



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

Issued by the Chief Inspector

Name of designated centre:	Duffcarrig Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	30 November 2022
Centre ID:	OSV-0003610
Fieldwork ID:	MON-0038556

About the designated centre

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

Duffcarrig Services consists of six residential units located in a rural community setting, that can offer a home for a maximum of 23 residents. The centre provides for residents of both genders over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Each resident has their own bedroom and other facilities throughout the six units that make up this designated centre include kitchen/dining areas, living rooms, cloak rooms, utility rooms and bathroom facilities. Residents are supported by a staff team that comprises social care leaders, staff nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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 30 November 2022	09:30hrs to 18:30hrs	Tanya Brady	Lead
Wednesday 30 November 2022	09:30hrs to 18:30hrs	Lisa Redmond	Support

What residents told us and what inspectors observed

This was an announced inspection, completed following the registration of this designated centre under a new registered provider, the Brothers of Charity. This inspection was completed by two inspectors who visited all houses that comprise the centre and met with all residents who were present in the centre on the day of inspection. The centre comprises six houses, in a congregated setting outside a large town in Co. Wexford. At the time of the inspection, it was home to 23 residents.

Overall, residents spoken with, told inspectors that they were happy in their home, and that they felt well supported by staff members. One resident was very complimentary of the staff team, and the person in charge. This resident advised inspectors that they had been consulted with about where they lived, and when they expressed that they would prefer to live in a different house in the centre, this request was facilitated. The resident communicated their happiness in their new home. Family members also contacted HIQA regarding this centre highlighting the vast improvements in the centre and the positive impact this has had on their loved ones.

Where residents could not tell the inspectors their views about life in their home, inspectors observed residents' interactions with their environment, staff members and other residents. Inspectors also spoke with staff members who noted positive changes that had been implemented to improve residents' quality of life, following a change of the designated centre's registered provider.

A number of residents showed the inspectors their bedrooms and living areas. It was evident that residents' homes and bedrooms had been decorated and personalised, and that residents were very happy about this. Residents now had keys for their bedrooms and the entrance to their home. This promoted residents' rights with respect to their personal space, privacy and dignity. A number of residents remembered meeting inspectors previously and were happy to show them changes that had taken place in their home.

On arrival to each of the designated centre houses, there was a COVID-19 check in station provided. This included temperature checks, relevant personal protective equipment (PPE) and alcohol hand gel. It was clear that staff members were very much aware of the importance of protecting residents from potential sources of infection. Throughout the inspection, staff members were observed to be wearing appropriate levels of PPE with respect to the care tasks they were carrying out.

Residents were facilitated by staff members to engage in activities throughout the inspection day. A number of residents went to a local tree-top walkway, while others attended equine therapy and/or went out for dinner. One resident had a piano in their home, and could be heard playing this as an inspector visited their home. Staff spoken with told the inspectors that some residents had recently been on holidays

and taken hotel breaks in Ireland. There were further plans to organise holidays for residents who had expressed a wish to do this.

Residents engaged in activities in line with their interests, choices and wishes. Residents told an inspector that they participated in social farming, and it was clear as they spoke about this that it was something that they really enjoyed. One resident had a membership in a local swimming pool. This resident had also been supported to participate in swimming competitions. Staff reported that the resident enjoyed this activity. Another resident had recently attended a rock concert, and they were planning to purchase tickets for an upcoming concert.

Throughout the inspection day, residents were observed visiting each other in their homes, having a chat and a cup of tea. It was a regular occurrence that residents in a number of houses who were friends would go on activities together, or if staff were facilitating an activity that they knew another resident would enjoy that they would open the invitation to them too. It was clear that residents throughout the centre knew each other well, and that were supported to continue to nurture and develop these important relationships. Overall, inspectors found that residents were well supported in their homes, and they expressed happiness in the staff team and the supports they provided to them.

The new registered provider had inherited ongoing issues with fire containment and the up-keep of the premises at the point of taking over the centre, inspectors were assured that some resources were available to begin to address these issues. On the day of inspection work to provide temporary fixes to the drives and pathways was taking place. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

This inspection took place one week after the designated centre had been registered with Brothers of Charity Services as the registered provider. It was evident that the transition of the governance and management structure of the centre had been well planned and this was well evidenced by the levels of compliance noted on this inspection.

Inspectors found a service that was well run where the care provided to residents was safe and of a very good quality. The new registered provider had worked hard at driving improvements in this centre across all areas of service provision.

Changes to the governance structure was reflected in very good levels of oversight throughout the centre. Residents and staff members knew who they could report

issues and concerns to, and there was lots of evidence of residents being supported to raise complaints about issues relevant to them. There was also evidence of actions being taken to address these issues. This demonstrated that residents' voices were heard and listened to. There was also a number of compliments recorded in the centre, evidencing the progress made since the centre had implemented new practices.

The inspectors found that further premises and fire containment works were required but that the new registered provider was well aware of this and had discussed same with their funder when taking over this centre. Fully costed/resourced assessments to prioritise these works had not yet been fully completed and will need to be prioritised and continually reviewed.

Overall this inspection found a well run and well operated service with strong governance and management arrangements in place.

Regulation 15: Staffing

The registered provider had ensured that the residents were supported by a consistent staff team. Recruitment for additional staff was being processed, which would bring the designated centre to its full complement of permanent staff. This included a newly appointed post to provide additional, individualised staff support to one resident. Where gaps in the rosters arose unexpectedly the provider had access to a relief panel however, agency staff could be utilised and their use was clearly indicated and monitored.

It was apparent to inspectors that there was a sufficient number of staff on duty to support residents in their home. Residents knew the staff that supported them well. Staff spoken with communicated the changes they had witnessed, and the positive impact this had for residents.

Judgment: Compliant

Regulation 23: Governance and management

All staff members spoken with noted that they felt well supported by management in the designated centre. Three team leaders had been appointed, with a remit over two houses each. All staff reported to their relevant team leader, with the team leaders reporting directly to the person in charge. The inspectors spoke with these individuals throughout the inspection. It was clear that they knew residents well, and that they were striving to meet regulatory compliance.

While the registered provider had only formally taken over this designated centre in the week preceding the inspection they had been present in the centre throughout the transition period from the Health Service Executive. They had been actively involved in completion of previous audits and in establishing monitoring systems. Formal meetings on a quarterly basis had taken place between both providers to ensure a smooth transition and these were to continue in the short term.

Areas identified as priorities such as fire safety and premises works required further resource allocation to ensure the new registered provider could complete the high priority work that remained outstanding in this centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had been provided with contracts which outlined the care and support they would receive in their home. These were provided in both a written and an easy-to-read format, and reflected the change to a new registered provider. It was also clear within these documents what fee the residents would pay to live in their home, and what this fee included.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were supported to raise a complaint, if they so wished. There was a clear and accessible complaints protocol to support them to do so and there was evidence that this process was discussed during residents' meetings and in one to one settings with residents.

Over the previous quarter prior to the centre formally transferring to the new provider there had been eight complaints regarding the condition of the paths and driveways in addition to other complaints received. The new provider, the Brothers of Charity, had managed these complaints and communicated the outcome to the previous provider the HSE.

Inspectors noted that multiple compliments regarding the new provider had also been received and the inspectors acknowledged how positively these reflected the service to the residents.

Judgment: Compliant

Quality and safety

The inspectors listened to both residents and staff members who communicated a number of practices were put in place that focused on promoting the rights of residents.

Staff members in one of the centre's houses had recently attended training in Irish sign language, to support a resident who communicated in this way. The resident attended this training with the staff members, and supported them to continue to learn new signs. Staff who were not yet fluent in this communication method had learned the phrase, 'what is the sign for', and the alphabet. Therefore, staff members could then spell this out for the resident, who would show the staff member the relevant sign. This was very important, and ensured the resident was supported to communicate in line with their assessed needs.

Measures were in place to ensure residents were safe and well cared for. Risk assessments had been developed to include the risks relating to the large premises and grounds and the area of fire safety, which were in line with the findings of this inspection. Inspectors found that sufficient controls were not in place to control these risks.

Overall residents general welfare, development and rights were found to be upheld in this centre with residents presenting as happy and having a good quality of life on this inspection.

Regulation 17: Premises

Inspectors observed a number of significant improvements had been made to this centre which improved the lived experience of residents. However further works were required and would be continually required (in terms of premise maintenance) given the large size of this premises and surrounding grounds.

At the time of the inspection, potholes and uneven surfaces in the driveways were being filled. Although this was a temporary solution, it was noted that this provided a more even pathway for residents between their homes. This was a welcome action, as the uneven surface had been the subject of a number of complaints made by residents. Lighting had also been provided, to provide safe pathways for residents coming into the winter months across this large designated centre and

grounds.

Internally the inspectors observed that the new registered provider had provided residents with new furniture, new beds and had in one house had already replaced a kitchen and had also replaced some bathrooms. Some houses had new flooring throughout and the provider had begun a re-decoration plan which residents were fully engaged in. The provider had supported residents to move within and between houses at their request and residents reported being very happy in their new rooms and with the decoration that was taking place. The centre presented as warm and comfortable and had been personalised by the residents who lived there in a way that was meaningful to them.

The registered provider noted that further external works were required to improve the centre's sewerage and heating systems. A leak in a roof required repair, with areas of damage caused by damp observed in some of the houses while some bathroom sinks and toilets were due to be replaced. Window frames throughout the centre were observed to be chipped and cracked in areas. Externally there were leaks noted in gutters, and fascias required replacement. These works were all dependant on appropriate resources being allocated to the new registered provider according to the centres management.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A risk register was provided to inspectors. This outlined the risks to residents, staff and visitors in the designated centre. Upon review, it was clear that measures had been put in place to control the risks outlined. Risk assessments had been developed to include the risks relating to the premises and fire safety, which were in line with the findings of this inspection. These are actioned under the relevant regulations, given that sufficient controls were not in place to control these risks.

A risk management policy was available to staff, which outlined staff roles and responsibilities with respect to risk management. This included the information that is required under this regulation.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that there were systems in place in the centre to protect residents from the risk of healthcare transmitted infection. Colour-coded cleaning systems were in place in the centre. This ensured that cleaning items were clearly labelled, reducing the risk of cross-contamination. Effective laundry management systems were also observed. This included the segregation of clean and dirty linens and the use of easy-to-clean laundry baskets. In terms of waste management, pedal bins were observed in use throughout the designated centre. An external company collected the centre's waste on a regular basis.

A COVID-19 contingency plan had been developed, with specific and individualised protocols outlined for each of the designated centre's six houses. Clear guidance was provided for staff members in relation to self-isolation of residents, cleaning and waste disposal. There was evidence that these plans were scheduled for regular review, and that they contained accurate information in line with current best practice in this area. Audits had been carried out in advance of the provider formally taking over the centre to identify the centre's adherence to these plans and general good practice in relation to infection prevention and control. When required, areas for improvement were identified and actioned.

A number of resident's had pets and there was evidence that there were specific infection prevention and control measures in place around the management of cats, rabbits and goldfish within the houses. Specific cleaning schedules were observed to be in place regarding the cleaning of specialised equipment such as oxygen masks, nebulisers, wheelchairs, showers and rollators.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider acknowledged that continued significant works were required to ensure the designated centre met compliance with the regulations in relation to effective containment in the event of smoke and/or fire. These had been identified as being required in advance of the registered provider taking over the centre although the full extent of work required was still to be assessed. A number of external specialist reviews had been completed such as a review of fireplaces and chimneys that had resulted in replacement of fire bricks and grates.

Protected escape routes were provided from the upstairs area of a number of the centre's house. In two houses, the external evacuation stairs had some moss evident which posed a risk of slips and falls on emergency evacuation. It was observed that one resident did not have a protected means of escape from their living area. The registered provider committed to reviewing this and did replace a fire door in one area that had been removed prior to the inspection at the inspectors request.

There were plans in place to update the fire alarm system in the designated centre to ensure that the zoned areas in the alarm system matched those outlined on the floor plans in each of the centre's houses. There were also plans to replace the existing fire-doors in the centre as many were assessed as not meeting current fire safety standards.

Inspectors observed that pipework ran between floors in a number of houses and this was not sealed or stopped therefore, there was a breach in fire containment between floors. In addition, attic hatches were observed not to create a seal and there were gaps visible around them.

The provider had ensured that fire drills had been completed with minimum staffing levels and residents' personal evacuation plans had been updated and were seen to provide clear guidance to staff.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had been supported to make goals that were important to them. Each resident had an identified staff member that was their keyworker, which meant they were responsible to support the resident to achieve their goals. Residents also had regular meetings with their keyworker, to discuss relevant topics and issues, and to make sure they were satisfied with the support they received in their home. Residents who spoke with the inspectors were clear about what they wanted to do and spoke of activities they were involved in and things they planned for the following year.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider ensured that the residents were supported to achieve the best possible mental health and were supported in managing behaviours that challenge. Multi-disciplinary support including behavioural therapy and psychiatry supports were available to residents when needed. Recruitment was underway to add a psychologist to the team, to further support residents to manage behaviour that is challenging.

When required, residents had a plan of care outlining the strategies in place to support them to manage behaviour that is challenging. Clear proactive and reactive strategies were provided, which ensured that residents were supported to alleviate

stress and anxiety they may have.

Restrictive practices were in place in the centre to ensure that residents remained safe at all times. The impact, due to the presence of a restrictive practice on them and those they lived with had been considered and the provider referred these to their human rights committee for review. Since taking over the centre the provider had removed a number of restrictive practices following assessment and those in place were reviewed and were scheduled for ongoing monitoring.

Judgment: Compliant

Regulation 9: Residents' rights

During the period of transition to the new provider, residents had been supported to have an independent advocate. Staff spoken with were aware of this process, and knew that residents could seek advocacy support in the future, if they so wished.

Residents engaged in weekly house meetings. At these meetings, residents discussed upcoming events, menu planning and any issues or concerns they may have. This ensured that residents' choice was listened to, and that they were involved in decisions about their support. The minutes from these meetings were documented in an easy read format and supported with symbol and photograph use.

One resident was supported to purchase a voice automated system which meant that they could choose the music they would like to listen to independently. This demonstrated that staff members understood the importance of promoting residents' choice and independence.

The provider had created an activity hub within another building on the site and this allowed residents to explore alternative activities in their community. Active retirement plans were in place for some residents and personal schedules were observed in all houses.

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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Duffcarrig Services OSV-0003610

Inspection ID: MON-0038556

Date of inspection: 30/11/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Some works have commenced on the 9th December 2022, this continues over the past number of weeks. • Information has been requested from the HSE in relation to previous survey reports to establish the extent of the works required and enable all works to be carried out as soon as is possible. • Ongoing communications continue with the HSE in relation to the allocation of appropriate resources to complete these works. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • External works will be carried out in relation to the centre's sewerage and heating systems • External works such as windows, guttering and fascia's will be replaced where required. • New kitchens will be replaced where required as will bathroom suites and other furnishings. • Ongoing efforts are being made to ensure the necessary works are completed within a timely manner. • Ongoing communications continue with the HSE in relation to the allocation of appropriate resources to complete the necessary works. 	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none">• Works are currently being carried out in relation to the means of escape for one individual whom resides within his own apartment• The moss has been removed from the evacuation stairs• Fire doors will be fitted as will updated fire alarm systems and emergency lighting be put in place where required.• Fire containment will be prioritized alongside all fireworks required as a matter of urgency.• Ongoing communications continue with the HSE in relation to the allocation of appropriate resources to complete these works.	

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 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	30/09/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/06/2023
Regulation 28(3)(a)	The registered provider shall	Not Compliant	Orange	30/10/2023

	make adequate arrangements for detecting, containing and extinguishing fires.			
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