

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

Issued by the Chief Inspector

Name of designated centre:	No.2 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	06 April 2022
Centre ID:	OSV-0004576
Fieldwork ID:	MON-0027829

## About the designated centre

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

This service is based in a domestic style two-storey house in a pleasant urban residential area. The house is in close proximity to public transport and a large range of facilities and amenities. A maximum of four residents can live in the house; residents are described as having low support needs in the context of their disability but some support from staff is needed in relation to daily routines such as cooking, personal care, maintaining health and well-being and maintaining general welfare and development needs. Residents are encouraged to function and engage at their highest possible personal level. Residents independently access community based transport and are supported by the community based team in relation to accessing occupational recreational services. Ordinarily there is one staff on duty; the model of care of social. The provider aims to provide as person-centred a service as possible through a process of individualised assessment and planning.

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

Number of residents on the date of inspection:	3
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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 6 April 2022	09:15hrs to 00:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

This was an announced inspection to support the renewal of the registration of the centre for a further three years. The inspector had contacted the person in charge on the day prior to the inspection. This was an opportunity to discuss a commencement time of the inspection and documentation to have ready for review.

The inspector was greeted by the person in charge and staff member on arrival to the centre. They were requested to complete a COVID 19 questionnaire, take their temperature and complete hand hygiene. A brief meeting was held to discuss the current support needs in the centre. The inspector was informed that three residents were present and they had been informed of the inspection. Two residents had completed the HIQA questionnaire and overall positive responses were given.

The inspector had the opportunity to meet and chat with the three residents throughout the day. All three residents consented to the inspector completing a review of their personal plan and to look around the house.

The inspector met with two residents upstairs as part of the walk around. One resident was relaxing watching TV before heading out on their activity with their walking group. They told the inspector they loved the centre and praised the staff for all they do. They told the inspector they loved their independence but also knew who to call if they needed anything. They loved music and showed the inspector their large collection of Irish country music CD's. They showed the inspector their certificates for QQI courses which they had completed. When looking at them with the inspector they reminded the staff present they still had one more to get. The staff responded to the resident that they would follow that up with them.

Another resident was relaxing in their bedroom playing video games. Both residents spoke with the inspector about their upcoming holidays. They tried to get away twice a year but that had been hard with COVID. This year they were thinking about Spain. One resident would research the trip for the others. The resident showed the inspector their library books, they loved to read about travel and new destinations. They had as a group visited such places as Kilkenny, Normandy and Boston. This residents plan for the day was to go on the bus to the library and change their books. They also had a chat with the inspector about Harry Potter and their love of jigsaws. They told the inspector their plan for 2022 was to travel to Route 66 and to get a PS5.

The inspector thanked both residents and headed downstairs to meet the third resident. They liked to spend time alone and relax about the house. They had a shed out the back that they pottered around in and which was also home to their cat "Puss". They brought the inspector to meet Puss and to give her some breakfast. The resident had cared very well for this cat making sure she was brought to the vet if she was in pain and buying her favourite food. The resident loved a good car boot sale and collected items such as DVD's, CD's and cassettes. They had a large

selection of all these with an interest in old Irish history and war movies.

This resident had a kitchenette in their room as they enjoyed to have their meals in their own space. They told the inspector that they don't like shopping but they would give a list to the staff and the staff do it for them. This resident had decided they did not want to set personal goals for the year to come. They knew what they liked and were happy with that. The staff team regularly linked in through weekly meeting to ensure that they were happy and engaging in meaningful activities. The inspector thanked the resident and went to the living room to commence the documentation review.

The inspector had the opportunity to speak with the staff member present on the day of inspection. They were very knowledgeable about the support needs of all four residents and referred to them in a professional and respectful manner. A resident came to speak with the inspector at this time. They spoke of the complaints process. They had complained previously of having to smoke in the rain so now a shed was in place in the back garden. Recently, following an incident in the house where the resident had felt unsafe they had submitted a complaint with the support of staff. They reported that they had met with the person in charge and was happy that some work was being done on this. The resident spoke of their right to feel safe in their home and praised the staff for supporting their right. The resident offered the inspector a cup of coffee and went about their day. They popped into say goodbye before they went to meet their walking group.

The other resident popped into say hello to the inspector when they returned to the house. They had visited the library and got new books. One was about craft beer. They told the inspector that their favourite craft beer was from Westport and staff had supported them to find somewhere to buy it in Cork. This resident collected keyrings and showed the inspector one they had bought in America when they visited a craft beer brewery.

The centre presented as a warm homely house with photos of the residents throughout. One resident as stated previously enjoyed jigsaws, staff had framed some of these and displayed them in the living room and the resident's bedroom. Residents could choose to have their meals in the kitchen or in the living room where a large dining room table overlooked the garden.

Residents were supported to go about their day independently with skills training and safety awareness a priority in house meetings and weekly check-ins. Residents all reported being happy in the centre and enjoyed living there. They spoke of the support from the staff and management team and how important this was to them. The next two sections of the report will present the findings of the inspection in relation to the governance and management in the centre and the impact on the residents currently residing in there.

## Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within No.2 Fuchsia Drive. Overall, a good level of compliance was evidenced. This was an announced inspection completed to assist in the registration renewal of the centre for an additional three year cycle. The registered provider had completed this application in a complete and correct manner.

The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including the notification of incidents. The appointed individual also had a good knowledge of the needs of service users. The person in charge had governance responsibilities within two designated centres, whereby they provided effective oversight.. They also held governance responsibilities in a day service and outreach centre.

The registered provider had ensured a clear governance structure was in place within the centre. The person in charge reported directly to the sector manager whom provided additional governance support to the centre and staff team. Clear communication was evident between all members of the governance team through regular face-to-face meetings and through the completion of formal supervision meetings. All members of the governance team had a clear understanding of their role and responsibility within the centre. The person in charge was known to the residents who interacted positively with them throughout the inspection.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in December 2021 by the person in charge. The person in charge was addressing actions which had identified through a robust action plan. The most recent unannounced visits to the centre had been completed by the sector manager in the February 2022. This was found to be comprehensive in nature. However, some minor improvements were required to ensure all areas of concern were identified and addressed. For example, restrictive practices in the centre were not always identified as such. Residents and their families were consulted with regard to both monitoring events.

The person in charge maintained oversight of actions required within the centre. Centre level monitoring systems were being completed to identify concerns and drive service improvements. These included regular fire checks and the completion of a medication audit and infection control audits. Where areas for improvement were identified, effective actions were implemented to ensure that these were addressed in a timely manner.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs and clearly articulated supports in place. Staff members were supported to have an awareness of their responsibilities and key tasks were discussed as part of supervisory meetings. Staff meetings were also completed to allow staff to voice any concerns in the operation of the centre. The provider had an actual and planned rota in place which was overseen by a member of the staff team.

Staff were facilitated and supported to attend training. A number of training courses had been deemed mandatory within the centre to meet the assessed needs of residents currently residing within the centre. This included safeguarding vulnerable adults from abuse, infection control and type 2 diabetes care. The person in charge maintained oversight of staff training needs to ensure all training was planned in advance. Following a recent incident the person in charge had identified the need for additional training in the area of mental health. This has been scheduled for the coming weeks.

The registered provider had ensured an effective complaints procedure was in place, including accessible information for residents and an organisational policy. A resident had submitted a complaint regarding the safety measures in the house. The provider was actively addressing this through staff training, increased staffing in the centre and one to one meetings with residents in the centre. However, whilst this work was ongoing actions completed to date were not documented through the complaints process.

#### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured an application was submitted in full to renew the registration of the designated centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured sufficient staffing was allocated to the centre. A core staff team was in place to promote continuity in supports. A member of the staff team oversaw the completion of the staff roster. Staffing levels had recently been reviewed to ensure this was consistent with the assessed needs of all residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that all staff were supported to access training deemed mandatory to meet the assessed needs of residents.

Effective measures were in place for the appropriate supervision of staff.

Judgment: Compliant

### Regulation 19: Directory of residents

The person in charge had ensured the development and review of the directory of residents.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured the designated centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

A clear governance structure had been appointed to the centre. The registered provider had ensured the implementation of the annual review of service provision and a six monthly unannounced visit to the centre. Where actions had been identified these were addressed in a timely manner. Minor improvements were required to ensure monitoring tools were utilised to identify all areas for improvements for example restrictive practices within the centre. Residents were consulted in both monitoring tools.

Centre specific monitoring tools and checklists were completed to maintain daily oversight of operations.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the development review of the Statement of Purpose including the information required under Schedule 1. However, some minor requirements were required in such areas of governance structure and staffing levels.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all notifiable incidents had been reported in accordance with the regulations

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured an effective complaints procedure was in place, including accessible information for residents and an organisational policy. However, whilst a complaint was being addressed by the provider a log of actions completed was not recorded.

Judgment: Substantially compliant

## Quality and safety

It was evidenced during this inspection that the service provided to residents currently residing within No.2 Fuchsia Drive was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of the daily life. Residents were observed interacting with staff in a positive and jovial manner. Residents were supported in the area of activation and ensuring meaningful activities were supported on a daily basis while maintaining their independence. Regular house meetings were held to discuss the operations of the centre with the

four residents.

On the day of the inspection the centre was a hive of activity with residents coming and going. Residents spoke at length about their favourite activities such as walking groups, visiting the library, travel and caring for their cat. A written agreement had been drawn up between the residents with respect to the care of the cat and who had the responsibility. One resident spoke of their personal outcome goals for 2022, this included buying a PS5 and rebuilding relationships. A quarterly review was due to be completed to monitor the progression of these goals.

Each resident had been supported to develop and review an individualised personal plan. These plans were found to be comprehensive and incorporated a range of support needs of residents including the areas of health care and social supports. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team. Residents were offered the choice to complete personal outcome measures to plan personal goals for 2022. Where a resident chose not to this was respected. Staff however, did continue to check in with these residents to ensure they were content and participating in meaningful activities.

The registered provider ensured that each resident was assisted and supported to develop knowledge and self-awareness required for keeping safe. Where a concern arose the registered provider ensured effective measures were in place to investigate and address this including consultation with residents and external agencies. Staff spoken with were aware of the procedures to adhere to should a concern arise. Following an incident a number of actions had been instigated to reduce the impact on all residents. This included multi-disciplinary input, consultation with all residents, a full staffing review and staff training.

The registered provider had overall ensured measures were in place to promote the safety of residents. This included the ongoing identification and review of risks within the centre and a planned response for emergencies. Each resident had an individual summary risk profile in place to identify personal risk and ensure effective control measures were in place to minimise the impact of the risk. Skills assessment were completed to ensure residents were aware of safety measures to follow in such areas as public transport, fire safety, medication management and independent time. The governance team had developed a range of risk assessments linked to the ongoing COVID 19 pandemic. Given the complex support needs of a resident there was no environmental risk assessments in place. For example, lone working. This was discussed with the person in charge on the day of inspection.

The registered provider ensured that residents who may be at risk from a health care associated infection were protected and that precautions and systems were in place in relation to the COVID-19 pandemic. A cleaning schedule was in place for staff to adhere to and the staff team and residents maintaining oversight of the cleanliness of the centre. Staff were observed adhering to national and organisational guidance with respect to COVID 19 including the use of face masks, social distancing and hand hygiene. Clear guidance was in place should a resident or

staff present with symptoms.

The registered provider had ensured that effective fire safety management systems are in place some improvements were required in the area of evacuation. All residents spoken with could clearly articulate the evacuation procedures which corresponded to the fire evacuation plan and personal emergency evacuation plan in place. Where a fire drill took more than five minutes measures were immediately put in place to address this. Increased drills occurred to ensure residents were aware of the correct procedure to follow.

### Regulation 13: General welfare and development

The registered provider had ensured that residents residing in the centre were supported to attend activities and education specific to their individual needs.

Residents were supported to participate in meaningful activities and skills training was incorporated into their daily routine.

Judgment: Compliant

### Regulation 17: Premises

The centre presented a large two-storey dwelling in a well established urban location. Residents each had their own bedroom which they had decorated in line with their personal preferences. A large living in and dining room overlooked a large garden to the rear of the house. A fully equipped kitchen area provided an additional space for residents to have their meals if they chose.

Externally the garden area was well tended to. garden sheds were available for residents to use. One was used for a resident whom smoked and another was used a work shed for another. Overall, the centre presented as warm, clean and homely.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured the preparation of a guide in respect to the designated centre and ensured this was available for residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management policy in place.

Systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies required review. Comprehensive individual risk assessments were in place and regularly reviewed. Given the complex supports needs of resident there was no environmental risk assessments in place. For example, lone working. This was discussed with the person in charge on the day of inspection.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The registered provider had ensured that procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre were in place. The centre presented as clean with a cleaning schedule in place to maintain this level of cleanliness at all times.

Staff were observed adhering to national and organisational guidance with respect to COVID 19 including the use of facemasks, social distancing and hand hygiene.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place in the designated centre, including fire alarms and emergency lighting.

The person in charge had implemented measures to ensure that all staff and residents were supported to be aware of fire evacuation procedures by implementation of regular fire evacuation drills and review of personal emergency evacuation plans. This also included safety awareness for residents.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured effective and safe measures were in place for the ordering, receipt, storage, disposal and administration of medications. Residents were supported to self administer medication with required support from staff in place.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and support plans were in place with each resident being supported to have a comprehensive personal plan in place. All reviews of each residents personal plan incorporated guidance and recommendations from members of the multi disciplinary team.

Individuals personal preferences were taken into account and respected in the development and review of personal plans.

Judgment: Compliant

## Regulation 8: Protection

The inspector observed on the day of inspection that there were systems in place to ensure residents were protected from harm. All staff spoken with were clear on the process to follow and the governance team were actively addressing any areas of concern.

Following an incident staff and management had implemented measures to promote the safety of residents, this included multi disciplinary input, staff training and resident awareness.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to make choices and decisions in their home which were listened to with regard to activities and personal goals. 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for No.2 Fuchsia Drive OSV-0004576

Inspection ID: MON-0027829

Date of inspection: 06/04/2022

## 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> <p>The Provider will review the current monitoring tools to ensure that they contain prompts to identify all areas of concern and will include more specific criteria to identify any possible restrictive practices within the Centre.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Provider will review and revise the Statement of Purpose to reflect the role of the Person in Charge to reference time allocated to the designated Centre and to reflect changes in staffing levels that may be required from time to time to support residents who require increased supports.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p>	

The Provider will ensure that when a complaint is being addressed, a log of actions will be completed to evidence actions taken to resolve the complaint.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The Provider will ensure that there is environmental risk assessments in place for identified risks in the centre. This will include a lone working risk assessment.

## 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	31/05/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/05/2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise	Substantially Compliant	Yellow	31/05/2022

	the statement of purpose at intervals of not less than one year.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/04/2022