was evident that this training was assisting the team to support both of these residents to actively be involved in decision making and have their voices heard. For example, both residents required a different approach to identifying personal goals that were important to them. One resident had identified their goals for the coming year, some of which were already achieved and progress to identify new goals was underway. The other resident engaged better with the process when they were presented with limited choices and a review of their progress for the previous few months. The resident was being

supported to have an improved quality of life. This included balancing tension between creating rich social opportunities whilst managing the risks associated with over stimulation.

The individual service provided to both residents was outlined to the inspector. This reflected the specific assessed needs of each individual. One resident was supported by their residential staff to engage in their specific day service activities as well as providing support to the resident in the designated centre. The consistency of a core staff team working with the resident was described as working well for the resident. The second resident was supported with an integrated service during the week days which included a member of staff from the day service and a residential staff working together. This ensured consistency in the approach and support provided to the resident while they engaged in meaningful activities. There was evidence of effective communication between the staff daily, which included handover reports and meeting notes. Input and recommendations from the multi disciplinary team (MDT) was also shared across both teams of staff. The person in charge and social care leader also worked along side the staff teams regularly to ensure consistency in the services being provided to both residents.

While one resident had access to their own transport vehicle, the other resident did not at the time of this inspection. A complaint had been made in March 2023 by this resident's keyworker regarding the matter. This was documented to have been closed out when an arrangement had been agreed for shared access to the transport vehicle used by the other resident. Staff reported that while this had worked initially both residents were now accessing community and social activities more frequently which at times resulted in transport not being available to one of the residents.

In addition, the adaptations required to the transport vehicle to support the assessed needs of one resident were not required by the second resident. A further complaint was made on behalf of the same resident in July 2023. The complaints officer responded and the matter was escalated to senior management. Subsequently the resident was assessed by the occupational therapist and physiotherapist where recommendations were made outlining the specific needs regarding safe access and use of a transport vehicle for the resident. Management had requested funding for transport in January 2024. While these actions were all proactive to support the resident, the inspector noted that that the complaint was documented as being resolved locally but not dated. However, this was not the case and remained unresolved to the satisfaction of the complainant at the time of this inspection. The inspector was informed during the feedback meeting that funding for the transport vehicle for the resident had been secured by the provider.

In summary, both residents were being supported to engage in activities in the community, day services or with integrated day services and engage with staff in their own home. Residents were also supported to enjoy time in their home and participate in household chores if they chose to. Both residents had completed the HIQA survey - Tell us what it is like to live in your home. The inspector was given these surveys to review which indicated the residents were happy with their home environment. They were supported to make decisions and had familiar staff

assisting them to engage in community activities. Both residents reported positively about their experiences in their home, enjoying meeting their neighbour and feeling safe. One resident did refer to some limitations in their choice of activities if there was no transport available to them as they would not be able to use public transport at this time.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

The provider was aware that an internal provider led audit had not been completed in this designated centre as required by the regulations in May 2023. This had been identified following a review in another designated centre on the campus in June 2023. The provider subsequently submitted assurance to the Chief Inspector outlining the scheduling and oversight of management to ensure the internal audits were consistently completed as required on the campus. The inspector was informed during the inspection the process was in place.

The most recent internal audit was completed in November 2023 for this designated centre. There was documented progress on actions been completed in a timely manner. However, the auditor referred to Regulation 16: Staff training at the time of the audit taking place that all staff had up-to-date training or had applied for training with dates awaiting. From a review of other documentation and the previous inspection findings in July 2021, the inspector was aware that first aid training was a required training for all staff in this designated centre to effectively support the assessed needs of one of the resident's. At the time of this inspection one staff member had not attended training in first aid since their previous training required updating in September 2020.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements. The provider had identified an error in the floor plans of one of the apartments prior to the inspection, revised floor plans were submitted by the provider to ensure they accurately reflected the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. The person in charge remit was over two designated centres. They were available to the staff team by phone when not present in the designated centre.

They were supported in their role by a social care leader who worked full time in this designated centre. This staff member was present on the day of the inspection and observed to be very familiar with the assessed needs of the residents. They demonstrated their knowledge of the regulations and accessed all documentation that was requested during the inspection by the inspector in a timely manner.

The inspector was informed and saw documented evidence of duties being delegated and shared including the staff rota, audits, supervision of staff and a review of personal plans between the social care leader and the person in charge.

The person in charge and social care leader demonstrated their ability to effectively manage the designated centre. They consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. Frontline staffing resources were in line with the statement of purpose. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota. In addition, staff demonstrated their flexibility in changes to their planned shifts, sometimes at short notice, to support the assessed needs of the residents.

However, the person in charge was not reflected on the rota. The inspector was informed that they were recorded on the rota in their other designated centre. This

was discussed during the feedback meeting at the end of the inspection.

At the time of this inspection there were no staff vacancies and a core group of consistent staff were supporting the residents to deliver person-centred, effective and safe care. There were also regular relief staff available who were familiar to both residents to support them as required.

Staff attended regular team meetings which discussed a number of topics including, staff training, safeguarding, restrictive practices, fire safety and infection prevention and control measures.

The inspector met with six members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

The core staff team comprised of a total 17 staff members which included the person in charge and social care leader.

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to support residents. These included training in mandatory areas such as safeguarding of vulnerable adults, infection prevention and control.

The staff team had completed training modules in human rights as requested by the provider.

Staff supervision was occurring in-line with the provider's policy and scheduled in advance.

The person in charge had a training matrix in place which was subject to regular review. The person in charge was aware at the time of this inspection that there were gaps in the training records of some staff both mandatory and centre specific. They had scheduled refresher training in areas such as general fire safety, managing behaviours that challenge and manual handling which were identified as being mandatory or necessary to meet the assessed needs of the residents living in this designated centre. The statement of purpose identified that training in fire safety, manual handling and behaviour support would be provided to all staff working in this designated centre.

At the time of this inspection 47 % of the staff team required refresher training in managing behaviours that challenge and 18% of staff required training in manual handling.

Following a review of the training records, the inspector observed one staff member had not attended refresher training in first aid since their previous training was out of date in September 2020. This had also been identified in the HIQA inspection of July 2021. The provider had given an undertaking in their compliance plan response that staff unable to attend emergency first aid training would receive this training at the earliest possible date and would be completed by 28 October 2021.

The inspector acknowledges that they were informed by management during the inspection that training for this staff member had been booked on two occasions since the July 2021 inspection but they had yet to attend this training. In addition, first aid training for staff supporting one of the resident's was recommended to be completed by all staff as part of the resident's feeding, eating and drinking (FEDs) plan. The resident's FEDs plan had been reviewed by the speech and language therapist in January 2024. It was documented on that review that all staff were either trained in first aid or were on a waiting list for training at that time. However, at the time of this inspection 41% of staff required training /refresher training in first aid.

Judgment: Not compliant

Regulation 19: Directory of residents

The provider had ensured all the required information as outlined in Schedule 3 pertaining to records being retained for residents were available for review and had been updated and maintained.

Staff also recorded periods of time when residents stayed away overnight. For example, one resident had regular scheduled visits overnight with their family. This schedule was planned for the year ahead. However, this schedule did not reflect if the planned visits to date had occurred. Other communication notes did reflect when visits had taken place. However, it was discussed during the inspection with the staff team that additional information on the schedule would inform a reviewer if the resident was absent on the dates outlined in the document given to the inspector to review.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and the insurance was valid for the current year.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a management structure in place, with staff members reporting to the person in charge who had the support of a team leader working in the designated centre. The person in charge was also supported in their role by a senior managers. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose.

The provider had also ensured an annual review had been completed within the designated centre which reflected the views of the residents. The provider had identified that an internal provider led audit had not been completed in this designated centre following a campus wide review requested by the Chief Inspector in June 2023. The provider had subsequently put a protocol in place to ensure internal six monthly audits were being completed in all designated centres on the campus. This designated centre had been subject to an internal audit in November 2023. Actions had been identified and documented progress or completion were evident on the day of the inspection. However, the action identified for Regulation 16: Staff training and development was not reflective of the training status at the time of the audit in relation to first aid training. This issue was still not rectified at the time of this inspection and this training was deemed necessary to support the assessed needs of one of the residents in the designated centre This will be actioned under Regulation 16: Staff training and development.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured both residents had a contract of care provided to them on admission to the designated centre. However, during an internal audit in Quarter 4 2023 it was identified that one resident was being charged incorrectly for the residential services being provided to them. While the charge being deducted was rectified by the provider the resident did not have a current contract outlining the services being provided to them which accurately reflected the fees being charged to them at the time of this inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations. A number of minor changes were made on the day of the inspection and re-submitted by the provider.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and staff were aware of the provider complaint's policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

There was one open complaint at the time of this inspection, relating to the availability of suitable transport for one resident. This had been escalated to senior management and the inspector was updated on the progress made at the time of this inspection. Funding had been secured for a dedicated transport vehicle for the resident. It had been observed by the inspector during the review of the complaint document that the box had been ticked indicating that the complainant was satisfied. This was not dated and as the complaint had not yet been resolved was not accurately reflective of the status of the complaint. This was discussed during the feedback meeting at the end of the inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

The residents were consistently supported by members of the multi disciplinary team who visited the designated centre regularly. Both residents were being

supported with an individualised service to support their assessed needs which was having a positive impact on their lives. Each resident was enjoying engaging with staff in meaningful activities frequently. One was volunteering in an equestrian centre and attending a community gym regularly. The other resident was enjoying horse riding and other social activities more frequently.

As a result both residents spent a lot of time out in the community. Due to the availability of only one transport between the two houses staff found that activities had to be tailored to the availability of the transport. Staff were advocating to resolve this issue and as already mentioned in this report, funding for a second transport vehicle had been secured by the provider.

The inspector was informed of the specific storage requirements of certain foods to ensure the ongoing safety of both residents. While both residents had free access to snacks and food items deemed to be safe for them to consume, other items were stored in a locked office in one of the apartments. This protocol was observed by the inspector to be effective in keeping the residents safe and reduced the assessed risk of either resident possibly choking or over indulging in particular foods. The protocol described to the inspector did not adversely affect either resident regarding their privacy or dignity. Both residents had been recently reviewed by the provider's speech and language therapist. One of the resident's no longer required input from them and had been referred to the community dietician services. However, as previously mentioned not all staff had up-to-date training in emergency first aid which was documented in the FEDs plan for one of the residents as being a requirement to support their assessed needs.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included writing, using phones and computers.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes in their home or arrange to meet in community locations.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured both residents were supported to have access to and retain control of their property and possessions.

One resident was supported to retain control of their finances on a day-to-day basis. They also had a secure location to keep their wallet which they were observed by the inspector to access independently during the inspection.

The inspector was informed that the personal bank account details of the other resident were in progress at the time of this inspection. However, due to incorrect charges being deducted by the provider for this resident's residential service, the overcharged money was being held by the provider's finance department until the personal bank details were available. The inspector was informed the resident did have access to this money as they required it. The inspector was informed a review of the charges applied to the resident was completed and the over charged amount identified that was required to be returned to the resident once their personal bank account was active.

Judgment: Compliant

Regulation 13: General welfare and development

Both residents were supported to engage in a range of meaningful activities both within the designated centre and in the community. They were supported by a dedicated consistent staff team to experience new opportunities, which included short breaks away and availing of different modes of transport.

Both residents were being supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and needs of residents living in the centre. The apartments were found to be warm, clean and comfortable. Areas were decorated to reflect the individual preferences and interests of the residents.

There was evidence on ongoing review of maintenance and consultation with the

residents of planned works/repairs in advance. For example, one bathroom had been upgraded to better suit the assessed needs of the resident living in that apartment.

The provider had adequately addressed the actions relating to the premises from the previous HIQA inspection in October 2022.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured residents were supported in line with their assessed needs to buy, prepare and cook their own meals if they wished to do so.

The person in charge and the staff team ensured adequate amounts of food and drink were available to both residents while ensuring their ongoing safety .

There were protocols in place for the safe storage of particular food items and excess amounts of products in line with each resident's FEDs plan.

Both residents were supported to avail of nutritious and wholesome foods in line with their known preferences and dietary requirements.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation.

The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. In addition, risk assessments were subject to regular review by the person in charge and the social

care leader with the most recent taking place in March 2024.

Residents also had individual risk assessments in place to support their assessed needs. These assessments were also subject to regular review with evidence of a reduction in the need for some control measures in recent months or a reduction in the risk rating due to the changing needs of the residents.

However, the risk to one resident relating to the consumption of certain foods had been re-assessed in January 2024. One of the control measures documented as being in place was that all staff were either trained or on the waiting list for emergency first aid training. As previously mentioned in this report 41% of the staff team did not have up-to-date training in first aid at the time of this inspection. This will be actioned under Regulation 16: Staff training and development

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured an infection prevention and control policy, procedures and practices in the centre were in place to support and protect the residents and staff team. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection. All staff had completed a number of infection prevention and control related trainings.

The physical environment in the centre had evidence of effective cleaning taking place. There were cleaning schedules in place to ensure that each area of the designated centre was regularly cleaned. Staff members had delegated cleaning responsibilities and it was clear from observations of staff practice over the day these were being completed. The use of colour coded cleaning equipment was also observed to be used appropriately by staff during the inspection.

In addition, actions from the October 2022 HIQA inspection had been adequately addressed. These included remedial works to the kitchen units, renovation works to one of the bathrooms and the provision of information relating to infection prevention to both residents in an accessible format.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems. The provider had protocols in place for fire safety

checks to be completed which included daily, weekly and monthly checks. However, the inspector did note that daily and weekly checks had not been consistently documented as being completed by the staff on duty. For example, daily visual checks were not completed on 25 January, 13, 28 and 30 April 2024. Weekly checks were not completed consistently as required by the provider's protocols. No checks were documented to have taken place between the 18 August and 2 September 2024. Also from the records reviewed weekly checks were only completed on 17 November, 1 December and 30 December 2024. This was discussed during the feedback meeting at the end of the inspection.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. These plans detailed the supports required by each resident including incentives if the resident required assistance to evacuate the building. There were regular checks undertaken by the staff team to ensure these incentives were located as described in the individual PEEPs, and replaced as required.

All staff had attended training in fire safety. Staff spoken too during the inspection were aware of the fire evacuation plan and had participated in fire drills. These had also been completed with both residents including a minimal staffing drill in one of the apartments but the other apartment had not undertaken a minimal staffing fire drill in the previous 12 months.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

One resident was supported to take responsibility for their own medication in line with their expressed wishes. The staff team and the resident had developed a colour coded system regarding PRN pain medication. This colour coding was on an easy-to-read chart and the same colour was put on the corresponding medication box. The resident could identify the level of pain been experienced on the colour chart with a staff member and took the corresponding medication to reflect their pain needs at the time. The resident also signed their medication administration chart. The resident managed their daily medication which were dispensed from the pharmacy in a pod system. The resident was observed by the inspector to access their medications via a coded locked independently during the inspection. The inspector was informed that the resident had not made any medication errors following an audit review and had an up-to-date risk assessment completed on self medication.

The other resident was being supported through a phased medication reduction plan. There was documented input of ongoing consultation with relevant consultants

and the resident's GP. The positive impact and benefits to the resident were immense. The staff team described how the resident was communicating more, using more words, engaging in eye contact and generally their overall well-being was improved in the previous few months.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which the inspector reviewed. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents had actively participated or were consulted in the development of their personal plans. For example, one resident reviewed their plan every three months with their key worker. The other resident had regular meetings with their key worker to form a plan for upcoming activities and progression of their goals.

Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals, in addition to their likes and dislikes. All residents' plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews. All residents' goals and the progress made in achieving these were subject to regular review.

Residents were supported to set goals that had meaning for them. For instance, one resident was supported to join a gymnasium and travel on a car ferry, another had enjoyed short breaks on two occasions during 2023. Both residents were being supported to engage in more community activities such as going to the hairdressers, cafes, and shopping environments. In addition, residents were supported to enhance their skills and improve their independence in their home, such as baking, preparing meals or snacks.

Residents had their favourite activities included in their weekly plan such as going into the local community and visiting cafes, beaches, and going to activity centres. Both residents had copies of their personal plans and outlines of their goals which were available in a format that was accessible to them.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to maintain best possible health. They had access to GP and to specialist medical services as required. The person in charge and staff team

supported the residents in accessing these services.

Both residents had annual health checks completed with more frequent checks when required as part of a follow up for medical conditions

One resident was supported to attend for screening as required for a known medical condition.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed.

Positive behaviour support plans were in place for residents and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use. The person in charge and staff team were supported by the use of consistent communication responses to support residents' understanding of routines and to help in anticipating next steps in routines. Staff were supported to understand what was being communicated by a resident as part of the precursor section of positive behaviour support plans.

One resident experienced difficulties with change and transition between activities. The staff team had received training and support from the psychologist. The resident was being effectively supported with the PALM approach- Pause, attune, label and modify. This assisted staff introduce different strategies to reduce the resident's anxiety such as injecting humor to a situation. A detailed review of the resident's behaviour and the resulting interventions required since 2017 had identified the positive outcomes for the resident. There had been a 94% reduction in the use of medications when required (PRN) for this resident.

There were a number of restrictive practices in use in the centre and the inspector found these had been assessed for and reviewed by the provider when implemented. There was also evidence of ongoing review and monitoring. For example, a restriction used on the transport vehicle for one resident had been removed in November 2023 as it was deemed they no longer required the use of the specific restriction. There was also evidence of going review of how the resident dealt with journeys on the transport since the removal of the restriction. The restriction was re-introduced due to concerns for the resident's safety prior to this inspection and was scheduled for review in the days after this inspection by the provider's restrictive practice committee.

Increased input from the psychiatrist was also provided to one of the resident's and

the staff team during a period of planned medication reduction. There were proactive measures in place including monthly reviews and psychology input to support the resident and staff team during this time.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. There were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through their meetings and discussions with staff.

The provider had resources in place to support each resident to have the required staffing support to attend their preferred activities regularly. In addition, residents were also supported to part take in more social activities, such as visiting their neighbour, or trying new experiences such as travelling on an aeroplane and car ferry. There were many photographs which showed the two residents smiling while visiting different locations, including beaches, scenic tourist destinations and meeting people.

Over the course of the inspection, the inspector observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Staff practices were observed to be respectful of residents' privacy. For example, keeping residents' personal information private, and to only share it on a need-to-know basis.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|------------------------------------------------------------------------------------|-------------------------|
| 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 | Not compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Not compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | 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 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for No 2 Portsmouth OSV-0005685

Inspection ID: MON-0034593

Date of inspection: 01/05/2024

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 | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will continue to monitor the training matrix to ensure staff training is updated. The PIC will ensure that the staff outstanding in First Aid training is scheduled to attend this training on September 18th 2024. There is also Centre specific First Aid training on November 14th and 15th for all remaining staff in the Centre who are due refreshers in 2024.</p> <p>Training bookings for staff that have not completed or who are due refresher training in will be submitted to the training department for fire safety, Multi Element Behaviour Support training and Manual Handling training for quarter three, by 7th June 2024 and all staff to have completed these trainings by 30.09.2024.</p> | |
| Regulation 24: Admissions and contract for the provision of services | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The Provider has developed a new Residential Service Agreement and an Easy Read version for issue to all residents and/or their representatives. This will be issued to all residents in the Centre by 14 June 2024 with a targeted return date of 30 June 2024.</p> <p>Residents and representatives who do not wish to sign the Agreement are asked to communicate the reason why they do not wish to sign the agreement.</p> <p>Where residents/representatives indicate reasons for non-agreement with the terms in the agreement the Provider will follow up to seek to resolve the matter by 31/08/2024.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: | |

The Person in Charge has reviewed the Fire folder and has devised an action plan to ensure weekly checks are occurring. The importance of completing weekly reviews was discussed by the Social Care Leader at the staff meeting on 28.05.2024 and a second staff has completed the Fire Officer training. Both Fire Officers work opposite shifts, ensuring oversight of daily and weekly checks.

The Person in Charge and Social Care Leader have oversight of this weekly, ensuring checks are consistently occurring.

The Social Care Leader and Person in Charge have devised an annual plan for Fire Drills outlining specific fire exits for each drill. This ensures that a robust system, incorporates the use of all fire exits throughout the year.

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. | Not Compliant | Orange | 15/11/2024 |
| 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 | 31/08/2024 |
| Regulation 28(2)(b)(iii) | The registered provider shall make adequate arrangements for testing fire | Substantially Compliant | Yellow | 31/05/2024 |

| | | | | |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
| | equipment. | | | |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at 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. | Substantially Compliant | Yellow | 31/05/2024 |