



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

Issued by the Chief Inspector

Name of designated centre:	Fuchsia Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	14 August 2024
Centre ID:	OSV-0004471
Fieldwork ID:	MON-0035481

About the designated centre

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

Fuchsia Services consists of three houses and provides a residential service to 13 male and female adults. One of the houses is situated in a small village where residents live in walking distance to the community amenities. This house also has buses available to support residents in accessing private appointments or activities. Residents are facilitated to remain at home in line with their wishes and attend day services at their leisure in this house. The other two houses are located within walking distance of each other and a medium sized town. Both of these houses also have transport. A social model of care is provided in the centre and residents are supported by a combination of social care workers, care assistants, a nurse and community connectors. Residents are also supported at night by a staff member in each house on a sleep-in arrangement and in one of the houses a waking night staff is also on duty.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 (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
Wednesday 14 August 2024	09:30hrs to 18:30hrs	Catherine Glynn	Lead
Wednesday 14 August 2024	09:30hrs to 18:30hrs	Sarah Barry	Support

What residents told us and what inspectors observed

This inspection was an announced inspection to inform a registration renewal application for Fuchsia services. On arrival to the centre inspectors found a staff team focused on and supporting residents in line with their assessed needs. Residents were very comfortable and happy to chat with the inspectors throughout the inspection and sharing their activities, and preferences. At all times, residents were noted to be relaxed and at ease on staff company and had no issue raising a query or having a chat with staff.

The designated centre comprises of three houses, all in relevantly close proximity to each other. In the first house the inspectors visited, they met with six residents. One of the residents showed the inspectors around their bedroom and showed them important family photos they had displayed in their room. The resident told the inspectors they were looking forward to an upcoming birthday party they were organising in a local hotel and explained that they had posted and hand delivered invitations to family and friends earlier in the week. The other residents in the centre communicated in various ways and the inspectors observed them relaxing at home and heading out into the community. To meet the needs of the resident's, a number of activities were conducted in the designated centre, such as music therapy and reflexology, which the residents enjoyed.

In the second house the inspectors visited, there was one resident present. The resident had just returned from their day service when the inspectors arrived and was making a cup of tea, which they extended the offer to the inspectors. There was one vacancy in this house at the time of the inspection and the other resident who lived there was on an extended holiday with their family. The vacancy in the centre was due to a resident who had recently transitioned from the centre. The staff were supporting the residents to keep in contact with the resident and also supporting the resident with their move.

The inspectors met with four residents in the final house. Two of the residents showed the inspectors around their home. One resident discussed her jobs with the inspectors, which were all in local businesses and which the resident greatly enjoyed. Two of the residents had created various artworks which were displayed throughout their home. One of the residents had won awards for their artwork. This resident also had a room which they used to make their art in and sort their art and craft supplies. The residents and staff were planning on getting a takeaway for their dinner and were busy discussing the different choices each were going to make.

All three houses were spacious and well designed to meet the needs of the residents. They were nicely decorated and reflective of the resident's needs, with additional living spaces to ensure that residents could engage in activities of their preference.

It was clear that staff were very familiar with residents' needs, and their various

ways of communicating. Staff could interpret residents behaviours, for example during the inspection, it was noted by the person in charge the impact of the presence of the inspectors on a resident. Inspectors noted that the staff and management supported and guided this resident appropriately and ensured that they did not become too distressed during the inspection. Another resident spoke about an upcoming birthday event and spoke about the party planning, invitations, party food and where it was being held. This resident was very involved and supported to have choice and control over their event.

Staff had explained to residents why the inspectors were visiting their home and inspectors saw that the introduction sheet was clearly displayed in a communal area in each house. Staff were heard asking the residents if it was ok that the residents was visiting and if they wished to speak with the inspectors.

Throughout the inspection, inspectors found that residents were supported and occupied with staff and engaging in activities of their choosing. Some residents were attending day services and other residents were enjoying home based activities in line with their aging profile but also supporting residents who were in receipt of palliative care to remain at home. Inspectors also met with a family member whose relative was in receipt of palliative care in the centre. They spoke with great regard of the staff and management team, how well their family member was supported, and that they visited every day and were in regular contact. All residents spoken with spoke at length of how they were supported to be active members of their community and attending local social events, such as the recent summer music festival in the town.

There was easy to read information available to residents through the centre, including information about staff and menu planning, residents rights and the local management team.

Overall it was very clear that great efforts had been made to ensure the comfort of the residents, and to accommodate their individual needs, but also person centred care. Some improvements were required in the training, risk management, premises, statement of purpose and records in the centre.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how this impacted on the quality and safety of the residents lives.

Capacity and capability

There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge and person participating in management. The inspector found that this management team were well established and the service in place was person centred, age appropriate and facilitated residents to remain in the centre to provide

palliative care. The inspector found that actions were identified which were on going from the previous inspection relating to premises, training and effective oversight of the service. These will be expanded upon later in the report.

The provider had established a statement of purpose which was also available to read in the centre but also in an accessible format for residents. Improvement was required due to confirmation of the floor-plans due to building works in place in the centre. The person in charge stated that this would be submitted a week after the inspection once the building work was completed.

The staffing arrangements in place were reviewed as part of this inspection. A planned and actual roster was available and it showed an accurate account of staff present at the time of the inspection. Inspectors found that following the previous inspection, the provider had reviewed the skill-mix and there was an increase in nursing staff due to the assessed needs of residents. The provider showed that they had responded appropriately by ensuring that the skill-mix and number now met the assessed needs of residents.

On review of training records, inspectors found that there continued to areas for improvement. This included clarity by the management team on what were defined as mandatory and additional training courses in the centre. Gaps were noted in the training records, which included manual handling, and management of behaviours of concern. The provider also provided additional bespoke training, such as dementia and dysphagia training and other training relevant to the residents needs.

Inspectors reviewed staff supervision records and found that while they were completed, there was poor recording of the supervisions completed. This included date they were completed, inspectors found that eight records that did not reflect the dates they were held on.

A review of the governance arrangements showed that following the last inspection the provider had reconfigured the management team and at the time of the inspection they were established in their roles. Improvement was required as inspectors found a number of areas that required significant review, such as risk management, training, premises and record keeping. This will be outlined further in the report. Inspectors found that there was an annual review of the quality and safety of the service was completed and was linked to the compliance plan in place. Six-monthly unannounced provider-led audits were also completed within the timelines required. Team meetings were taking place in each house in the centre and staff also had access to the management team formally and informally.

On review of records in the centre the inspectors found that they the quality and oversight of the records was poor. A number of areas for improvement were identified such as recording of residents daily activities, controls in place to mitigate risks in the centre and accurate separation of mandatory and bespoke training required in the centre.

Overall, inspectors found that while the governance and management arrangements had improved in the centre following the last inspection, there still remained further

improvements required to enhance the quality and safety of the service in place.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a recent application to renew the registration of fuchsia services and within the specified timeframe, however inspectors requested corrections on the floor plans and application form which the management team corrected on the day of the inspection and resubmitted as requested.

Judgment: Compliant

Regulation 15: Staffing

The provider had made improvements following the last inspection and this included additional nursing staff to meet the assessed needs and the aging profile of residents in this centre. Inspectors found that there was sufficient staff, consistency of care and continuity of staff was maintained in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors followed up on actions from the previous inspection in relation to training and development available to staff in the centre. Inspectors found that there were gaps noted on the review of the training records during the inspection. This included:

- 8 staff supervision records from one house were reviewed and Six of the records did not have dates on them.
- Nine staff had not completed CPI Safety Intervention Training.
- Two staff had not completed Manual Handling and People Moving training

Inspectors also noted that staff had access to a wide range of additional training which included fire training, hand hygiene, PPE(personal protective equipment), Introduction to Children First, National Standards for IPC in Community Services: Putting Standards into Practice and Safeguarding Adults at Risk of Abuse. The provider had identified additional training needs for staff working in one house within the designated centre in line with the assessed needs of the residents. Some staff had completed Dementia Training, Dysphagia training, Epilepsy and

Administration of Buccal Midazolam training, Hoist training, First Aid and Heartsaver training.

Judgment: Not compliant

Regulation 19: Directory of residents

While the provider had established a directory of residents in the centre and this was maintained by the person in charge.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of records and found gaps evident, such as:

- there was no coordination of training records from mandatory to additional or bespoke training needs.
- A review of the activity log for a resident was not accurate and had minimal entries recorded.
- The management team did not link all relevant documents, such as reference in risk register that a specific training would be completed for all staff which was then not listed as mandatory in the centre.

Judgment: Substantially compliant

Regulation 22: Insurance

At the time of the inspection the provider had submitted confirmation of insurance for the centre as required by the regulations and the registration renewal regulations.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that while there was a robust management structure in place, audits, unannounced visits and the annual review were all in place, the oversight was not effective as records reviewed showed:

- actions were outstanding from the previous inspection, included garden and external pathway for effective egress but additional jobs were added.
- Inspectors found that staff knowledge was not clearly reflected in all relevant documents, such as risk assessments, audits.
- supervision records not reviewed to identify gaps, such as no dates of meetings recorded.
- records also showed that a new car was required but this issue was now addressed but the records were updated.
- Gaps in training was not clearly reflected in the risk assessments.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had ensured that a statement of purpose in place this required improvement as the description and floor plans were not matching. At the time of the inspection the provider was also completing renovation works and the floor plans did not match the renovation works in progress at the time of the inspection

Judgment: Substantially compliant

Quality and safety

Inspectors found that the service provided in Fuchsia services was very focused on the care and support needs of residents which resulted in residents choosing appropriate age-related and "comfort care" services in this centre, and residents are very active participants in their local community. However, minor improvements were required in premises and risk management in the centre.

The person in charge ensured that resident's health, personal and social care needs were assessed and that detailed care and support plans were developed as required. Meetings were occurring regularly where the residents family and representatives where priorities and goals for the future were discussed. Staff spoken with spoke and were very familiar with residents activities and their care and support needs, this included one residents' upcoming trip to Lourdes and another residents' birthday gathering. Residents in this centre were supported in line with their aging profile and health related needs in this service and residents were facilitated to enjoy a home based activity programmes.

Each resident had a 'hospital passport' which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about the individual needs of each resident.

Communication with residents had been identified and 'easy read' documents had been prepared . Discussions with residents were recorded in their personal plans and it was clear that they had been supported to understand any necessary supports or guidelines in place.

Overall, inspectors found that the premises provided was clean, comfortable and suitably decorated throughout. The provider had completed some actions identified from the previous inspection but renovations works were underway in the centre at the time of this inspection. This involved the upgrading of bedrooms with ensuite facilities and access to suitable hoist equipment. The inspectors noted that these improvements were very focused on providing residents with improved facilities and ensuring that staff had suitable facilities in place for residents care needs. In addition, this improvement work also included the addition of fire doors from residents bedrooms to improve the evacuation procedures and times in the centre. This work was ongoing at the time of the inspection. The provider had delayed the improvements to external pathways until completion of the fire doors and renovations were completed, however there was no clear timeline in place for the completion of this work.

Inspectors noted that while there was arrangements in place for the management and review of risk in the centre, however improvement was required as the controls to mitigate the risks were not accurate. For example, a control specified that all staff would complete training in cpr, dsyphagia but gaps were noted in training records reviewed. In addition, there was no reference to a business case submitted by the provider to complete all relevant building works required in the centre.

Overall, inspectors found that this was a very person centred service focused on the aging profile and assisting residents to remain in their home regardless of care needs which showed that residents rights and preferences were paramount in this centre. Ongoing actions in progress at the time of this inspection would further enhance residents' quality of life in this centre.

Regulation 12: Personal possessions

Inspectors reviewed residents finances and found that the provider and management team had a policy and procedure in place to safeguard residents but also to guide staff in their practice.

Judgment: Compliant

Regulation 17: Premises

The houses were found to be spacious, clean bright and well maintained. Each resident had their own bedroom, that was decorated in line with their preferences and personalised to their individual preference. Residents also had access to store their belongings securely.

Inspectors noted that actions from the previous inspection were ongoing at the time of this inspection and the provider had added additional improvements, such as renovations to bedroom space with the addition of ensuite facilities in line with residents assessed needs. There was also plans in place to install fire doors in residents bedrooms to improve egress procedures for residents but there was no clear timeline in place for the completion.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors found that residents were supported to access a variety of food and nutrition in line with their assessed needs and access to relevant multidisciplinary supports, who monitored and guided staff in their practice.

Judgment: Compliant

Regulation 20: Information for residents

The provider had information available to residents in the centre, this included a residents guide about the service provided in the centre, residents rights, complaints and this information was also available in service user-friendly format where required.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider had ensured that all appropriate information was available and shared should residents become absent from the centre and inspectors found that the provider had shared all relevant information for a resident that discharged from the centre, such as up to date health records, the residents profile and health assessment and communication needs.

Judgment: Compliant

Regulation 26: Risk management procedures

While, the provider had a policy and procedure in place for the management of risk in the centre, Inspectors found that improvement was required as there was a number of risk assessments in place that required review. For example, the controls in place did not reflect practice in the centre. This included staff having training completed to mitigate the risks and inspectors noted this was not completed at the time of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall the inspectors noted that the centre, and service provided was very person centred and focused on the aging profile of residents with homebased care in line with residents' assessed needs.

Inspectors reviewed the assessment of need for one resident. This assessment of need reflected the changing needs of the resident due to a recent medical diagnosis. In reflection of this, one of the rooms in the house had been converted to a bedroom and ensuite for the resident. This also allowed for ease of evacuation during a fire. The resident had a number of goals for the year in place. One of these goals had been amended to reflect an improvement in the resident's health which allowed them to access more services in the community again

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Fuchsia Services OSV-0004471

Inspection ID: MON-0035481

Date of inspection: 14/08/2024

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff supervision records have been reviewed and dated accordingly.</p> <p>In respect of Manual Handling,1 staff has completed same on 11/09/2024. The other staff is no longer working with the organization.</p> <p>In respect of CPI training , 4 staff have completed this training on 27/08/2024. Three staff are booked in for Oct 15th 2024 and they have confirmed their attendance for same . The remaining 2 staff are unable to attend the October training due to family commitments but both have confirmed their attendance for the November 12th training.</p> <p>The person in charge will further optimize systems to ensure better co-ordination of mandatory, bespoke site specific and additional trainings.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>A review of training records is being inacted to ensure better co-ordination of all aspects for training compliance.</p> <p>Activity logs for people supported have been reviewed and amended accordingly.</p> <p>The person in charge will further optimize systems to link relevant documents to enhance accuracy and detailing of records.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Actions from the last inspection in relation to premises which were delayed due to building works will be completed by November 1st 2024.</p> <p>Documentation will be reviewed to ensure that all relevant information is included and noted , with focus on risk assessments , training and action plans and will be completed by December 1st 2024.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement Of Purpose has been updated to reflect the changes to the floor plans and associated details in line with the building works now completed.</p> <p>This has been returned to the nominated HIQA case holder.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The internal works are now completed , allowing completion of the outstanding exterior works which will be completed by November 1st .</p>	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

A review of current risk assessments and risk register is currently ongoing. The person in charge will ensure further optimization of current audit tools to ensure the accurate information in line with service practice.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	12/11/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/11/2024
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for	Substantially Compliant	Yellow	01/12/2024

	inspection by the chief inspector.			
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.	Substantially Compliant	Yellow	01/12/2024
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.	Substantially Compliant	Yellow	01/12/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/09/2024