



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

Issued by the Chief Inspector

Name of designated centre:	No 5 Seaholly
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	20 July 2021
Centre ID:	OSV-0005793
Fieldwork ID:	MON-0033350

About the designated centre

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

The designated centre provides residential supports for a maximum of five individuals aged over 21 years in a small town on the outskirts of Cork City. The service provides supports to individuals with moderate to severe levels of intellectual disability, including those with autism and visual impairment. The house has been decorated and refurbished to meet the needs of the people living there in consultation with multi-disciplinary clinicians and any refurbishing plans are brought to house meetings to hear people's views. The house is spacious offering an open plan living arrangement. Residents are supported at all times by staff members working in the designated centre. Staff supports are provided by social care leaders, social care workers, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 20 July 2021	9:00 am to 2:00 pm	Lisa Redmond	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed, it was clear that residents were enjoying a good quality life where their rights were promoted and respected. Residents had a nice home, they were supported by a consistent staff team who supported residents to increase their independence and learn new skills.

On the day of the inspection, the inspector met with four residents that lived in the designated centre. These residents lived in the centre on a full-time basis. One resident also attended the designated centre for respite one day each week. The inspector did not have the opportunity to meet this resident as they were not accessing respite on the day of the inspection.

On arrival to the centre, the inspector met two residents who were sitting outside with staff members. It was a warm day, and one of the residents was enjoying a drink as they chatted with staff. Staff members facilitated conversation between the residents and the inspector. One resident spoke about their plan to go on a harbour cruise that day, while the second resident was going to attend their day service. Another resident was sitting inside as they waited to go to day service.

One resident was supported by staff members in their home. This resident used gestures, body language and facial expressions to communicate their needs and wants. The resident was observed doing some shredding, playing board games with staff members and watching television. The resident appeared relaxed and comfortable in the presence of staff members. The resident also went out for a drive with a staff member during the inspection.

The designated centre was located in a large village located on the outskirts of Cork city, in close proximity to a variety of local amenities. There was a front garden with furniture where residents could sit and enjoy the sunshine. One resident told the inspector that they had sowed the freshly planted flowers in the garden. There was garden ornaments and fairy lights in one area of the garden. Staff members told the inspector that they regularly had barbecues during the summer time. There was also a basketball hoop that one resident used on a regular basis.

Inside, the centre was clean and homely. All residents had their own private bedroom area. Residents' personal items, including photographs, were located throughout their home. There was lots of space to retreat and relax in the centre. Staff members spoke about plans to further enhance some residents' bedrooms.

Following a review of incidents occurring in the centre, it was noted that one resident had been accidentally bumping into furniture which resulted in some bruising. Staff members had sought advice from an allied health professional regarding the layout of the centre. As a result, changes were made to the layout of the furniture and corner protectors were put in place in areas, which resulted in a

decrease in the resident receiving these injuries.

It was evident that residents living in the centre had been supported to learn new skills, to support their independence. Staff members told the inspector that one resident had been supported to learn to butter their crackers and toast, while another resident could now make their own sandwich when the ingredients were left out for them. Staff members were very aware of the impact this had on promoting residents' choice, and noted that the resident could independently pick out the ingredients that they wanted on their sandwich and those that they didn't want.

Skills teaching was also being used to support one resident to become more independent with regard to showering and dressing. There was also evidence of input from allied health professionals, including an occupational therapist, to support the development of these new skills. This supported the resident to develop their self-care skills, while promoting their privacy and dignity.

Staff members told the inspector about initiatives that had been put in place to support residents to communicate their choices. Staff members had previously trialled applications on residents' tablet devices however these had not been successful. Therefore, alternative systems were being trialled. A talking tile system had been introduced for one resident and staff members showed the inspector how this worked. There were two buttons that the resident could press to request two of their preferred things, coffee and music. As this was in the early stages of use, staff members pressed the tiles every time the resident received a coffee or were about to listen to music. This would then play a sound associated with these items. It was hoped that the resident would begin to use the buttons to request these items independently.

A book had been developed which contained pictures and photographs of staff members using manual signing methods as a form of communication. The signs that staff members were completing in the book were noted to be those used regularly in the centre. One staff member was due to complete training to become a trainer for one method of manual signing. This would then support the training of staff working in the centre.

It was evident that residents were supported to develop skills to promote their independence and choice. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

It was evident that there were management systems in place to ensure that there was effective oversight of the designated centre and that it provided a safe service to residents in line with their assessed needs. Effective governance arrangements

were in place to ensure the service continued to provide a good quality service to residents.

Residents living in the designated centre were supported by a team of social care workers, staff nurses and care assistants. A social care leader had also been appointed to provide oversight on the day-to-day running of the centre. Although some relief staff covered annual leave and maternity leave in the centre, these staff members worked regularly in the centre and were known to the residents. The inspector met with a number of staff members who were on duty on the day of the inspection. Staff members were knowledgeable about residents and their assessed needs. It was evident that the staff members knew the residents well.

The person in charge completed a quarterly audit of the staffing skill mix to ensure that it continued to meet the needs of the residents living there. All staff working in the centre reported directly to the person in charge. It was evident that the person in charge held the necessary skills and qualifications to complete the role.

It was evident that oversight of the designated centre was maintained through the completion of the designated centre's annual review and unannounced six monthly visits to the designated centre. There was evidence of actions taken to improve the service provided to residents. For example, the annual review highlighted the progress on the use of communication systems with residents to ensure that they can make choices about the support that they receive. There was also reference to the progress made in promoting residents' independence through skills teaching. It was noted that the communication systems were in use on the day of the inspection, and that skill teaching continued to be progressed through residents' individual goals.

When areas for improvement were identified in these reviews, there was an action plan developed to ensure improvements were made. This included the actions taken to ensure compliance with the regulations, following a previous inspection of the designated centre completed by the Health Information and Quality Authority (HIQA). The annual review included consultation with residents and their representatives.

An effective complaints procedure was available to residents in an accessible format. This procedure included details about the appeals process. The inspector reviewed a sample of complaints in the designated centre's complaints log. It was evident that the complainant's satisfaction with the outcome of the complaint was documented, and that the person in charge maintained oversight of all complaints. In line with the accessible complaints procedure, a complaints box was located in the designated centre so that residents could make a complaint in this manner if they wished.

The regulations outline a number of policies that must be in place in each designated centre. These policies were available for the inspector to review. At the time of the inspection, three of these policies required review as they had not been updated in the previous three years. The policies requiring review included the policy on the provision of behaviour support, communication with residents, and access to education, training and employment.

The registered provider had ensured that a number of documents had been submitted to HIQA to support the application to renew the registration of the designated centre. This included the designated centre's statement of purpose, the residents' guide and insurance details. These documents had been submitted to HIQA in the correct format, in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application to renew the registration of the designated centre had been submitted to HIQA in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held the necessary skills and qualifications to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

The number, qualifications and skill-mix of staff members was appropriate to the number and assessed needs of the residents. Residents were supported by a consistent staff team, ensuring that they knew those who supported them in their home.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had ensured they established and maintained a directory of residents in the designated centre. This included all of the information specified in the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of effective oversight and monitoring in the designated centre. Management systems in place ensured that the service provided to residents was safe.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available to residents living in the designated centre. This document contained the information required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the chief inspector was notified in writing of adverse incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure was available to residents in an accessible format. This procedure included details about the appeals process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had implemented policies on the matters set out in Schedule 5 of the regulations. At the time of the inspection, three of these policies required review as they had not been updated in the previous three years.

Judgment: Substantially compliant

Quality and safety

Residents were provided with a good quality of care and support in line with their choices and wishes. Staff members provided support to residents in line with their assessed needs and put plans in place to promote residents' independence and choice.

On review of residents' personal files, it was noted that each resident had been subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. Where health needs were identified, these were supported by a plan of care.

Each resident was assigned a staff member that was their keyworker. This staff member took responsibility for ensuring that the residents' personal plans were up-to-date, and in line with their assessed needs. It was noted that all keyworkers had two hours of protected time each fortnight to ensure that all documentation was reviewed, and reflected the support needs of each resident.

Meaningful goals had been developed with the participation of each resident. Goals included the enhancement of the garden area in the centre, skills teaching with regard to meal preparation and new activities that residents may enjoy. The steps taken to meet these goals were clearly evident during the inspection. There were also photographs of residents achieving their goals. The inspector saw photographs of one resident visiting an animal rescue centre. Staff members told the inspector that the resident enjoyed playing with the dogs there and that they had brought a ball to throw for the dogs, and treats for them to enjoy. It was noted that the

resident appeared to be smiling as they played with the dogs in the photograph that was displayed in their bedroom.

It was evident that residents' privacy was maintained in the centre. On the previous inspection completed by HIQA, it had been noted that residents' personal identifiable information was on display in some communal areas. This was no longer the case, and all residents' information was locked away in a secure area. Night-time checks were in place in the centre, and staff spoken with were aware of how often residents required night-time checks and the rationale for why these were required.

A risk register, outlining all risks in the designated centre had been reviewed by the person in charge in July 2021. It was noted that there were no high-level risks at the time of the inspection. There was evidence of an assessment of risk being completed as required. Risk assessments reviewed had appropriate control measures in place. The registered provider's risk management policy contained the information required by the regulations.

Several measures had been put in place to protect residents in response to the COVID-19 pandemic. Staff members wore face masks at all times in the designated centre. A contingency plan had been developed by the registered provider which reflected the procedures to be enacted in the event of an outbreak specific to the designated centre. Foot-operated pedal bins and alcohol hand sanitiser was readily available.

Residents were receiving visitors in line with national guidance. There was evidence that staff were being mindful of the wishes and concerns of residents' family members throughout the pandemic, and that alternative arrangements were made in these situations. For example, staff members supported one resident to visit family that lived some distance away once a month. Staff members provided transport so that the resident could see their family on a regular basis. Throughout the pandemic, residents had been supported to communicate with family and friends using video calls.

Regulation 10: Communication

There was evidence that initiatives had been put in place by staff members to support residents to communicate their needs and wishes. These included the use of talking tiles, a booklet of manual signing methods and the use of pictures.

Residents had access to appropriate media including television, radio and the Internet.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to receive visitors in accordance with their wishes. Visits were also conducted in line with relevant guidance throughout the COVID-19 pandemic.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre was homely in nature. Communal rooms were filled with residents' personal items including photographs. Residents had a private bedroom which was decorated in line with their wishes and preferences.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a guide in respect of the designated centre had been provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider's risk management policy contained the information required in regulation 26. It was evident that there were appropriate systems for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that measures were put in place to ensure that residents were protected from healthcare associated infections, including COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Effective fire safety management systems were in place in the designated centre. Emergency lighting, fire-fighting equipment and fire-resistant doors were evident on the day of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been completed on an annual basis. Goals that were meaningful had been developed with the participation of each resident.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to meet their healthcare needs. Where a health concern was identified, this was supported by an appropriate plan of care. Residents had access to a general practitioner (G.P).

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents had the freedom to exercise choice and control in their daily life. It was evident that residents were supported to live a life of their choosing in their home.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	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
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
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	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No 5 Seaholly OSV-0005793

Inspection ID: MON-0033350

Date of inspection: 20/07/2021

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"> • The registered provider has ensured that all policies as set out in schedule 5 are available to staff members and are adopted and implemented. • The registered provider will ensure these policies are updated when necessary in line with good practice and at intervals not exceeding 3 years. 	

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	29/10/2021