



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

## Issued by the Chief Inspector

Name of designated centre:	Waxwing 3
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0006740
Fieldwork ID:	MON-0034367

## About the designated centre

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

Waxwing 3 comprises of a detached bungalow which provides full time residential care for adult men and women, with intellectual disability. The house is located on the outskirts of a small town in Co. Clare with access to local shops and amenities in a nearby large city. The house accommodates four adults and is comprised of a kitchen, dining room and living room. All residents have their own bedrooms and there is also a shower room, bathroom and staff bedroom. There is a spacious garden to the rear of the property. Residents have access to transport and the service is provided through a social care model of support. All residents are supported to attend day services as per their wishes and needs outside of the centre. Residents are not usually present in the centre between 9:30 am -4pm. Residents are supported by social care staff during the day. At night the house has one sleep over staff. The multi-disciplinary team are available to support the needs of the residents as necessary.

**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 5 October 2021	09:00hrs to 17:00hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On the day of inspection the inspector had the opportunity to meet with the four residents who resided in the centre. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

Residents had regular contact with family members and during the health pandemic were supported to keep in contact with their family on a regular basis, this was primarily through video and telephone calls. The Person in Charge advised that family contact has been very good for the residents and residents who have family contact have received phone calls and used video call applications to maintain contact with parents or siblings. When restrictions eased, face to face visits were supported for families and residents.

The residents were all up and about on the morning of inspection and going out for the day with staff. The residents were in and out during the day and interacted with the inspector at various times. The residents were very pleasant and welcoming and they seemed very proud of their home. Several residents showed the inspector their bedroom and they were decorated in the design of the resident's choice and colour. It was evident from the decoration, personal items on display, photos and the resident bedrooms that the residents were involved in the running and decoration of their home. The residents also had a pet cat that they cared for in the centre who they loved and told the inspector all about. They were supported by staff and taught appropriate skills around caring and feeding their cat.

The inspector observed the residents on the day and found them to be very comfortable and happy in the centre. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. The residents told the inspector that they felt safe in their home and that the staff were really kind to them. The staff present were very knowledgeable about the residents' needs and preferences and were laughing and joking with the residents in a positive manner. On the day of the inspection the residents went out for a drive, walk and lunch out and on return they all said they had a great time. The residents were active on a video conferencing system during the pandemic, engaging with family and friends which residents said they enjoyed. They also engaged in classes such as Tai-Chi and music sessions. Residents also went to concerts, meals out and holidays. Residents enjoyed TV, having meals together, and also enjoyed listening to music.

Residents were encouraged and supported around active decision-making. Residents participated in weekly residents' meetings where household tasks, activities and

other matters were discussed and decisions made. Residents were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms and decision-making assessments were included in residents' personal plans.

The centre was warm, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. The residents said that they were happy in their home.

In summary, the inspector found that each residents well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

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 to each resident living in the centre.

## Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a good standard, was safe and appropriate to their assessed needs. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that the staff skill mix at the centre was in line with the assessed needs of the residents however at times the staff numbers were not in line with the actual and planned rota, statement of purpose and the size of the designated centre. The centre has four residents and as per the rota 2 staff are required during the day. On the day prior to inspection one staff member had worked alone on the day shift, the second staff member had originally been rostered on but had been redeployed to another designated centre. The person in charge committed to addressing this staffing issue and confirmed that the staffing deficit would not reoccur. The person in charge demonstrated the relevant experience in management and was effective in the role.

The person in charge had a training matrix for review and the inspector noted that

all mandatory training was up to date including fire safety training, safeguarding of vulnerable adults and medication management training. There was also significant training completed by staff in relation to protection against infection such as Breaking the chain of infection, Hand Hygiene Training and Infection prevention control training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in other areas such as manual handling and positive behaviour management.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in June 2021 and December 2020 and a review of the quality and safety of service was also carried out in 2020. The provider also carried out a survey with residents and family members to seek their views and opinions of the service. Of four families one survey was returned which had very positive comments about the care and support their family member received. They said they believed their family member was safe, their needs were being met and they are supported to make choices. The unannounced inspection reviewed staffing, quality and safety, safeguarding and also completed a review of accidents and incidents. In areas highlighted for improvements it was noted that the the person in charge and key worker were to follow up with a resident regarding purchasing gym membership and also completing a risk assessment regarding this activity. Also it was highlighted on a previous inspection that a directory of residents was required and this was addressed and was noted to be in place on the day of inspection. These audits resulted in action plans being developed for quality improvement and actions identified had been completed or are actively being addressed.

The provider had an accessible, effective complaints system in place. It was noted that there were no open complaints, although 2 complaints highlighted in the annual review had been resolved locally and to the residents satisfaction.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Contracts of care were in place for the residents which included support, care and welfare of the resident and the fees to be charged.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

## Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that the staff skill mix at the centre was in line with the assessed needs of the residents however at times the staff numbers were not in line with the actual and planned rota, statement of purpose and the size of the designated centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received all mandatory training.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability were in place. An annual review and 2 six monthly unannounced audits had also been completed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents



The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

All individuals have an up to date care plan in place and health concerns are monitored closely by the person in charge. All residents also have a communication plan and hospital passport in place which are very informative and based on assessed need as well as knowledge of the residents.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. This included support plans to supplement this assessment of need. The inspector viewed support plans in areas of mental health and diagnosis around hearing loss and arthritis. These plans were noted by the inspector to clearly identify the issues experienced by the residents and how a resident may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The support plan for the resident who presented with mental health issues was comprehensive and included a list of proactive strategies developed by the staff in conjunction with the consultant. This included how to manage this condition on a daily basis and also how to recognise when the resident required psychiatry review and possible medication amendment by the psychiatrist. The plan outlined proactive strategies such as Indian Head Massage and ongoing psychology support. Staff spoken with acknowledged that these support plans were effective and demonstrated a good understanding of the strategies to employ when addressing different situations.

In relation to regulation 6 Health care the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by residents. An example of a health care support plan noted by the inspector was in relation to swollen ankles experienced by one resident. A plan of care was in place which provided guidance to staff on how to support the resident with a plan in relation to this which included wearing specialised support socks and footwear.

A comprehensive behaviour support plan was noted to be in place by the inspector. This included an in depth functional analysis of the residents behaviour thus identifying the behaviour and making every effort to alleviate the cause of this behaviour. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place. The inspector observed the staff effectively and positively supporting the residents needs during the day.

As part of the person centred planning process the person in charge had outlined goals that had been decided upon with the resident. However the progress this goals needed to be tracked and the resident supported to achieve their chosen goals. The person in charge was committed to monitoring the progress and achievement of same going forward

The person in charge had ensured that the residents were assisted and supported to communicate in accordance with their needs and abilities. The residents had access to television and Internet and a electronic device was available to facilitate the residents to video call their family members during the COVID - 19 restrictions. The residents relationships and contact with peers was through regular video calls.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs. There was evidence that the residents had meaningful activities in their community. The residents were active in their community, went for meals out, shopping and holidays. The residents were very active on zoom during the pandemic engaging in classes such as Tai Chi, 'men on the move' classes and music sessions.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. Personal protective equipment in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and Infection Prevention Control were completed. Supplies of alcohol based Hand Sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid residents understanding and compliance also. Standard Operating Procedures were created in line with national Infection Prevention Control guidance to support staff manage if a resident or staff is suspected or confirmed as having COVID-19. The residents families were communicated with in relation to the new

visiting protocol and were kept updated in line with government guidance. A contingency plan was developed across the organisation in line with government guidelines to ensure continuity of care to residents in the event of a staff member or resident being confirmed as having COVID-19.

The person in charge had ensured that there was an effective fire management system in place. All fire equipment was maintained and there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the residents could be safely evacuated in 2 minutes. No issues were highlighted as part of the evacuation drill, however there was additional measures for a resident who was hearing impaired such as a vibrating pillow, additional sounder and strobe lighting. Personal egress plans were in place for the residents and there were fire doors throughout the house and automatic magnetic closers were on doors.

The provider had ensured that the premises were laid out to meet the needs of the resident and overall the centre was clean and warm. There was adequate communal and private space for residents. The centre was decorated to the residents personal taste and there were photographs and personal items around the house.

Residents had adequate supplies of food in the centre including fresh fruit and vegetables and were offered choice around mealtimes. However open containers of food in the fridge were not labelled and there was some gone off food products in the fridge on the day of the inspection.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the person in charge regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life and consent was sought from the residents for example for the COVID - 19 and flu vaccine. There was evidence of regular house meetings where residents decided on activities for the week and discussed topics such as safeguarding and advocacy and how to make a complaint.

## Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs. The residents had access to TV, Internet and had an electronic tablet for the purpose of video calls with family and friends.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider ensured that the residents received appropriate care and support in accordance with assessed needs, having regard to the resident's assessed needs and their wishes. The residents had access to facilities for occupation and recreation and engaged in meaningful activities.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in

place however when the inspector reviewed the fire evacuation drills they noted that it was not recorded where the fire was and what exit the residents evacuated through therefore there was not an accurate representation of the time it took to evacuate. The person in charge committed to amending the recording sheet to add this information in.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents.

Judgment: Compliant

### Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre

Judgment: Compliant

### Regulation 7: Positive behavioural support

A comprehensive behaviour support plan was noted to be in place by the inspectors. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

Judgment: Compliant

### Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised choice and control in their daily lives.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had adequate supplies of food including fresh fruit and vegetables however open containers of food in the fridge was not labelled and there was some gone off food products in the fridge on the day of the inspection.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	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 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 18: Food and nutrition	Substantially compliant

# Compliance Plan for Waxwing 3 OSV-0006740

Inspection ID: MON-0034367

Date of inspection: 05/10/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• The staffing gap on the day prior to the inspection was related to a day service staff. This staff was redeployed from day services in response to the closure of day services due to Covid-19.</li> <li>• The resumption of day services has now occurred so the risk of this reoccurring are very low.</li> <li>• Support staff in the centre has now returned to three hours each evening and five hours on a Saturday and Sunday.</li> <li>• Management give an undertaking that we will ensure these support hours are filled going forward as per the statement of purpose.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• PPIM will consult with the Fire Safety engineer with the view to adapting the form to reflect different scenarios for fire drills.</li> <li>• Based on the recommendation of the fire safety engineer the recording mechanism will be adapted to reflect the scenarios.</li> </ul>	
Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- The person in charge met with staff on both shifts at a team meeting on Friday November 12th.
- The person in charge communicated to staff at this meeting the requirement to ensure the fridge and cupboards are checked regularly for spoiled food or food that has gone past its use by date. Staff were informed of the requirement to dispose of such food.
- The person in charge also communicated the need to clearly label food that has been opened or cooked and dispose of any food as per label guidance.
- The person in charge will check that this is being done on a continuous basis when visiting the centre.

## 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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	22/11/2021
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	22/11/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	31/12/2021

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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