



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

Issued by the Chief Inspector

Name of designated centre:	Honeysuckle Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	10 August 2021
Centre ID:	OSV-0004469
Fieldwork ID:	MON-0033725

About the designated centre

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

Honeysuckle services is a service run by the Brothers of Charity services, Ireland. The centre provides a service for up to six male and female adults who have an intellectual disability. The service can support individuals aged 18 years upwards. Two houses are located on the outskirts of a town in Co. Roscommon, and the other house is located in a town in Co. Roscommon. All houses are within easy access to all local amenities and the community. Transport is provided to support residents to access these local amenities. The houses are comfortable and suitable for purpose with front and rear gardens. Staff are on duty both night and day to support residents living in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 10 August 2021	09:50hrs to 17:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

Through observations and review of residents' information, the inspector found that residents received appropriate care and support. Residents were supported to engage in activities of their choosing, and the centre's staff team supported residents in a way that promoted their views and rights.

The inspector was met by the person in charge, staff and one resident on their arrival to the centre. The resident said hello briefly and then returned to their preferred activities, of their choosing. The second resident was enjoying a leisure morning with support from staff. In the second house, the residents were up and were also engaging in the selection of their preferred activities. Both residents spoke with the inspector, and were very happy with the service they receive. The inspector observed that all residents were at ease in their environment and was interacting with those supporting them in a jovial manner. The inspector also observed two residents sitting on a bench at the front of their house enjoying the nice weather, and engaging in conversation with each other and staff.

The inspector observed that the centre was designed and laid out to meet the needs of the residents. Residents had adequate space to take time away if they wished. Each resident had their own room that was designed to their preferred tastes and the inspector observed some of the residents watching tv or listening to music in their rooms during the inspection.

A fifth resident requested to meet with the inspector later in the day. The inspector was supported to interact with the resident in their sitting room and was informed of their plan for the day and the support they received. The resident spoke about their preferences in the service provided and was pleased overall with the service provided.

Residents' daily routines had been impacted over the last 17 months due to the COVID-19 pandemic. Before this residents were attending a bespoke day service programme and were engaging with their local community. A review of a sample of residents' information demonstrated that some of the residents were partaking in activities of their choosing, and where appropriate an active aging programme was also in place for some residents.

It was very clear that residents' rights to a good quality and meaningful life were being prioritised. The resident's views on the centre and everyday life were gathered through ongoing daily discussions on choice and preferences, Staff and residents also had weekly meetings to plan the menu and discuss shopping needs.

Overall, residents were receiving a service that was meeting their needs and, when

possible, was supporting them to engage in activities of their choosing.

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

Capacity and capability

The inspector found that the provider had the appropriate management systems and resources in the centre to ensure that the residents received effective, safe and consistent service. There were systems in place to monitor the service provided and to respond to changes or identified risks as they emerged. Overall there was a high level of compliance with the regulations found on inspection with 16 of 17 regulations found to be fully compliant, and one regulation not compliant. Improvements were required in the provision of fire management systems in the service.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The inspector met with five residents who lived in this centre. Although some residents were not able to verbally express their views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. Residents were smiling and were clearly relaxed and happy in the centre. Staff were observed to be spending time and interacting warmly with residents, and were supportive of residents' wishes and preferred activities. Observations and related documentation showed that residents' preferences were being met.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning for each resident. There were sufficient staff in the centre to ensure that residents' support needs were met. The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. A staffing roster had been developed which was clearly stated and was accurate at the time of inspection.

The staff had received extensive training relevant to their roles, such as training in medication management, first aid, autism care and communication, in addition to up to-date mandatory training in fire safety, behaviour management and safeguarding.

Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date and informative.

Records viewed during the inspection, such as staff training records, personal plans, medication management records, COVID-19 and infection control, were comprehensive, informative and up to date. There was an informative statement of purpose which gave a clear description of the service and met the requirements of the regulations.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge of the centre, who had good knowledge of the role and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was suitable to meet the needs of the residents with one-to-one staffing available during the day. From a review of a sample of personal files, the recruitment practices were safe with all required documents and checks been completed.

Judgment: Compliant

Regulation 16: Training and staff development

According to the training and documents reviewed, there was a commitment to the provision of mandatory training and additional training of relevance to the residents with ongoing schedules planned.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and maintained a directory of residents in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge regularly met their staff team to discuss resident care related issues. Audits were occurring in line with the requirements of regulations and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied that the provider and person in charge was submitting the required notifications to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

Overall, residents living in the centre received care and support which was of a good quality, person centred and which promoted their wellbeing. There were some improvements necessary however, on the systems of fire safety. This included fire doors in one house, self-closing devices in two houses and in the third house based on the residents assessed needs.

Review meetings took place annually, at which residents' support for the coming year were planned. This ensured that residents' social, health and development needs were identified and that supports were put in place to ensure that these were met. The plans viewed during the inspection were clearly recorded and up to date.

The centre was located in a rural area which was close to a large town. The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. The centre comprised of three houses. In each house there was a well equipped kitchen, adequate communal and private space and gardens at the front and rear of the houses.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider had ensured that residents received day service support from allocated staff on weekdays and were supported by residential staff at all other times, day and night. This ensured that residents could choose to do the things they preferred and enjoyed, both in the centre and elsewhere. During the inspection, the inspector saw that residents were spending some of their time out and about doing activities that they enjoyed in the local area.

There were suitable systems in place to control the spread of infection in the centre. There were extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

Effective fire safety precautions were in place, including fire detection, fire safety checks, emergency lighting arrangements and multiple exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. A personal emergency evacuation plan (peep) was in place for each resident which ensured the staff guidance on how to support each resident required to evacuate. However, while the inspector noted that there were illuminated evacuation signs in the house, there were no self-closing devices installed on any fire door in one house and in another house, based on the residents' assessed needs

to ensure effective containment of fire. Furthermore, in the third house, there were no fire doors installed. The provider was asked to review all houses following the inspection and ensure fire doors and self-closing devices were installed, based on the assessed needs of residents in all houses of the centre.

There were suitable systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required. The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The centre was well maintained, clean and suitably decorated.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in a user friendly format, about staff on duty each day, residents' rights, how to make complaints, COVID-19 information and personal planning. There was also a written guide to the service that met the requirements of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents. The provider had also ensured that all staff had completed training in risk management since the last inspection.

Judgment: Compliant

Regulation 27: Protection against infection
The provider and person in charge had adopted procedures consistent with standards for the prevention and control of healthcare-associated infections published by the Authority.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had not ensured that effective fire safety management systems were in place in the centre. This included: there were no fire doors in one house, no self-closing devices in a second house, and in the last house; the self closing devices were not installed based on the assessed needs of residents in the centre.
Judgment: Not compliant
Regulation 5: Individual assessment and personal plan
Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and the individualised personal plans had been developed for all residents based on their assessed needs.
Judgment: Compliant
Regulation 6: Health care
The health of residents were under review. They had access to appropriate healthcare services on the same basis as other in order to maintain and improve their health status.
Judgment: Compliant
Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural support if required.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

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 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
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Honeysuckle Services OSV-0004469

Inspection ID: MON-0033725

Date of inspection: 10/08/2021

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 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Self-closing devices have now been installed in one house and evidence of this has been sent by the provider to Case holder inspector.</p> <p>Fire doors have been procured by provider for another house and will be installed upon arrival. Provider is working regularly with maintenance contractor to ensure this is achieved within a short time frame. It is planned that this is achieved within a four-week period.</p> <p>To ensure that the self-closing devices in another house are suitable to the assessed needs of people supported, it is planned that these will be replaced with self-closing devices suitable to the people supported. It is planned that this will be achieved within an eight week period.</p>	

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 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	29/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2021