



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

## Issued by the Chief Inspector

Name of designated centre:	No 3 Seaholly
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	25 February 2021
Centre ID:	OSV-0005135
Fieldwork ID:	MON-0030753

## About the designated centre

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

No 3 Seaholly is located in Cork City suburbs, with access to shops, transport and amenities. The service provides full-time residential supports for two adults with moderate/severe intellectual disabilities including autism. Individuals may also require support with behaviours that challenge. The designated centre is a bungalow which comprises of two self-contained apartments. Both have been adapted to meet the individual needs of the residents. Each apartment also has a separate secure outdoor area, designed to meet each individuals' needs. One of the areas has an all-weather surface which enables the individual to access the area all year round as they choose. The designated centre also has a staff office and staff bedroom. The centre's focus is on meeting the individual needs of each person, by creating a homely environment. Individuals are supported to participate in household, social and leisure activities. The residents are supported by social care staff during the day with one waking staff and one sleep over staff by night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
--	---

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
Thursday 25 February 2021	11:00hrs to 15:30hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with both of the residents living in this designated centre which is comprised of two separate apartment style dwellings. Both residents were supported through individualised and person centred services. To reduce movement between the apartments as a result of the COVID-19 pandemic, the inspector was located in a room in one of the apartments.

On arrival to the designated centre the inspector was informed that both residents were participating in planned activities but were scheduled to return early in the afternoon. The inspector walked around the centre before the residents returned and noted that the bathrooms had been upgraded and internal painting had been done since the last inspection. One of the bedrooms had also been refurbished as per the resident's choice. Staff explained how some furniture items had initially been tolerated by the resident in their refurbished bedroom but the resident removed the items, such as a bedside locker when they no longer wanted them in the room as they preferred a minimal amount of furniture. The inspector did discuss with the person in charge some maintenance issues which were observed while walking through the designated centre such as damage to flooring.

One resident returned to the designated centre after going to a beach and having a picnic with staff. It was a lovely spring day and the resident had also gone for a walk around the location which was not crowded and suited the needs of the resident. On their return to the designated centre, staff supported the resident to transition into the house. The resident indicated to staff they wished to have a drink in the room where the inspector was located which was facilitated by the staff. The resident then chose to take a box of books from the room and look at them in their own sitting room. The social care leader informed the inspector that the resident was unsettled on their return so the inspector waited until later in the afternoon to meet with them. However, the resident indicated that they did not want to engage with the inspector as they closed out their sitting room door so they could continue to watch a programme on the television when the inspector went to meet with them. Staff informed the inspector of the great progress the resident had made since the last inspection in December 2018. The resident had become independent with an activity of daily living which had improved their quality of life. The staff team were continuing to assist the resident to make even further progress in this area and the resident's family were also involved in assisting in a consistent approach to help achieve the goal. The staff team outlined how the resident had been supported to continue to visit their family home at weekends during the pandemic restrictions to assist with maintaining a regular routine for the resident.

The other resident returned to the designated centre after going for a spin to a number of different locations around the city; locations that staff knew the resident enjoyed visiting. The inspector was informed that the resident had not slept the previous night, a known pattern of behaviour for the resident. The inspector was

able to meet the resident briefly after they had finished eating their lunch. The resident was being supported by staff that were familiar with them and this was evident when staff knew what the resident was looking for in the kitchen after their lunch. Staff informed the inspector how the resident would be supported for the afternoon due to their lack of sleep the previous night. The resident was allowed to rest for a specific period of time before another activity was offered to them. This was consistent with information that the inspector had reviewed in the resident's personal plan.

Both residents were supported by individualised programmes and consistent familiar staff to assist them in their daily lives. The residents were supported to maintain regular contact with their families, for example staff had daily contact with one resident's family representatives. During the inspection, staff informed the inspector of another positive step that occurred on Christmas day for both residents. Staff supported the residents to have their Christmas dinner together while adhering to public health guidelines. As the residents did not engage regularly in activities with peers, this was viewed by the staff team as progress with both residents in the area of inclusion and social skills. The inspector was informed that the staff team hope to repeat this activity once both residents are happy to participate. This it is hoped will assist both residents to be able to engage with peers more frequently in the future.

## Capacity and capability

Overall, the inspector found that there was a good governance and management structure with systems in place which aimed to promote a good quality, safe and person-centered service for residents. On the day of the inspection, there were sufficient numbers of suitably qualified staff on duty to support the residents assessed needs and facilitated them to enjoy activities of their choice. This risk based inspection was undertaken to provide assurance that actions identified during the last inspection in December 2018 had been completed. The provider had addressed all of the actions from the previous inspection.

The person in charge worked full time, they had a remit over four other designated centres. They were supported in this designated centre by a social care team leader and ensured they had regular contact with all staff members. The person in charge and social care leader had ensured the changing needs of the residents were being supported, for example, maintaining a meaningful day while adhering to the current public health restrictions and supporting the residents to maintain family bonds. In addition, the provider and staff team were actively reviewing the future care needs and any additional supports that may be required by the residents in this designated centre.

The person in charge and social care team leader ensured the residents were supported by a core staff team, including regular relief staff who were familiar with

the needs of the residents. The team displayed flexibility in providing support to residents at times when there were increased requirements such as when staff members were unable to attend work due to the public health guidelines. While scheduled staff training had been impacted by the pandemic, all staff had either attended refresher training or were booked in the weeks post the inspection in advance of previous training expiring, this included fire safety, safeguarding and managing behaviours that challenge.

The annual review that had been completed in January 2021 provided details of positive outcomes for the residents despite the pandemic restrictions which included a responsive, individualised service with strong focus on individual needs and outdoor activities. Family consultation was also evident with positive responses relating to the benefits of consistent day service staff supporting the residents. The staff team had made a complaints on behalf of the residents regarding the cancelling of day services at short notice during 2020. Following consultation with day services, the multi-disciplinary team, MDT and staff team, the availability of consistent and familiar staff was supported and had assisted both residents to continue to actively engage and participate in activities daily.

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota and staffing levels were maintained as per the statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training using alternative methods such as on-line training where possible. A schedule of training for 2021 was also in place with staff booked to attend courses in the weeks after

this inspection.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had ensured a directory of residents was maintained in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre ensuring the provision of good quality care and safe service to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of adverse events as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure



Residents were supported by staff to make a complaint and the provider had ensured that all received complaints were recorded, investigated and actions taken to resolve issues raised.

Judgment: Compliant

## Quality and safety

Residents well-being and welfare was maintained by a good standard of evidence-based care and support. They were supported to have a good quality of life while ensuring adherence to the current public health guidelines. However, there were some general maintenance issues that required review which were discussed with the person in charge during the inspection.

Each resident was supported in their own apartment style dwelling which were decorated with personalised items as per the resident's choices. The inspector did observe evidence of upgrading work completed in bathrooms and painting in some areas of the centre since the last inspection. However, there was damage to the surface of one of the kitchen counters and peeling paintwork evident on some of the doors on the kitchen presses in one of the apartments. In another location a piece of the wooden flooring was missing at the entry point to one of the bedrooms. The flooring in another bedroom had been replaced since the last inspection but had been damaged again by a closure mechanism on the bedroom door that had since been removed from all doors in the designated centre. The person in charge outlined that the damaged flooring to this bedroom and the staff office wasn't scheduled to be repaired until the closure mechanisms had been replaced with an alternative mechanism and informed the inspector the damaged flooring would be able to be repaired as the works had been completed in the weeks prior to the inspection. In addition, the person in charge gave details of plans to install a specific specialised surface to the floor area of a room used by one resident during periods of anxiety. The inspector was informed the specialists required to install this flooring had been contacted by the facilities manager and this work would be scheduled.

The inspector reviewed the personal plans of both residents which had been subject to regular review. One resident required increased review in recent months due to their changing needs and there was evidence of frequent meetings between the MDT and other allied health care professionals to ensure the care and support provided to the resident was meeting the resident's needs. There was evidence of goals being re-adjusted following the pandemic restrictions which included getting takeaway hot drinks while out in the community, going to a drive in movie, having a picnic instead of going to a restaurant and increasing the number of locations where the residents enjoyed going for walks. The staff team outlined the benefits for one resident supported by an integrated residential and day service programme during the day. This was facilitated by a staff from each location working together while

supporting the resident to engage in different activities during the day and ensured consistency in supports provided to the resident. The staff team were actively progressing plans to get a similar programme of integrated services for the other resident, who at the time of the inspection was supported by day service staff during the day and residential staff in the evenings and at weekends.

As previously mentioned in this report one resident had successfully become independent in an activity of daily living since the last inspection and this has continued to progress. The inspector was informed this has greatly improved the resident's quality of life and dignity. In addition, the staff team successfully completed a programme of de-sensitisation; previously the resident required sedation for medical interventions but the staff team had successfully increased the resident's tolerance of minor healthcare activities such as checking their blood pressure. This was being tolerated without an increase in anxiety as would previously have occurred. Both residents used a daily visual schedule with a variety of activities which ranged from outdoor water and sand play to foot massages and craft work. Each resident had access to their own transport vehicle at all times and were able to go out for spins as they wished. Both residents had healthcare management plans that were also subject to regular review. The residents were also being supported to follow a healthy eating plan and dietary requirements were supported by the staff team. Overall, staff reported that both residents had coped well in 2020 with the pandemic restrictions, noting the achievements made in a number of areas which had supported resident's to be less anxious. There had been a reduction in the number and level of restrictive practices that were used in the designated centre, which were kept under regular review.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. Staff had identified there were challenges to support the residents to understand the public health guidelines such as coughing etiquette and wearing masks. Residents were supported with visual aids to assist in their understanding which included the practicing of hand hygiene and testing for COVID-19. The designated centre had a regular routine and record log of additional cleaning applied to regularly touched areas and a staff interaction log which identified staff who had worked together during scheduled hours on duty. Staff had undertaken training in areas of hand hygiene and the use of personal protective equipment, PPE. A COVID-19 folder was available in the designated centre with updated information and guidance. This included a COVID-19 self-assessment which was completed by the person in charge in November 2020 & reviewed again in January 2021.

Overall, the individualised service provided to the residents supported their ability to communicate their needs to familiar staff and facilitated their engagement in activities as they wished. Residents were given the time to transition between activities which assisted in reducing anxiety for the residents. The dedicated staff team continuously worked to support each resident during periods of heightened anxiety and were actively working to assist each individual to receive the best possible outcomes in their daily lives.

<b>Regulation 10: Communication</b>
The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.
Judgment: Compliant
<b>Regulation 11: Visits</b>
The residents were supported to maintain contact with relatives and friends while adhering to public health guidelines.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The provider had completed some upgrade works, however, not all areas of the designated centre were maintained in a good state of repair.
Judgment: Substantially compliant
<b>Regulation 26: Risk management procedures</b>
The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures

consistent with those set out by guidance issued by the HPSC.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that effective fire safety management systems were in place in the designated centre, which included regular servicing of equipment, fire evacuation plans and monthly fire drills .

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of residents was carried out.

Judgment: Compliant

### Regulation 6: Health care

The health and well-being of the residents was promoted in the designated centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured staff had up-to-date knowledge and skills to support the residents manage their behaviour and all alternative measures were considered before a restrictive practice was implemented.

Judgment: Compliant

### Regulation 8: Protection

The provider ensured arrangements were in place to safeguard residents from harm or abuse. This included staff training, care plans for personal and intimate care and a review of incidents and accidents in the designated centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected at all times.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 11: Visits	Compliant
Regulation 17: Premises	Substantially 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

# Compliance Plan for No 3 Seaholly OSV-0005135

Inspection ID: MON-0030753

Date of inspection: 25/02/2021

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Flooring contractor has visited the Centre and the works will be complete [30/04/2021]. Parts of the kitchen requiring attention have been identified and are planned to complete in line with COVID restrictions and precautions [30/04/2021]. The surface in the room which requires specialist attention has been measured by the company and we await the manufacture and fit of the covering [31/05/2021].	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/05/2021