Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Poppy Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	14 January 2025
Centre ID:	OSV-0004472
Fieldwork ID:	MON-0036908

About the designated centre

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

Poppy Services is run by the Brothers of Charity Services, Ireland. The centre can provide care for up to six male and female residents, who are over the age of 18 years, and who have an intellectual disability. The centre comprises of three separate houses, located a short distance from each other, in Co. Roscommon. Each house provides residents with their own bedroom, some en suite facilities, bathrooms and shared use of communal areas. There is also a large garden surrounding each house, for residents to use as they wish. Staff are on duty both day and night to support the residents who reside in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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
Tuesday 14 January 2025	10:00hrs to 20:20hrs	Mary McCann	Lead
Wednesday 15 January 2025	09:30hrs to 12:00hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Poppy designated centre is run by the Brothers of Charity Services, West region. The registered provider had submitted an application to renew the registration of this centre. Registration of designated centres are renewed by the office of the Chief Inspector of social services at three yearly intervals. This centres' current registration expires on the 9th May 2025. This announced inspection was undertaken to inform a decision in regard to the provider's application for renewal of registration of this designated centre. As part of this process the inspector reviewed the premises and accommodation available for suitability and compliance with the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013. This centre comprises of three bungalow style houses, all situated in a rural location. Houses A and B are located in close proximity to each other and each house provides an individualised service. House C is located approximately half an hour drive away and provides a service to two residents. The centre is registered to provide care and support to six residents. Four residents were accommodated on the day of inspection. The inspector visited all three houses and met with three residents, the person in charge, six staff members and spoke with the parent of one resident on the phone. The resident who was not met with by the inspector was attending day services when the inspector attended their home. Some of the residents who lived in the centre did not have the verbal capacity to speak with the inspector. Staff assisted residents to interact with the inspector. Residents indicated to the inspector, by vocalisations, facial expression and gestures that they were happy living in the centre. Staff could describe to the inspector the meaning of the communication expressed by residents. The staff members met with had good knowledge of the residents' care and support plans such as the residents' specialist nutritional care plans and the residents' daily preferences for example what time they liked to get up at, what activities they preferred. Residents required various supports from staff with communication. Staff displayed a good knowledge of residents and how best to support them. Staff described the meaning of residents' communication, their preferred routines and residents seemed to be happy living in the centre.HIQA survey questionnaires were sent to the centre in advance of the inspection for residents. These questionnaires related to 'What it is like to live in your home'. The inspector received three completed questionnaires. Responses indicated that residents were generally happy living the centre and had access to meaningful activities of their choosing. The premises were clean and generally well maintained. House B required some redecoration and external painting. The inspector saw that a time bound plan was in place to address this. All residents spoken with had spent time out in the community during the inspection, for example going for a walk or for coffee or shopping. The atmosphere in the centre was warm and welcoming and the inspector noted that staff interacted caringly with residents and spoke positively about residents. House B premises was specifically suitable to meet the needs of the resident accommodated. Descalataion strategies were built into the design of the

premises for example, from the resident's bedroom, there was free access to an adjoining sensory room with a return pathway.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents. While this inspection identified a good level of personalised care and support for residents, there were some areas for improvement related to governance and use of restrictive practices which are discussed in the next sections of this report.

Capacity and capability

While there were governance and management structures in place, the registered provider needed to further improve the overall governance and monitoring in this centre to ensure the service provided was a safe quality service for residents and residents' rights were upheld. The area that required reviewed related to the use of a monitor in a resident's bedroom and having a protocol in place where visits to residents are restricted. This is further discussed under regulation 7 Positive behavioural support. A defined management structure in place with clear lines of authority and accountability. Staff reported to the person in charge and the person in charge reported to the services manager for Co. Roscommon. The inspector reviewed the most recent annual review which was the annual review for 2023.This had been completed by the previous person in charge on the quality and safety of care and support in the designated centre. The inspector found that this review included consultation with the residents and questionnaires were also sent to family members. Areas for improvement were identified and these were actioned or were in the process of completion.The provider's arrangements for monitoring the centre included six monthly unannounced visits which were completed by a senior staff member independent of the centre, however these were not occurring at six monthly intervals. The inspector reviewed the two most recent six monthly reviews which were dated the 9/05/24 and 4/07/23. A medication audit was completed in September 2024 and actions arising out of this audit had been completed. An IPC audit had been completed in September 2024. Actions from the previous inspection completed in October 2023 had been completed in the line with the compliance plan submitted. These related to the risk register, availability of fire safety records and governance and management procedures to ensure the service provided was safe and appropiate to residents needs and was effectively monitored. . Improvements since the last inspection included one house had been painted internally and had a new fitted kitchen and the bathroom was refurbished. Regular team meetings were occurring and the person in charge had regular meetings with the services manager. These meetings had had a briefing, education and supportive component. The provider had oversight of significant events in the centre, which included a system where staff of the centre reported the facts of the incident on a system and this was

available to senior staff for review. This oversight was important to make sure that the provider was aware of the safety and quality of the service provided to residents. The quality of this service was enhanced by the provider ensuring that adequate resources which included consistent staff with the required skills and competencies to meet the assessed needs of the residents. The availability of independent transport to each house also assisted with ensuring that residents' rights to engage in meaningful activities was protected. The staff team were familiar with residents' wishes, their communication strategies and assessed needs. At the time of the inspection the area manager was also the person in charge of the centre. They voiced an understanding and commitment of the value of reviewing and monitoring the quality and safety of the care provided. These processes included auditing of practices such as medication management, accident and incidents. Auditing templates were available. Staff spoken with outlined the importance of ascertaining the views of residents on a day-to-day-basis and having a flexible approach to activities.

Registration Regulation 5: Application for registration or renewal of registration

Some of the required documentation for the application for registration required review, for example updating the residents guide and the statement of purpose. This has been completed and all of the required documentation to support the application to renew the registration of the designated centre has been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

There has been two changes to the person in charge in this centre in the last year. At the time of this inspection the person in charge was also the area manager. She was suitably qualified and experienced with authority, accountability and responsibility for the day to day running of the service. The person in charge post was full-time basis and they had additional responsibilities as area manager. The person in charge facilitated the inspection and demonstrated a professional approach to the role that included a commitment to a culture of improvement along with a good understanding of their associated statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the 24 hour actual and planned rota over a three week period and found that the staffing levels on the day of inspection were the usual staffing levels. From the inspectors observations throughout the inspection the inspector found that the staffing levels were adequate to meet the needs of residents. there were two staff on duty in each house during the day and all house had staff on duty at night time also.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and the proposed training plan with the person in charge. Staff had access to training and refresher training and attendance was monitored by the person in charge. Training in addition to mandatory training included safe nutritional care, personal outcome measure training, communication strategies and safe management of epilepsy. All mandatory training was up to date. A schedule of planned staff training was in place. Staff were in receipt of formal supervision by the person in charge. Staff meetings were held regularly, minutes of these meetings were available which showed that staff could discuss care practices and raise any concerns which they may have. It also meant that staff that were unable to attend were aware of issues discussed. When staff commenced working in the centre an induction training programme was in place and new staff had greater support and supervision than experienced staff. This helped to ensure that staff had relevant knowledge about the service and the residents.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation. This was submitted as part of the application for registration.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had ensured that there were governance and oversight arrangements in place to protect the health and social care needs of resident's, improvements were required. This related to the monitoring of procedures in place regarding the use of a monitor which posed risk to protecting the privacy and

dignity of a resident. This is discussed further under regulation 7 Positive behaviour support

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose which detailed the aims, objectives and ethos of the centre and summarised the admission criteria, facilities available and services provided. The a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notification of incidents a record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. A sample of policies were reviewed by the inspector and these had been reviewed in the last 3 years.

Judgment: Compliant

Quality and safety

In summary, overall the care provided to residents was good and residents indicated they were happy with the service provided to them by staff, however, areas that required review included the use of restrictive practices to make sure these were in line with best practice. The impact of the privacy and dignity of a resident with

regard to a monitor which was in place was not appropriately documented and regular monitoring of the effectiveness of this procedure was not occurring. The provider has informed the authority that this monitor has been discontinued from the 27 January 2025.This is discussed further under Regulation 7 and regulation 23. The design of one of the houses which was an individual service was very suitable to the needs of the resident accommodated. The lay out of the bedroom and sitting room enhanced descalation of behaviour and protected the safety of staff. For example a door with free access out of the resident's bedroom led to the sensory room. A range of health and social care professionals was available as required. Hospital appointments were facilitated and staff or a family member accompanied residents to medical appointments. Residents were supported to experience positive mental health, and where required, had access to mental health services. Systems were in place to safeguard residents; these included a safeguarding policy, all staff had undertaken Garda Síochána vetting prior to appointment, staff had completed safeguarding training and had access to the safeguarding team.

Regulation 17: Premises

All houses in the centre met the needs of residents, and were spacious and and comfortable. House B house required some decoration by way of painting internally and externally and tiles in the ensuite to be replaced. The provider had a time bound plan in place to address this. It was also planned that a hedge would be planted. be All houses have accessible gardens where residents can spend time outdoors as they wished. Some gardens were equipped with swings and a trampoline, according to the specific interests of the residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide relating to Poppy services which contained the relevant information outlined in the regulations and was available in an easy to read version.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were in place to identify and mitigate risks to residents. A risk management policy was in place. Health and safety, and incident management

audits were regularly completed. Where deficits were identified, they were addressed and each resident had an individual risk management plan which supported their safety.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises. There was good access to exits. Fire extinguishers were serviced annually. All staff had training in fire safety. Personal emergency evacuation plans were in place for each resident and staff spoken with confirmed that they were confident they would be able to safely evacuate at any time if required to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the care plans relating to three residents health and social care needs and found that the person in charge ensured that a comprehensive assessment of need was completed for each resident. Where this assessment identified a need, a corresponding care and support plan was developed. This provided guidance to staff in the delivery of consistent person centred care and support to residents and ensured the needs of residents were met. These plans were regularly reviewed and updated as required. Personal plans were developed and goals were identified for 2024 and staff had commenced planning for 2025. Goals included going back swimming, continuing exercise plans and going out socially. Some of the activities that residents enjoyed, and were taking part in, included walking, swimming, looking at magazines, attending sensory rooms/gardens and going out for meals.

Judgment: Compliant

Regulation 6: Health care

Health care plans reviewed supported that residents had good access to health and social care services to make sure they experienced good health. There was good evidence of collaboration with GP services. Residents were provided with appropriate and timely access to general practitioner services. Arrangements were in

place for residents to access the expertise of health and social care professionals such as speech and language are therapy services and physiotherapy services. Care plans supported that recommendations made by specialist services were implemented.

Judgment: Compliant

Regulation 7: Positive behavioural support

A sample of positive behaviour support plans were reviewed. Restrictive practices were in use in this centre. Some of these practices required review to ensure they complied with national policy and that the practices enacted were the least restrictive option for the shorted period of time to ensure the rights of residents were protected. Protocols in place for the use of a monitor in a resident's bedroom which could impact on their privacy and dignity were not detailed and robust. There was poor supporting documentation of the enactment and continued use of this practice. The person in charge informed the Chief Inspectors' office on the 27/1/2025 that this restrictive practice has been discontinued. Restricted visiting arrangements were also in place and while staff could explain to the inspector the rationale for this, there was no person centred protocol in pace for the rational for this. Consequently, as previously referred to under governance and management the restrictive practices were not in compliance with the national policy or upholding the human rights of all residents. Staff had undertaken training in management of behaviour of concerns to ensure they had up to date knowledge and skills appropriate to their role to respond to the behaviours of concern and to ensure that positive behavioural support plans were enacted to support residents with behaviours of concern.

Judgment: Not compliant

Regulation 8: Protection

A safeguarding policy was in place which provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated knowledge of this policy. Contact details of the designated safeguarding offices were displayed in the centre. There were no active safeguarding plans in place at the time of this inspection. The inspector reviewed the most recent safeguarding plan which was enacted in the centre and found that that the centre had reported the concern to the HSE safe guarding team. A sample of residents' intimate and personal care plans were reviewed and found to be suitably detailed. Safeguarding training was up to date for all staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Poppy Services OSV-0004472

Inspection ID: MON-0036908

Date of inspection: 15/01/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: There are management arrangements in place to ensure that the service provided is safe, appropriate to individual needs and effectively monitored. Risk assessments and protocols are in place and reviewed every twelve weeks by the Person In Charge. The video monitor in place which was used to monitor seizure activity has been discontinued as and from the 27th January 2025.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A full review has taken place by the Person In Charge of all restrictive practices within this Designated Centre to ensure that all alternative measures were considered before a restrictive procedure is used. A restrictive practice in place in one house, involving the use of a video monitor to monitor seizure activity has been removed as and from the 27th January 2025. A protocol and risk assessment is now in place around a visiting restriction in one house in line with Organisational Policy.	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	27/01/2025
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	31/01/2025