Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cloch Cora
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	02 March 2023
Centre ID:	OSV-0007959
Fieldwork ID:	MON-0039424

About the designated centre

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

Cloch Cora consists of a large purpose built single storey house located in a housing estate on the outskirts of a city. The centre provides full-time residential rehabilitation/residential services and support for up to five residents with an acquired brain injury, over the age of 18 years, of both genders. Support to residents is provided by the person in charge, a team leader and rehabilitation assistants. Individual bedrooms are available for residents and other facilities in the centre include bathrooms, a living room, a kitchen, an activity room and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 March 2023	09:00hrs to 17:00hrs	Sarah Mockler	Lead
Thursday 2 March 2023	09:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced risk based inspection completed following receipt of solicited information of concern notified to the Chief Inspector of Social Services by the registered provider. On receipt of this information, the Office of the Chief Inspector requested written assurances from the provider regarding a serious incident that had occurred in the centre. This incident had resulted in a resident being without staff supervision and support for a prolonged period of time.

Shortly after receipt of the first notification, further solicited information of concern was submitted via the notifications process. This described a separate incident of concern involving a resident that lived in the centre. This outlined potential harm that had occurred to a resident who it was reported had been absent from the centre without staff knowledge.

A risk based inspection was completed by two inspectors, to review the safeguarding processes in place. In addition, the provider's responses to the serious nature of the incidents that occurred within the centre, was reviewed in detail. The findings of this inspection did not assure the inspectors that appropriate oversight arrangements were in place to appropriately manage significant risks within the centre. The inspectors were not assured that residents were safe. Following the inspection the provider was required to submit an urgent action plan in relation to the findings of the current inspection and to provide assurances to the Chief Inspector that residents were safe. Following this a meeting was convened with the registered provider, given the seriousness of the inspection findings.

The centre is registered for a maximum of five residents but on the date of inspection provided full-time residential care for four individuals. There was one vacancy on the day of inspection. Both inspectors briefly met with all four residents across the day of inspection. One resident was going out and gave permission to the inspectors to review their bedroom and en-suite bathroom. They were seen to go into their room to collect some money in preparation for their outing and leave with a staff member. In the kitchen area over the course of the morning there were two residents present. One resident was putting away their shopping, while a second resident was having their breakfast. Visual supports in terms of whiteboards with written schedules were in place to assist residents with some tasks, such as orienting them to the activity they were completing, to the day and the time. One resident had plans to go to a family occasion the next day. The fourth resident was in their bedroom watching TV.

The inspection was focused in terms of specific incidents, and residents were offered the opportunity to speak with inspectors if they so wished. No resident availed of this, however, they spoke briefly with the inspectors during the walk around of the premises. In line with one resident's specific communication needs they told the inspectors they were looking forward to attending a family party. A second resident expressed that they were looking forward to moving out of this centre. They had

moved to the current centre on a temporary basis due to premises works in their permanent home. They were due to move back to their home in the next four to five weeks. Building works had delayed this process.

From speaking with staff and reviewing documentation it was found that residents were encouraged to be independent and the focus of the centre was to build on skills in this area. However, the serious nature of the incidents had not been comprehensively considered in terms of ensuring that residents were safe at all times. The inspectors acknowledged the balance to ensure residents were provided with support in line with their wishes and preferences while also keeping them safe. However, the findings of the inspection demonstrated that the provider was failing to address significant risks in an appropriate manner. Serious concerns were identified in relation to the safety of care and support provided in this centre. The next two sections of the report discuss these findings in more detail.

Capacity and capability

The arrangements in place to ensure effective governance in this centre were found to be inadequate and posed a significant risk to residents' care and support requirements.

Following one serious incident in the centre, the provider completed a serious incident review. The incident occurred on the 7 March 2023 and the review commenced and was was completed on the 16 March 2023. There was no indication as to why there was a delay of eight days before this process commenced. The report from the investigation was presented to inspectors on the day of inspection. Neither the person in charge nor the staff team had been given this report prior to this date. Therefore specific actions identified in the report were yet to be implemented. Considering the nature of the incident and the fact the resident was currently residing in the centre, the time line of this was not appropriate and did not demonstrate good governance.

There were clear lines of authority within the service. There was a local services manager who held the position of person in charge in the centre and they received support from a team leader. The person in charge reported directly to the national services manager. Staff support out of hours and at weekends were outlined by the on call arrangements in place, with a list of on call numbers on display. However, staff spoken with were not aware of the formal on call arrangements. In addition to this, the prioviders serious incident review identified that the on call arrangements were not adhered to and were found by the provider to be ineffective. This had resulted in two staff members dealing with a significantly challenging situation, having to make significant decisions and liaising with An Garda Sochána without the support of any senior managers.

In relation to the second incident that occurred within this centre, inspectors found that limited effective actions had been taken. The inspectors had concerns in

relation to the resident's safety. There was no oversight of risk in terms of this residents specific assessed needs or follow through on the provider's identified control measures. No serious incident review was completed by the provider for the second incident at the time of inspection.

Regulation 15: Staffing

There were appropriate numbers of staff in place in the centre on the day of inspection. However, there were two whole time equivalent vacancies on the core staff team, The provider and person in charge reported that in order to ensure that gaps on the roster are filled they utilised both a relief staff panel and agency staffing. On reviewing the rosters the inspectors found that there were regular agency staff in use at a minimum three days a week and some weeks this was as high as every day.

In response to one of the serious incidents, the staffing arrangements had been reviewed and changes had been made. A waking night staff was now in place. In order for these changes to occur and to fill staff vacant posts the provider had relied on the use of a number of agency staff initially to ensure there were sufficient staff in place. This had resulted in seven different staff from four agencies used to cover the nights until the staff team were ready to take on this shift.

This did not assure inspectors that there was consistency of staff support in place for residents and that care was being provided by staff who knew residents assessed care and support needs.

Following discussions with the person in charge and review of relevant documentation there were limited systems in place to ensure unfamiliar staff had access to information, such as risk assessments and care plans, while they were caring for the residents. Agency staff did not have access to the providers on-line system where this information was stored. This posed a significant risk to residents considering their specific assessed needs and recent serious incidents that had occurred within the centre.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had failed to put in comprehensive systems in place to ensure residents' safety at all times. The examples described below highlight the areas that required significant improvements to ensure the safety of residents within

the centre.

There were failings in response to risk management within the centre. Two significant incidents had recently occurred in the centre were residents' safety had been significantly compromised. The purpose of the inspection was to review the providers response to the incidents and to review the systems in place to ensure the safety of all residents within the centre. The inspectors reviewed the risk register and the incidents and accidents within the centre. It was found that there was limited oversight in place. No trending of incidents or accidents was occurring. Previous incidents were recorded in the centre that had flagged similar concerns to those identified in the recently notified incidents. There was no evidence that these previously identified concerns had been responded to with changes to practice, staffing or in the implementation of risk control measures.

The effectiveness of control measures was not considered in relation to the assessed needs of residents within the home. For example, a residents behaviour support plan described that a resident should have no access to some very specific items. There was no corresponding risk assessment in place to reflect this. In addition, there was a complete lack of oversight of the resident's environment to ensure that access to these items was limited.

Staff were not aware of the procedures in terms of the on call system. On review of the serious incident report it was found that on call procedures were not adhered too. In addition to this, the on call system was ineffectual as the staff could not reach the on call person when they were dealing with a critical incident. Therefore, no management support was available for a large period of time which limited any staff guidance and support during this incident.

In response to one incident the provider had completed a serious incident review. This report identified one significant failing that had occurred in relation to this incident. However, on the day of inspection the learning identified had not been communicated to the staff team. No serious incident review had occurred in relation to the second incident.

The provider had completed audits and reports that provided oversight of the service provided as outlined in the Regulations. The inspectors reviewed the most recent of these and found that the risks outlined above and in terms of Infection Prevention and Control and Fire Safety that had not been identified by the provider. This was of concern as areas which required action were not identified by either the provider or the person in charge. This is reflected in the relevant sections of the report.

Judgment: Not compliant

Quality and safety

The inspectors were not assured that risks in the centre were being managed appropriately and that residents were safe. Although some actions had been taken in response to the serious incidents that occurred within the centre, the inspectors found that these actions were not sufficient in ensuring risks were mitigated. Following the inspection the provider was required to submit additional written assurances in terms of immediate measures and also attend a provider meeting to assure the Chief Inspector that these measures had been put in place to ensure that all residents were safe.

Although risk assessments were in place for the assessment and management of risks, inspectors review of identified risks found that consideration of appropriate control measures was not reflected in the documents or in staff practice. For example, in relation to absconding risks, no consideration to the door locking mechanism had been considered or reviewed. This was a contributory factor in relation to one of the incidents that occurred within the centre. In addition, the disabling of the alarm and of door locking by residents (day and night) had also not been considered. There was no oversight of identified environmental risks for one individual within the home despite an assessed need.

Safeguarding risks were also reviewed on inspection. There was an active safeguarding plan in place for one individual within the home. Limited information was available to inspectors on how this concern was being managed appropriately. Staff had limited access to or knowledge of this information, therefore it was unclear what active measures were in place to keep this resident safe. Actions on staff meeting minutes also indicated that there were conflicting actions in place in the centre.

In addition to the above concerns , infection prevention and control (IPC) and fire risks were also identified. Staff had no oversight of one residents' bedroom and therefore it was not being cleaned in line with the providers IPC requirements. There was no guidance or means for staff in relation to getting access to certain parts of the building in the event of a fire due to the locking mechanisms in place.

Regulation 26: Risk management procedures

Significant deficits in risk management were identified on inspection that posed a significant risks to the safety and welfare to residents living in the centre. Two serious incidents had occurred within the centre in February 2023.

In response to the first incident the provider had taken some measures to mitigate risks. This included the commencement of a waking night staff and the introduction of an environmental restrictive practice. Notwithstanding to the above measures, the management of this risk was found to be insufficient. On review of the centre incident log it was found that the resident in question had previously engaged in similar incidents. Identification of appropriate control measures had failed to occur following these incidents which potentially contributed to the significant incident. In addition, although the provider had completed a formal review of the incident,

learning outcomes as identified by the provider, had not been communicated with the person in charge and staff team on the day of inspection until the inspectors requested a copy of the report.

The second incident that occurred within the centre again described an incident of significant risk. The provider had failed to take any comprehensive action in relation to this incident. No formal review of the incident had occurred. Relevant risks in the resident's home environment and in relation to community access had not been reviewed or considered. For example, the resident's behaviour support plan stated that access to certain items posed a significant risk. Information provided to the inspectors described the staff teams limited ability to gain access to the resident's bedroom. Therefore there was no oversight of the items that the resident had access too. This again posed a significant risk to the individual in question.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider and person in charge had not ensured that all residents and staff were protected from the risk of health care infection in the centre. The examples below had not for instance been identified by the provider or person in charge as part of their ongoing review of IPC measures in the centre:

There was no access to a resident's room on a regular basis. Staff members described the condition of the room as a health and safety risk. When some staff did have access they reported cleaning out food waste and items that had been present for a period of time. The en-suite bathroom was also not being cleaned on a regular basis.

The inspectors found that in a bathroom used by staff and visitors in addition to residents had a hand towel dispenser with a cloth towel had not been changed. The towel present was visibly unclean and posed a risk in terms of IPC. Inspectors requested that this was changed on the day of inspection and the staff completed this immediately.

Some communal areas such as the activities room was not being cleaned on a regular basis and was visibly unclean. This also contained furniture such as office chairs and an armchair that were stained.

One bedroom, currently vacant, was being used as a storeroom for two previous residents' personal belongings. In the bedroom area half of the room was filled with boxes of items. In a bathroom area more personal items were being stored. This was not appropriate in terms of managing associated risks in terms of IPC nor in keeping an individuals belongings secure.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors identified during the walk through of the centre that while a number of doors within the centre were on a magnetic locking mechanism opening automatically when the alarm activates others were locked using a thumb turn internally and required a key from externally to open. This meant these doors would not release in the event of an emergency. If staff exited via one door they would not be able to enter the building through one of these doors if required to evacuate residents who needed staff support to evacuate. There were no systems in place to ensure staff had access to the key to unlock these doors in the event of an emergency. This is a basic fire safety evacuation precaution which required review.

Judgment: Not compliant

Regulation 8: Protection

Safeguarding underpins the provision of care and assists in ensuring that residents are safe. There had been for example, three reported incidents of a safeguarding nature for one resident within the centre in 2022. Following these incidents a formal safeguarding plan was put in place. The inspectors requested a copy of the plan to review the measures in place. The completed safeguarding plan was not available for the inspectors to review and limited information and staff knowledge was available in relation to this. Safeguarding plans were not easily accessible/available for staff and therefore they were not deemed effective for their intended purpose of managing the safeguarding risk.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Cloch Cora OSV-0007959

Inspection ID: MON-0039424

Date of inspection: 02/03/2023

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: An accessible file for Agency staff will be created so they have access to important information on the persons served. Vacancies at the centre will be advertised and recruited for.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: On the 03.03.2023 the on-call policy and procedure was reviewed by senior management. Staff now have clear guidance on what to do in a crisis. Furthermore, the contact numbers of senior management have been added to the emergency procedure to ensure that staff can make contact and receive support in an emergency. This procedure and policy update were communicated to all staff across the organisation and is displayed next to the phone for immediate reference. On call managers have been made aware. An in-depth regulation 23 audit took place over two days on the 07.03.2023 and 08.03.2023 by the quality department. A comprehensive action plan was provided to the centre on the 10.03.2023 and a follow up inspection by the quality department was conducted on the 23.03.2023. The action plan is currently being reviewed on an intermittent basis. One of the actions of the Regulation 23 was for risk management systems at the centre to be fully reviewed. Trending of incidents and changes to practice for identified risks will also be reviewed locally and nationally. The serious incident review report learnings have been communicated to the staff team.	
Regulation 26: Risk management	Not Compliant

procedures	

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Risk management systems at the centre to be fully reviewed. In particular the individualised risk assessments in relation to behaviours of concern have been reviewed by the Multidisciplinary Team. Changes have been made where appropriate and these changes have been communicated to staff.

Trending of incidents and changes to practice for identified risks will also be reviewed locally and nationally.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Person Served allowed staff access their bedroom and ensuite on the 20.03.2023 and this was given a deep clean and organisation. Any potential health and safety risks were removed on same date. Person Served has agreed for staff to support them in maintaining a clean environment going forward.

A full Regulation 27 audit was conducted at the centre on 03.03.2023 and action plan is currently being worked on.

The activities room had a full deep clean and organisation during March 2023.

The vacant bedroom is currently in the process of being emptied of the boxes of items. Any items that were in the bathroom have been moved to the bedroom.

The centre is in the process of reviewing the hand towel units with the aim of replacing them with paper towel dispensers.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
On the 05.03.2023 additional systems were put in place to ensure that all exits can be used and accessed to evacuate residents in an emergency.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Safeguarding Plan is now readily available to staff at the centre and they are familiar with the contents therein. The risk assessment in relation to same has been reviewed and safeguarding will now be discussed at each team meeting. The Designated Officer for the centre has contacted the Safeguarding Protection Team on the 04.04.2023 and the have confirmed that the Safeguarding Plan has been closed to the Safeguarding Protection Team and they no longer need to review same and this is to be managed locally.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/08/2023
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	31/08/2023

Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/08/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/08/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/08/2023
Regulation	The registered	Not Compliant		31/08/2023

28(3)(d)	provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.		Orange	
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/08/2023