



# 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:	Announced
Date of inspection:	19 May 2023
Centre ID:	OSV-0007865
Fieldwork ID:	MON-0030970

## 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, 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

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
Friday 19 May 2023	11:00hrs to 18:30hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed in Casey 1. The purpose of the inspection was to monitor compliance to the Health Act 2007 and to assist in the recommendation to renew the registration of the centre for a further three years. The inspector completed a review of documentation prior to the return of residents to the centre after their day routine. This afforded the inspector time to sit and chat with the residents about their day and life in the centre.

The centre consisted of two houses in close proximity to one another. The inspector met with a resident upon their return to their house. The resident had met with family for a coffee and had returned to the house before they went for a spin. This resident showed the inspector their bedroom. They were an avid fan of LOL dolls and Frozen with posters of each on the wall. They told the inspector the person in charge supported them to buy the furniture for their bedroom and they liked it. They liked to keep their bedroom locked and carried the key with them. The resident had planted flowers at the front of the house and they were going to a nearby beach to collect stones to decorate them.

The resident told the inspector that one of the other residents in the house can wake them up very early in the morning. Through conversation with the resident and staff this had occurred previously but not in a long time. The resident then told the inspector that the birds can wake them early as well. The sleep records reviewed showed all residents were sleeping in accordance with their will and preference with measures in place to reduce the impact of early mornings on others.

While present in this house the inspector had the opportunity to meet with another resident upon their return to the house from their day service. They came to the office and said hello to the person in charge and smiled at the inspector. They agreed to show the inspector their bedroom but did not actively engage in conversation. The resident was more comfortable in the company of familiar people. The resident completed their evening routine and sat in the kitchen chatting with staff about what was for tea and what their plans were for the weekend.

The inspector returned to the other house, where they had the opportunity to sit and chat with four residents. Another resident opened the door for the inspector and welcomed them to the centre. They enjoyed spending much of their time downstairs in their own company. They were watching TV and looking at videos of their tablet. They enjoyed eating their meals alone and this was supported by the staff team.

The residents actively engaged in conversation with inspector while the staff member present was preparing their dinner. Residents requested assurance from this staff on a number of occasions and this was respectfully provided. The residents told the inspector that since they had extra staff at the weekend they can now go out and about more. They liked to go to the cinema or to local sporting events. Two residents had recently gone to a rugby match f which they showed a picture.

Residents said they all get on with each other and liked to be out and about. They go to Special Olympics on a Tuesday night and all go to their day service during the day. Residents spoke highly of the staff and said they were very good to them.

One resident brought the inspector on a tour of the house and showed them their favourite place to spend time, in the sun room. They had their art on display in this room. There was also some accessible documents on display such as being safe and rights. The resident said the staff to talk to them about that. They showed the inspector their bedroom which they had decorated in accordance with their interests. They proudly showed their family photos.

Another resident showed the inspector their collection of cow themed items. They had a big interest in farming and showed the inspector their copies of the farmer's journal. They had a collection of cow paintings in their room including one they did themselves. The residents had been supported to develop personal goals around this interest including attending the local mart. The resident was sure to correct the inspector when they referred to a bull as a cow. They found this mistake very funny.

One resident was an avid Manchester United supporter and showed the inspector their phone cover to prove it. They showed the inspector their certificates in their bedroom. These included completion of third level accredited courses in such areas as advocacy and computers. They showed the inspector a copy of the staff roster they kept at their desk in their room as they liked to know who was on duty. They told the inspector they were very happy in the centre.

Both houses presented as a very homely and interactive environments. Residents engaged well with staff and appeared very comfortable in their presence. Staff spoken to had a keen awareness of the support needs of residents and spoke of the residents and their support needs in a respectful manner. Overall, a high level of compliance was evidenced during the inspection with all actions from previous HIQA inspection completed.

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

This was an announced inspection completed within the designated centre Casey 1. The inspection was completed to monitor ongoing compliance to the Health Act 2007 and to assist in the decision to renew the registration of the centre for a further three year cycle. The centre overall, evidenced a high level of compliance where through effective governance systems and oversight the residents were

provided with a safe and effective service. The governance team implemented measures to ensure actions within compliance plan response submitted following previous HIQA inspection of September 2022 had been completed.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operations of the centre. The person in charge reported directly to the person participating in management. Members of the governance team met with on the day of the inspection had an awareness of the support needs of residents and of the centre.

The provider had had ensured the implementation of the regulatory required monitoring systems. An annual review had been completed for 2022, of the quality and safety of the service provided. Unannounced visits, to review the safety of care, were completed by the delegated person on a six monthly basis as required by the regulations. The last provider unannounced visit had taken place in February 2023. Residents and their representative were consulted with, and any concerns addressed as part of adjoining action plan.

The person charge also completed a number of other audits and checks to drive service improvement. These included, in areas such as medication management and health and safety. The information gathered in these were used to inform an action plan, which included a responsible person to complete action and timeline. There was evidence that actions were taken to address issues identified all monitoring tools. Any areas of concern identified were escalated to senior management and a plan in place to address same. For example, staffing levels in one house increased to two at the weekends.

The person in charge ensured there were regular staff meetings held in the centre. These were completed to provide an opportunity for staff to raise concerns regarding service provision and for the governance team to communicate any items of note. It was regularly discussed in supervision meetings reviewed the importance of attending these meetings.

The registered provider had ensured the appointment of appropriate staffing numbers and skill mix to the centre. There was an actual and planned roster in place should ensure all shifts were appropriately covered. Since the previous inspections staffing levels had been reviewed to ensure residents were supports to participate in community inclusions and meaningful activities.

The person in charge had ensured the staff allocated to the centre were facilitated and supported to attend the training deemed mandatory for the centre. This training was in line with the assessed needs of the residents currently residing in the centre. There was a schedule in place to ensure that all training was refreshed as required. The person in charge had also implemented measures to ensure that staff were supervised appropriately in accordance with the organisational policy. This was an opportunity for staff to raise any concerns and to discuss such areas as training or

delegated duties.

A complaints policy was present within the centre giving clear guidance to staff in relation to the complaints procedure. Details of the complaints officer was accessible in the centre. A complaints log was maintained by the person in charge. The inspector spoke to a number of residents who indicated they would talk to a staff member if they had a complaint or concern.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre

### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced individual to the role of person in charge.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured the skill mix and staffing levels allocated to the centre was in accordance with the residents current assessed needs.

There was an actual and planned roster in place.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured the staff team were supported to completed the



mandatory required training to meet the assessed needs of residents,. This included in the area of human rights.

The person in charge had also ensured the effective measures were in place for the appropriate supervision of staff.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured the appointment of a clear governance structure of the centre to oversee the day to day operations. Clear lines of accountability were in place with communication ensuring any areas for improvements were highlighted and addressed in a timely manner.

Overall, effective systems were in place for monitoring of service provision including an annual review and unannounced visits to the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the development of the statement of purpose. Minor amendments were made to the document on the day of the inspection to ensure that all information required under Schedule 1 was present and accurate.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured all incidents were notified as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had ensured an effective complaints procedure was in place with an easy-read format available for residents to refer to if required. The complaints procedure was available to all within the active complaints policy.

Staff and residents spoken with were aware of the complaints procedure and who to speak to.

Judgment: Compliant

### Quality and safety

Casey 1 was a designated centre located close to a large city. The centre had a capacity of ten residents. On the day of the inspection eight residents were present. The centre was operated in a manner which respected the rights of the residents. Measures were undertaken to ensure residents were aware of their rights and how to communicate their support needs to staff. These included regular weekly house meetings to discuss the day to day operations of the centre such as meal planning and activities. Personal plan review meetings were held with each resident to discuss individual topics such as personal goals and wishes. Members of the governance and staff team also met with residents on regular basis to discuss any relevant topics such as safeguarding, privacy and dignity and complaints.

The centre presented as a warm homely environment with residents supported to have their individual private areas. Some improvements were required in the premises to ensure they were to a good standard. For example, one bathroom area had a foul smell as the ventilation system was not working correctly. The person in charge submitted a maintenance request immediately. The centre was provided with regular support in the general maintenance in such areas as gardening and general repairs.

The residents presented as very comfortable and content not only in their environment but in the company of staff. Many policies and procedures had been developed in accessible format to facilitate resident engagement in such areas as complaints and finances. These tools were utilised to ensure residents were supported in choice in their daily lives. Residents were supported by the staff team to maintain family contact and relationships. Residents were supported to have family visit them in the centre or to participate in external visits.

The person in charge had ensured that each resident was supported to develop and

maintain an individualised personal plan. These plans incorporated an annual multi-disciplinary assessment of each residents personal support needs taking into account the individuals preferences and wishes. Residents were supported to develop personal goals during an annual person centred planning meetings with evidence of progression of these goals in place. Goals incorporated community inclusion and independence skills.

Some improvements were required to ensure there was clear evidence of participation in goals to ensure clear review and progression of goals. The provider had recently introduced a new format for this to ensure a consistent approach to goal setting and review, while continuing to encourage consultation and engagement with the individual. This new format was in the initial stages in the centre.

Guidance for staff was laid in a range of areas such as health, social and emotional supports. This ensured a consistent approach to support and adherence to multi-disciplinary guidance. Staff were observed adhering to support plans in place such as mobilising and communication. Staff spoke confidently of the support needs of resident and how to support them effectively. For example, one resident had specific staff members who could support them in the area of communication and their chosen language.

Residents currently residing in the centre were supported to achieve the best possible health. Individual specific guidance was present for staff to adhere to ensure a consistent approach to medical and multi-disciplinary recommendations. This included in such areas as epilepsy care, diabetes care, skin integrity and manual handling. Where a resident presented as unwell medical advice was sought in a timely manner. In conjunction to this the person in charge had ensured measures in the place reduced the risk of infection. This included staff training in the areas of infection prevention and control and comprehensive cleaning schedules. All staff were observed adhering to the centre level guidance on cleaning and infection control measures.

The centre was evidenced to operate in a manner that ensured the safety of residents. Effective fire safety procedures were in place including regular evacuation drills and the required firefighting equipment. All fire safety systems were tested regulatory by a competent person. The provider had ensured effective processes were in place for the ongoing identification and review of risk within the centre. A risk register had been developed and regular reviewed by the person in charge to ensure the current control measures in place ensured the reduction of the impact and likelihood of the risk.

The person in charge had ensured the systems in place in the day to day operations of the centre ensured residents were protected from abuse. This incorporated such areas as staff training and awareness. Any concern relating to the protection of residents was reported and investigated in a timely and efficient manner. Residents reported to the inspector feeling safe and knowing who to talk to should this change. The person in charge had also ensured the intimate care needs of residents

were set out in their personal plans in a respectful and dignified manner.

Residents were also supported in the area of personal possessions. Each resident had sufficient storage for their personal possessions within their personal space and an area to lock possessions away if they so choose. Each resident was supported in the area of money management reflective of their wishes and support needs.

### Regulation 12: Personal possessions

Residents had access to their own personal property and where required supported to manage their own finances.

Judgment: Compliant

### Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were consistently provided for residents to participate in a wide range of activities in the centre and the local community.

Resident choice of activities was respected.

Judgment: Compliant

### Regulation 17: Premises

The centre was clean, suitably decorated and accessible to the residents living there. The premises were laid out to meet the aims and objectives of the service and the needs of residents. Each resident had their own private space and access to communal spaces.

Some work was required to ensure the centre was in good structural and decorative repair.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to prepare and cook their own food, had choice at mealtimes and that each individual dietary need was supported. There was adequate provisions of food available to residents.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured the development of a guide for residents currently residing in the centre. This document incorporated the information as required under Regulation 20 including the summary of services provided and the terms and conditions of residency.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed

regularly incorporating day and night support requirements.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was supported to develop and maintain an individualised personal plan. These plans incorporated an annual multi-disciplinary assessment of each individual's personal needs. Residents were supported to develop personal goals during an annual person-centred planning meeting with evidence of progression of these goals in place. Some improvements were required to ensure that participation in goals was documented to ensure accurate review and progression of these.

Guidance for staff was laid in a range of areas such as health, social and emotional supports. This ensured a consistent approach to support and adherence to multi-disciplinary guidance.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' health care needs were identified, monitored and responded to promptly.

Judgment: Compliant

### Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Judgment: Compliant

### Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which

respected the rights of all individuals. Residents were consulted in the day to day operations of the centre through keyworker and house 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially 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	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Casey 1 OSV-0007865

Inspection ID: MON-0030970

Date of inspection: 19/05/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• A discussion was held with the contract cleaners on the 19/05/2023 in relation to the cleaning of the floor surface in the lower floor bathroom of The Hill.</li> <li>• A deep clean of the floor surface and shower drain took place on the 23/06/2023.</li> <li>• The ventilation fan was repaired on the 22/06/2023.</li> <li>• A plan was devised with the contract cleaners for a specific cleaning product to be used in the shower drain by staff on a fortnightly basis. A second cleaning product and plan was devised for ongoing cleaning for the shower drain and floor surface area.</li> <li>• A second deep clean of the shower drain took place on the 26/06/2023.</li> <li>• Ongoing monitoring and deep cleaning of the bathroom will take place by PIC and contract cleaners.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• PIC spoke to individual Keyworkers on the 20/05/2023 to ensure that participation in PCP priorities was documented correctly to ensure accurate review and progression of goals.</li> </ul>	

- A quarterly review was amended by one Keyworker.
- PCP planning meeting paperwork was rewritten by a second Keyworker on the 20/05/2023 to ensure an individualised approach to the planning of the progression of priorities.
- Both Keyworkers are scheduled to attend the revised PCP training on the 05/07/2023.
- PIC will increase oversight and review of PCP paperwork.
- PCP reviews will continue as a standing agenda in monthly staff meetings.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(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	26/06/2023
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	05/07/2023
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	05/07/2023

	annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
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