



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

## Issued by the Chief Inspector

|                            |                                          |
|----------------------------|------------------------------------------|
| Name of designated centre: | No.5 Fuchsia Drive                       |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Cork                                     |
| Type of inspection:        | Unannounced                              |
| Date of inspection:        | 01 July 2025                             |
| Centre ID:                 | OSV-0004577                              |
| Fieldwork ID:              | MON-0047349                              |

## About the designated centre

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

No.5 Fuchsia Drive is a detached dormer bungalow located on the outskirts of a town that provides residential support for a maximum of four residents, of both genders, between the ages of 30 and 75 with intellectual disabilities. Three residents reside in the centre on a full-time basis while a fourth resident avails of the centre on a shared care arrangement. Support to residents is provided by the person in charge, a social care leader, a social care worker and care assistants. The centre has two apartments areas adjoining the centre with one of these operated as a self-contained unit. Each resident has their own bedroom and other facilities in the centre include bathrooms, a sitting room, a kitchen, a utility room and a staff room.

**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 1 July 2025 | 09:00hrs to 17:00hrs | Robert Hennessy | Lead |

## What residents told us and what inspectors observed

This was an unannounced inspection of the designated centre. From what the inspector observed and from speaking to the staff and residents in the designated centre, residents were receiving good care and support there. There were four residents living in the designated centre on the day of the inspection. It was observed that residents rights and choices were being promoted in the centre. The designated centre is located on the outskirts of a large town.

A staff member greeted the inspector at the door and one resident was waiting for transport to their day service sitting in the sitting room. The resident indicated to the inspector that they were happy in the centre and were looking forward to their day in their day service. The resident indicated this by signing yes or no. Another resident was sitting in the kitchen area and they informed the inspector that they were retired. The inspector was informed that there were plans to make a seating area for the resident in a small kitchenette where they were using to watch television on the morning of inspection. The resident showed the inspector their bedroom which had personal items and decorated in a personalised manner. This resident had a bathroom next to their bedroom with accessible equipment.

Another resident was met in their self contained apartment which was adjacent to the main part of the house. The resident spent some part of the week at home with their family and spent the remainder of the week in the designated centre. The resident showed the inspector around their living area and bedroom areas. This resident had personal items throughout the apartment. The resident said they were happy living in the centre. This resident was receiving one to one staff support throughout the day. One resident chose to stay in bed during the morning of the inspection with staff asking them in a respectful manner whether they wished to get up every so often. They got up in the afternoon and greeted the inspector before they went on an outing with staff.

The person in charge and a member of the senior management team were met with during the inspection. They were seen to know the residents well, along with the staff team supporting them in the designated centre. The staff team were seen to be respectful and kind to the residents throughout the day of the inspection.

The premises were suitable for the residents and their needs. The bedrooms viewed by the inspector were spacious and had adequate storage. Areas of the designated centre had recently being decorated and was well maintained. There were further plans to decorate and make areas of the designated centre more comfortable for the residents. The residents had adequate private and communal space in the designated and had an outdoor seating area where they may use in better weather. Residents chose whether to lock their bedrooms while they were out of the designated centre.

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 on the quality and safety of the service being delivered.

## Capacity and capability

Management systems in place in this centre were ensuring that overall the services being provided were safe and appropriate to residents' needs. This inspection found that the management and staff team in place in the centre were familiar with the residents living in the centre and were committed to providing an effective service that met their assessed needs. There was a clear management structure present and overall there was evidence that the management of this centre were maintaining oversight and that these individuals maintained a strong presence in the centre.

The person in charge had ensured that the staff team had received appropriate training to meet the needs of the residents. There was evidence of the training programme being monitored to ensure that the staff team remained up to date with training. There was a supervision schedule in place for staff and supervision sessions had taken place for staff already in the year. Outstanding training for staff working with the residents is discussed under Regulation 16: Training and staff development.

## Regulation 15: Staffing

Staffing levels were maintained at appropriate level to the number and the assessed needs of the residents and the layout of the centre. The staffing levels also corresponded to the staffing levels described in the statement of purpose. A planned and actual staffing rota was available on the day of the inspection. Staff spoken with on the day were very familiar with the residents' needs and spoke about them in a respectful manner.

Staff members personnel files were reviewed and were seen to contain the requirements of Schedule 2 of the regulations.

Staffing levels were maintained in the centre to ensure the residents could be supported to undertake the activities they wanted. Residents told the inspector that they received good support from the staff. The staff team were knowledgeable of the residents' needs when they spoke with the inspector.

Judgment: Compliant

## Regulation 16: Training and staff development

Training was being undertaken by staff in the centre that was required for the residents' needs. The inspector viewed the training matrix for the designated centre which tracked the training undertaken by the staff. Some staff required training in areas of first aid and a signing language, used by a resident, this was seen as a need for the residents in the designated centre. There were three staff members requiring training in the area of de-escalation and intervention techniques in relation to management of behaviour of the residents. This training course had been booked and scheduled for staff.

A schedule for staff supervision was maintained and this was provided to the inspector. The schedule showed that supervision had begun for the year and that there was a schedule to complete regular staff supervision sessions throughout the year.

Relevant legislation and statutory guidance documents were available to staff in the designated centre.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The designated centre was appropriately resourced as set in the statement of purpose. There was a clear management structure in place on the day of the inspection.

An audit system was in place to monitor the service and the schedule was in place to complete this. The annual review of the safety and quality of care and support provided in the designated centre had been completed in the previous 12 months. This annual review had been completed with residents' surveys being completed to show their opinions on living in the designated centre. The six monthly registered provider unannounced visits had taken place. The report from one of these visits was not available on the day of inspection but was submitted to the Chief Inspector following the inspection. Actions had been identified in these reports and it there was evidence that these actions had been undertaken. Regular staff and residents' meetings were taking place regularly where the rights of residents were discussed along with safeguarding and complaints.

Judgment: Compliant

## Quality and safety

Staff were aware of how to deal with safeguarding issues in the centre. It was evident that previous safeguarding concerns in the centre had been taken into account when creating the positive behaviour support plans for the residents.

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with.

Residents' rights were respected and upheld in the centre and the centre was resident led in the way it was run. Residents had goals for the year created and these goals were realistic and reviewed. Risk was well managed in the centre and measures were in place for safeguarding of residents. However information on the risk register of the centre required updating. Residents had positive behaviour support plans in place when they required support in this area.

### Regulation 10: Communication

Residents' personal plans contained information on how the residents communicated. These plans also contained information on how residents liked to be communicated with. Staff were not all formally trained in the communication method used by one of the residents, this is discussed under Regulation 16.

Residents had access to televisions, radio and the Internet. There was easy-to-read information available to the residents in the centre.

Judgment: Compliant

### Regulation 17: Premises

The premises of the designated centre was well maintained with areas recently decorated. Residents had access to sufficient communal and private space in the centre. The layout of the centre was suitable for the residents. There was adequate storage space for residents and their items. Residents had access to a kitchen and a laundry of required. An outdoor seating area was available for residents to use in better weather.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider had a risk register in place and the risk management policy which contained measures and actions for the risks specified in the regulation. A review of the risk register and assessments was required as outdated information regarding a change in the management of the centre. A person identified as the risk owner on the risks assessments was no longer working in the centre.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Assessments and personal plans were viewed for three of the residents. Review of the personal plans had taken place in the last 12 months. There was evidence in the personal plans of multidisciplinary team involvement in supporting the residents throughout the year. Residents' health care needs were well catered for in the designated centre.

Residents were undertaking activities on the day of inspection and were leaving the centre at different stages throughout the day. Residents had a mix of goals that involved both enjoyable activities and also ways of increasing the residents' independence. It was evident that these goals for the residents were being monitored and the achievements being documented. Residents were seen to lead the activities in the centre and staff were completing activities with residents at their own pace.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were minimal restrictive practices used in the centre on the day of the inspection. Staff were provided with training in the area of de-escalation and intervention when residents required this. Some staff members required training in this area and this is discussed under Regulation 16.

Positive behaviour support plans had been created for residents that required them. Two of these plans were viewed and they contained extensive information about how the resident may escalate and how strategies may be implemented to ensure residents engaged in positive behaviour. Residents had access to a behaviour support specialist when required.

Judgment: Compliant

### Regulation 8: Protection

All staff had received training in the area of safeguarding. The staff spoken with during the inspection were aware of abuses that may occur and how this should be dealt with. The organisations policy in relation to safeguarding was provided in an easy to read format.

Residents had intimate care plans to identify the supports the residents required in this area.

Staff members were seen to speak with residents in a kind and respectful manner. Staff were seen to be respectful of the residents' privacy and sought permission from residents when providing support to them.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had a choice of activities available to them. There was adequate space in the centre for the residents to undertake their activities in private if they so wished. The residents were seen deciding when they would undertake activities. Personal information belonging to the residents was kept in a secure manner.

Residents had meetings in the centre on a regular basis. Residents discussed safeguarding and other topics during these meetings. Consent was evident in personal plans for the residents' intimate care. Residents had completed surveys which were incorporated into the service's annual review.

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>                        |                         |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Substantially compliant |
| Regulation 23: Governance and management              | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 10: Communication                          | Compliant               |
| Regulation 17: Premises                               | Compliant               |
| Regulation 26: Risk management procedures             | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant               |
| Regulation 7: Positive behavioural support            | Compliant               |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Compliant               |

# Compliance Plan for No.5 Fuchsia Drive OSV-0004577

Inspection ID: MON-0047349

Date of inspection: 01/07/2025

## 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 16: Training and staff development                                                                                                                                                                                                                                                                                                                                                                                                    | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will continue to keep the staff training matrix updated to oversee requirements.</p> <p>Where there are areas of training identified as a need for the residents, these trainings will be added to the training matrix. The Person in Charge will ensure all such trainings are scheduled by 15/8/2025.</p> |                         |
| Regulation 26: Risk management procedures                                                                                                                                                                                                                                                                                                                                                                                                        | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Provider will ensure that the Centre's Risk Register is kept updated.</p> <p>The Person in Charge will ensure that all risks are reviewed and that the Register and the risks assessments are updated to reflect change in management in the centre. [15/8/25]</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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.                                | Substantially Compliant | Yellow      | 15/08/2025               |
| 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      | 15/08/2025               |