



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

Issued by the Chief Inspector

Name of designated centre:	The Hollies
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	14 September 2021
Centre ID:	OSV-0007984
Fieldwork ID:	MON-0032640

About the designated centre

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

In this centre a full-time residential service is provided to two residents over the age of 18 years. The house is a dormer type premises located a short distance from the busy local town. The house offers each resident their own bedroom and sitting room, residents share the kitchen and dining area and, other services such as the utility. There is a pleasant and well-maintained garden that residents use and enjoy. The support provided is responsive to the individual needs of each resident and ranges from staff support and assistance at all times, to periods of independence based on the assessment of any risk. The staffing arrangements reflect this and, ordinarily there is one staff on duty and, the night-time arrangement is a staff on sleepover duty. Additional staff are on duty some weekends to support the individuality of the service. The model of care is social and, the staff team is comprised of social care and support staff. Management of the service is delegated to the person in charge supported by a social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 14 September 2021	10:00hrs to 15:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This was a new service established in April 2021; this was the first inspection of this service. Based on what the inspector observed, was told and, what the inspector read, this was a good service and, a well-managed service. Residents enjoyed a good quality of life and, received support that was based on their individual abilities and needs. The support provided respected and safely facilitated resident right to independence and autonomy.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. There was sufficient space for the inspector to be based in the house and, to meet with both residents, staff on duty and, the management team.

On arrival at the centre the inspector noted how well the house looked with a well-maintained garden, attractive containers of flowers, garden ornaments and, a pleasant seating area to the rear. The person in charge said that one resident was responsible for most of this and took great pride in the garden. Internally the house also presented very well and was laid out so that each resident had their own sitting room but could also meet up as they wished. The house was fitted with the required fire safety arrangements including a fire detection and alarm system, emergency lighting and, doors designed to contain fire and its products in the event of fire. Each door was fitted with a self-closing device and, no deficits were identified in the overall fire safety arrangements including the centres evacuation procedure.

The house was bright, well-ventilated and visibly clean with good provision of hygiene products. Staff and, residents where possible wore a face mask. Overall, the inspector found good infection prevention and control arrangements though some improvement was needed to the isolation contingency plans in the event of suspected or confirmed COVID-19. This was rectified immediately by the person in charge.

A suite of COVID-19 risk assessments were in place for safely accessing community based services and, for accommodating visits to the centre and to home. Reintroducing overnight visits to home was reported to be currently under discussion with both families.

The routines and practice observed by the inspector during the day were as described in the residents' personal plans. One resident was in the house when the inspector arrived, the other resident had left to go to the off-site day service that they attended Monday to Friday. The resident who was at home had communication needs but clearly indicated some initial hesitancy to meet with the inspector but this quickly changed to an invitation to come in. The resident was very comfortable with the staff on duty and, with the person in charge. The resident invited the inspector to see their bedroom, bathroom and sitting room. These rooms were personalised to the residents' choosing and, there was much display of personal items and family

photographs. The resident had good comprehension, laughed and named their support staff, when the inspector asked who kept the rooms so tidy. The resident spent much of the day out of the house supported by staff, did some errands with staff and, enjoyed some shopping. The purchases included some decorations for the house in preparation for Halloween.

The second resident came back to the house to have their lunch. The resident was in great form and was delighted to have their work in the garden recognised by the inspector. The resident said that, supported by the day service, they had been doing some repairs that morning on a boat in the marina. The inspector was invited to see the resident's bedroom and sitting room. The resident was clearly proud of their home and discussed various photos on display. The resident and the inspector chatted easily with both using a face mask. The resident said that he loved living in the house and, with his peer. The resident spoke of the independence that he enjoyed such as walking down town or spending some time alone in the house. This independence was very important to the resident but he also enjoyed having staff in the house to support him in certain areas such as cooking. The resident confirmed that he had access to home, family and family events and, proudly showed the inspector his vaccination certificate.

The resident was not afraid of COVID-19 but understood the importance of staying safe. The resident was delighted that his paid employment had recommenced. The resident confirmed that he had additional staff support some weekends and really enjoyed this time as they engaged in social activities of the residents choosing. The resident said that he attended the internal advocacy forum and, that he had recently attended a forum for residents convened by HIQA (Health Information and Quality Authority) that he really enjoyed. When asked if he would say if he was not happy or, if there was something that concerned him, the resident said that he would and named specific staff that he would talk with.

The personal plan reflected all that was discussed between the resident and the inspector. The plan reflected the importance of independence, community visibility and participation, of family and home and, how this vision for life was facilitated by the support provided. The process of risk assessment and, the use of reasonable controls ensured that independence, choice and control were safely facilitated. For example, the resident showed the inspector the fire alarm and discussed how they responded to it and, confirmed their use of their personal alarm if they were alone in the house.

In summary, this was a service that was managed and operated to respect and promote the individuality and needs of each resident. The provider had the arrangements in place to meet these needs and, was found to be in full compliance with the regulations reviewed by the inspector.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and, how these arrangements ensured and assured the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced to deliver on its' stated objectives. The provider was effectively collecting and using data to assure and, improve the quality and safety of the service provided to residents.

The local management structure was clear and consisted of the community manager, the person in charge and, the social care worker. It was evident to the inspector that they worked well together, had ready access to each other and, had a shared commitment to providing residents with a safe service and, the best possible quality of life. For example, the person in charge described the assessment, consultation and, planning that had occurred to establish that residents could and would live compatibly together.

The person in charge had responsibility for two designated centres and described to the inspector how they maintained a practical presence in each centre every week. The person in charge aimed to be in the house when residents were present, for example calling in the evening when one resident had returned from the day service. This practical supervision was augmented by formal systems of review such as the review of any accidents and incidents, the monitoring of the use of any as needed medicines and, of infection prevention and control measures. In addition, the provider had completed the first unannounced review of the quality and safety of the service. Some actions for improvement had issued from this review; the person in charge had signed off on their completion. The inspector reviewed two areas that had been highlighted in the internal review as needing improvement and found that the deficits identified had been addressed.

For example, deficits in refresher mandatory and essential training for staff had been found by the internal reviewer. The inspector reviewed the staff training records and saw that these deficits were addressed. Staff had completed on-line training in for example, manual handling and responding to behaviour of risk, while they awaited the return of face-to-face training.

The inspector reviewed a sample of staff rotas and saw that a regular team of staff provided consistency of support. Based on the inspectors review of the assessment of resident needs and, the register of risks, staffing levels and arrangements were suited to the needs and abilities of the residents. An additional staff member worked every second weekend to support individual choice and routines for residents. The person in charge confirmed that staff supervisions were on schedule and, regular team meetings were held.

Regulation 14: Persons in charge

The person in charge worked full-time and, had the qualifications, skills and experience needed for the role. It was evident from records seen and, from discussion with the person in charge, that they were consistently and effectively engaged in the management and oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels, arrangements and, skill-mix were suited to the number and assessed needs of the residents. A planned and actual staff rota was in place showing each staff and, the hours that they worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed all mandatory, essential and desired training.

Judgment: Compliant

Regulation 21: Records

Any records requested by the inspector were in place and, were well maintained. The inspector readily verified from these records what was said and observed such as, staffing levels from the staff rota and, the review and maintenance of fire safety arrangements from the fire safety register.

Judgment: Compliant

Regulation 23: Governance and management

This was a well-managed and overseen service. The focus of management was the provision of a safe, quality service to both residents. The management structure

operated as intended by the provider and, as set out in the statement of purpose and function for the service. The service was consistently monitored and, the data collected was used to improve the quality and safety of the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident was provided with a contract for the provision of services. The contract was centre and resident specific, included the fee to be charged and, was signed as agreed with the resident or, their representative.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre there were arrangements that ensured HIQA was notified if certain events occurred. The person in charge had submitted a nil return, that is nothing to notify and, this would concur with the records in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was available in the main hall. The inspector was advised that no complaints had been received since the centre commenced operation. The recent internal review confirmed this. A resident spoken with said that he would complain if he was not happy.

Judgment: Compliant

Quality and safety

The inspector found that this was an individualised service where the support provided reflected the assessed needs, abilities and, choices of each resident. Risk management and, a culture of positive risk taking ensured that residents had

independence, choice and control but were also safe. Residents enjoyed a good quality of life closely connected to family and, to their local community.

The inspector reviewed one personal plan in detail and aspects of another. The inspector saw that residents were consulted with and, had input into their plan; the plan was framed around the residents' own vision for their goals and objectives in life. The life and routines described to the inspector by a resident reflected the stated vision for the plan such as, connection with family and, the meaningful roles enjoyed in their local community. From the plans the inspector also saw that prior to admission residents were consulted with about the service to be provided and, assessments were completed to establish that residents could live compatibly together.

There was one element of the daily routine that was a source of some disquiet as one action favoured by one resident was not liked by the other; this was a trigger for some behaviour of concern. The inspector saw that there were centre specific procedures for recording and monitoring these events, the impact, each resident's response and, how each incident was resolved. The person in charge confirmed that she was liaising with members of the multi-disciplinary team in relation to the review of the positive behaviour plan in place and, the development of further possible therapeutic strategies. Residents spent much of the day apart due to their different routines and, they had separate sitting rooms. These arrangements reduced the frequency and impact of these events while the plan was under review. There was also evidence however, that residents were compatible in many ways and, benefited from living with each other. For example, residents enjoyed day trips together and, one resident told the inspector that he liked living with his peer.

The personal plan included the assessment of residents' healthcare needs and, details of the care needed to ensure that residents enjoyed good health. Staff monitored resident well-being and this included monitoring for any signs of COVID-19 illness. Staff ensured that residents had access to the services that they needed including their General Practitioner (GP), psychology, psychiatry, dental and optical care. There was a health promoting ethos to the care provided with residents encouraged to make good-lifestyle choices in relation to their diet and exercise. One resident showed the inspector the newly acquired cooking appliance that facilitated healthier cooking methods for preferred foods.

The individuality of the service was reflected in the arrangements in place for each resident to be meaningfully engaged and occupied. One resident received an integrated type service in their home where staff provided both residential and day service support. The other resident attended a day service in the town. The activities and opportunities available to each resident reflected their individual ability and choices and, varied from the opportunity to enjoy paid work to walks in the local community or relaxing and enjoying a barbeque in the garden. The inspector got a sense that while residents were very different in their ability they complemented each other.

The person in charge maintained a register of risk assessments. The completed risk assessments reflected the assessed needs and abilities of each resident and, the

general operation of a designated centre. As stated previously, the identification and management of risks ensured that residents were safe but also ensured that a resident could safely experience independence in their home and, in their routines. The resident discussed with the inspector the controls in place that facilitated this such as their personal alarm. The control of risks was regularly reviewed.

The provider had implemented effective measures to reduce the risk of the accidental introduction and onward transmission of COVID-19. These measures were set out in records such as the risk register. Staff had completed relevant training including hand hygiene, breaking the chain of infection and, how to correctly use personal protective equipment. There were contingency plans for responding to a possible outbreak of COVID 19 for example, ensuring continuity of governance and management and, there was an isolation plan if needed for each resident. There was scope for improvement in these plans, for example in relation to the planned staffing arrangements. The plans were reviewed and amended by the person in charge and, the community manager based on the feedback given.

The provider had effective fire safety procedures. There was documentary evidence that the fire detection and alarm system, the emergency lighting, self-closing devices and, fire-fighting equipment were all regularly inspected and tested. There was further documentary evidence of works completed to improve fire protection measures such as work completed on the space beneath the stairs. All staff had completed fire safety training and, staff and residents participated in regular simulated evacuation drills. The reports of these drills reflected the occupancy and staffing arrangements in the house, the participation of different staff and, efficient evacuation times.

Regulation 10: Communication

The personal plan included the assessment of any communication needs and, relevant information that supported effective and positive communication such as a communication dictionary. Residents had access to a range of media.

Judgment: Compliant

Regulation 11: Visits

The process of risk assessment and, the implementation of reasonable controls ensured that visits to the centre and to home were safely facilitated.

Judgment: Compliant

Regulation 13: General welfare and development

Both residents received appropriate care and support based on their assessed needs and abilities and, their expressed wishes. This support included opportunity to be meaningfully occupied, visible and, included in their local community. Residents were supported to maintain their relationships with family and friends.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the house was suited to the number and, the assessed needs of the residents. The house was well maintained internally and externally.

Judgment: Compliant

Regulation 18: Food and nutrition

The personal plan included the role of nutrition in promoting good health. Staff sought to support residents to understand this and, to make good lifestyle choices while respecting their right to make their own decisions. The inspector saw, in line with their ability to do so, that residents had good independence in accessing meals and refreshments but also had the support from staff that was needed.

Judgment: Compliant

Regulation 26: Risk management procedures

There were adequate arrangements for identifying hazards, assessing and controlling risk and, for recording and monitoring any incidents that involved residents. The implementation of reasonable control measures safely supported resident independence and quality of life.

Judgment: Compliant

Regulation 27: Protection against infection

There was evidence of infection prevention and control practice based on national and local policy, guidance and, a suite of risk assessments.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had suitable fire safety arrangements including effective procedures for the evacuation of residents and staff in the event of fire or other such emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The personal plan was based on the assessment of resident needs, abilities and wishes. Residents had input into their plan and the plan included their personal goals and objectives. The provider had the arrangements in place to meet the needs of each resident.

Judgment: Compliant

Regulation 6: Health care

Staff monitored resident well-being and ensured that residents had access to clinicians and services as needed. There was a health promoting ethos to the care provided as staff promoted healthy lifestyle choices. Regular blood-profiling monitored the impact and effectiveness of prescribed treatments.

Judgment: Compliant

Regulation 7: Positive behavioural support

The personal plan included a positive behaviour support plan that was currently under review in consultation with psychology. Residents routines and, their home

were free from any form of restrictive practice.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures. All staff had completed safeguarding training. The contact details for the designated safeguarding officer were prominently displayed. The assessment of needs identified any safeguarding vulnerabilities or risks and, the plan of support included any measures needed to keep residents safe.

Judgment: Compliant

Regulation 9: Residents' rights

This was a highly individualised service where the support provided was suited to each residents ability, needs and choices. Residents were consulted with in relation to the service and support to be provided. Residents had access to advocacy services, their religious beliefs were respected and, residents could exercise their right to vote. Reasonable controls ensured that as appropriate, residents enjoyed independence, choice and control in their home and, in their routines such as the management of their finances and medicines.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant