



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

## Issued by the Chief Inspector

Name of designated centre:	Casey 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	04 June 2021
Centre ID:	OSV-0007865
Fieldwork ID:	MON-0032358

## About the designated centre

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

Casey 1 consists of a detached two storey house and a detached three storey house both located in a rural area close to one another and within a short driving distance to a town. This designated centre can provide a residential service for a maximum of ten residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms in the two houses of the centre include bathrooms, kitchens, sitting/living rooms and staff rooms. Residents are supported by the person in charge, a social care leader, social care workers and health care assistants.

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

Number of residents on the date of inspection:	8
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## 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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Friday 4 June 2021	10:45hrs to 17:25hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

From what the inspector was told, read and observed, residents were being treated very respectfully by staff members on duty within a suitable premises with support provided to maintain contact with families and engage in activities during the COVID-19 pandemic.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to all national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was used. To minimise movement while present in the designated centre, the inspector only visited one of the houses of this centre and was mainly based in a staff office for most of the inspection.

On arrival at this house, the three residents living there at the time of this inspection were not present. The inspector used this time to review documentation and assess the premises provided for this house. It was observed that this house was nicely furnished and well maintained. Photographs of residents and art works completed by residents gave the house a homely feel while it was also seen that an outstanding achievement award for a resident who had completed in a Christmas card contest was framed and put on display in the kitchen area.

This house matched the description outlined in the residents' guide that was in place for this designated centre. This is intended to provide information to residents on what they can expect from a designated centre while living there. Under the regulations this guide must include specific information and it was read that all of the required information was contained within the guide. For example, details were provided on how residents could access Health Information and Quality Authority (HIQA) reports and how they would be consulted in relation to the running of the centre.

In keeping with the contents of residents' guide, residents' meetings took place in both houses of the designated centre on a regular basis. Such meetings were facilitated by staff and allowed residents to be provided with information on the centre. The inspector reviewed a sample of such meeting notes and read that topics like COVID-19, safeguarding, food and activities were discussed. Easy-to-read information was also available to support residents and provide them with information. For example, the inspector noted one recent document which had been used to help inform residents about a change in the person in charge.

The three residents living in the house visited by the inspector had moved into this house in November 2020 having all previously lived together in another designated centre operated by the same provider. In the months leading up to inspection, all three had completed resident surveys which queried what residents liked about where they lived, did residents feel safe, were residents satisfied with the support from staff and what information was given about COVID-19. The inspector reviewed

all three of these surveys and noted that they contained generally positive responses.

During the COVID-19 pandemic residents had been supported to engage in activities such as arts and crafts, movies, walks, drives, jigsaws and soccer while some residents had been facilitated to return to day services away from the centre. Support was also given to residents to maintain contact with their families through telephone calls and video calls. Visits to both houses of the centre, in keeping with relevant national guidance, were also facilitated. Given that this was a relatively new designated centre, family members formal feedback on the services provided to their relatives had not yet been obtained but the provider had systems in place to consult with family members through the annual review process for the centre.

During the inspection, one resident who lived in the house visited, returned with a staff member. The inspector had an opportunity to speak with this resident who indicated that they liked their new home and felt safe while also talking about going to a nearby town earlier in the day. This resident appeared to be comfortable in the presence of the staff member supporting them at this time. The other two residents living in this house returned shortly before the end of the inspection and were also met by the inspector. One of these residents indicated that they also liked their new house and spoke about receiving a vaccine on the day of inspection. The third resident did not engage directly with the inspector.

As the inspector was preparing to leave the designated centre all three residents present were being supported to have a meal together. It was observed that one resident indicated to staff that they did not want some particular types of food and drink with staff respecting these choices. A staff member on duty was also seen to support a resident to put on an apron before the resident ate which was done in a respectful manner. Throughout this brief period of observation, staff members on duty were seen to interact appropriately with the residents present.

In summary, based on the house visited by the inspector, residents had been provided with an appropriate and homely premises with respectful support provided by staff members. Residents were also supported to maintain contact with their families during the COVID-19 pandemic.

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

An overall good level of compliance had been maintained in this designated centre since it opened with appropriate monitoring systems in place.

This designated centre had been initially registered in October 2020 for one house only for five residents. The initial use of this designated centre was to provide three residents living in another centre operated by the same provider with a temporary home while fire safety works were being completed in their usual home. These residents moved to the current centre in November 2020 but as it was indicated that the move here had benefited the residents by providing them with more space, these residents were now living in the centre on a permanent basis.

In February 2021, the provider applied to vary its registration conditions in order to add a second house to the designated centre. Following receipt of some additional information related to the second house, this application was granted by HIQA thereby increasing the total capacity of the centre from five residents to 10 residents. It was subsequently confirmed that five residents moved into this second house on a permanent basis. Again, these residents had previously lived in other designated centres operated by the same provider. The purpose of the current inspection was to assess the levels of compliance with the regulations in this designated centre since it had first become registered.

In keeping with the regulations, a statement of purpose was in place which outlined the services to be provided to residents and contained key information such as the admission criteria for the centre and details of the staffing arrangements in place. During this inspection it was seen that staffing arrangements for this centre overall were in keeping with the statement of purpose. It was also noted that, in response to residents' assessed needs and the challenges brought about by the COVID-19 pandemic, additional staffing had been provided to support residents in the house visited by the inspector.

The staff team in place was overseen by the person in charge who had the necessary skills, experience and qualifications to perform the role. At the time of this inspection the person in charge also served in a similar role for another designated centre. It was found that this remit did not negatively impact the running of the current centre with the person in charge supported in their role by a newly appointed social care leader. This helped ensure effective administration, operational governance and oversight of this centre. The provider also had wider systems in place to provide oversight for the designated centre. For example, unannounced visit to this centre had been carried out in February 2021 by a representative of the provider.

Such visits are required by the regulations to be carried out every six months and are important to monitor the quality and safety of care and support provided to residents. In keeping with the regulations a report of this visit was maintained which included an action plan to respond to areas for improvement identified. This unannounced visit had been carried out less than three months after residents first moved into this centre and represented a proactive approach to monitoring the centre. Overall a good level of compliance was found during the provider unannounced visit as was also found during the current HIQA inspection.

### Regulation 14: Persons in charge

The person in charge, who was responsible for a total of two designated centres, met the requirements of the regulations. Their remit was not found to negatively impact the running of the current designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The staff arrangements provided were in keeping with the designated centre's statement of purpose. Planned and actual rosters were being maintained in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had monitoring systems in place to oversee the running of this designated centre such as provider unannounced visits and was aware of the need to carry out annual reviews of the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place which outlined the services to be provided to residents and contained all of the information required by the regulations.

Judgment: Compliant

## Quality and safety

Appropriate measures were generally in place relating to fire safety, risk management and COVID-19. However, some improvement was required in relation



to the provision of some training particularly for de-escalation and intervention.

As required by the regulations, residents had individual personal plans in place which are important in identifying the needs of residents and outlining the supports required to meet such needs. The inspector reviewed a sample of these plans and noted that they generally contained a good level of information on how residents' assessed needs were to be met. Arrangements were also in operation for residents to be involved in the review of personal plans through a person-centred planning process but the inspector did note that it had been over 12 months since the review of one's resident's personal plan had been informed by this process. It was seen though that residents' personal plans were subject to multidisciplinary review as required.

Included within residents' personal plans was documentation, such as safeguarding plans, on how residents were to be safeguarded and protected from particular risks while they lived in this centre. When reviewing such information relating to residents living in the house visited by this inspector, it was noted that it highlighted the importance of ensuring staff had received particular training in de-escalation and intervention in response to the assessed needs of residents. Records of incidents occurring in this house since residents had moved in highlighted the continuing need for all staff to have this training particularly at times where staff were lone working with certain residents.

While it was acknowledged that COVID-19 and other factors beyond the remit of the provider had made the provision of certain training difficult, training records reviewed during this inspection indicated that not all staff had received this training. From observations made during the day of inspection and from speaking to a staff member on duty, there were times when staff were lone working with residents without having first received this training which posed a risk to both residents and staff. In addition, it was also noted that a multidisciplinary meeting recently conducted for one resident of the house visited by the inspector had indicated that some incidents had not demonstrated that the contents of the resident's positive behaviour support plan was being consistently followed.

Some gaps in the provision of fire safety training for staff were also observed although it was seen that regular fire evacuation drills were being carried out in both houses of this designated centre. In the house visited by the inspector it was seen that appropriate fire safety systems were in place including a fire alarm, emergency lighting, fire extinguishers and fire containment measures. Documentation relating to the other house of the designated centre indicated that a similar level of fire safety measures were also in place there. Records reviewed indicated that such fire safety systems were subject to regular maintenance checks to ensure that they were in proper working order.

How to respond in the event of a fire were outlined in emergency plans that were in place for each house of this designated centre. Such plans also described what to do in event of other forms of emergency taking place such as a loss of power or a loss of heating. The presence of these plans provided assurances that there were systems in place for responding to such emergencies in keeping with a suitable

approach to risk management. As part of the risk management processes in this centre it was seen that risk assessments were in place relating to identified risks for the centre overall and individual residents. It was noted that such assessments had been recently reviewed and updated to reflect residents' moves to this designated centre.

Included amongst these were various risk assessments related to COVID-19 and overall it was found that appropriate arrangements were in place in response to the potential risks posed by the pandemic. For example, it was seen that there was frequent cleaning of both houses of the centre and there was regular temperature checking of staff. Relevant training was also provided to staff members while PPE was observed to be used by staff members on duty. Since this designated centre had opened it was noted that there had been no confirmed case of COVID-19 directly associated with this centre.

### Regulation 11: Visits

Residents were supported to receive visitors in line with national guidance.

Judgment: Compliant

### Regulation 17: Premises

The premises visited by the inspector was noted to be well maintained and well-furnished while presented in a clean and homely manner on the day of inspection.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was provided for the centre that contained all of the required information such as how to access HIQA inspection reports.

Judgment: Compliant

### Regulation 26: Risk management procedures

Emergency plans were in place for both houses of this centre. Risk assessments

were completed relating to identified risks with such risk assessments subject to regular review.

Judgment: Compliant

### Regulation 27: Protection against infection

Measures were in operation to protect residents from potentially catching COVID-19 such as regular cleaning, symptom monitoring, the use of PPE and relevant training provided to staff.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate fire safety systems were provided in both houses of this centre while fire drills were being carried out regularly with low evacuation times recorded. Some staff had yet to receive full fire safety training.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which were subject to multidisciplinary review although it was noted that an annual review of one resident's personal plan which involved the resident had not taken place in over 12 months.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Not all staff had received training in de-escalation and intervention with risk assessments, safeguarding plans and incidents occurring the house visited by the inspector highlighting the importance of this particularly when staff were lone working with certain residents. A multidisciplinary meeting for one resident had indicated that the contents of the resident's positive behaviour support plan were

not being consistently followed.

Judgment: Not compliant

### Regulation 8: Protection

Incidents of a safeguarding nature were responded to appropriately once reported. Safeguarding plans were in place where required and all staff had received relevant safeguarding training. Residents also had intimate care plans in place.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were seen to be treated respectfully while also being given information and consulted through weekly residents' meetings.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Casey 1 OSV-0007865

Inspection ID: MON-0032358

Date of inspection: 04/06/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• One staff who had not attended fire safety training attended training on the 8/6/2021.</li> <li>• Two staff are scheduled to attend Fire safety training on the 22/6/2021. Action to be complete by 22/6/2021.</li> </ul>	
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: <ul style="list-style-type: none"> <li>• The information gathering has been completed for the resident whose plan had not been reviewed in 12 months.</li> <li>• The Information gathering reflects the resident's current living arrangements following her move to the new designated centre.</li> <li>• Planning meeting will be scheduled within the next 4 weeks. Action to be complete 22/7/2021</li> </ul>	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive	

behavioural support:

- Staff working in the centre are scheduled to attend MAPA training and refresher training within the next month as training places become available on the training course. This action will be complete by the 31/7/2021.
- The positive behaviour support plans for the residents in the centre have been reviewed by all staff in the centre and the positive behavior support plans will continue to be discussed in staff meetings for the designated centre.
- All positive behavior support plans are discussed with new staff working in the centre during their induction and shadowing to the centre. The next staff meeting is scheduled for the 30/6/2021.
- A sign in sheet will be used to evidence that staff have read the behavior support plan.



## 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 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	22/06/2021
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall	Substantially Compliant	Yellow	31/07/2021

	be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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	30/06/2021
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	31/07/2021