



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

## Issued by the Chief Inspector

Name of designated centre:	No 2 Cordyline
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	21 April 2021
Centre ID:	OSV-0004594
Fieldwork ID:	MON-0031886

## About the designated centre

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

No 2 Cordyline is a residential service run by the Brothers of Charity that provides care and support to 23 residents with moderate to severe levels of intellectual disability who present with multiple and complex needs. The residents in No 2 Cordyline require support with activities of daily living, including personal care, food preparation, managing finances and participating and accessing local and community facilities and events. The residents supported are both male and female over the age of 18. The designated centre consists of five bungalows and one apartment on a campus setting with an average of three to five service users residing in each bungalow.

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

Number of residents on the date of inspection:	19
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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
Wednesday 21 April 2021	09:30hrs to 16:00hrs	Laura O'Sullivan	Lead
Wednesday 21 April 2021	09:30hrs to 16:00hrs	Aoife Healy	Support

## What residents told us and what inspectors observed

This inspection of No.2 Cordyline designated centre took place during the COVID 19 pandemic. All required precautions were taken by the inspector per national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn throughout the day of the inspection. The registered provider had been informed of the inspection 24 hours in advance to allow for the preparation of a clean space and the informing of residents. Due to these measures, the inspectors were not in a position to meet with all residents currently residing within the centre or to visit all areas of the centre.

On arrival, the inspectors were greeted by the person in charge and the person participating in management. A brief background of the centre was provided and the current well-being of residents was discussed. All residents were being supported to adhere to current national guidelines and to partake in the national COVID-19 vaccination programme. Whilst having a discussion outside of the centre the inspectors had the opportunity to say good morning to one resident who was being supported to commence their day programme.

The inspectors based themselves in one of the main bungalows attached to the centre. This was currently home to two residents. Staff spoken within this centre expressed a strong knowledge of the support needs of the residents. Staff discussed the interests of one resident explaining that they enjoy relaxing in the morning and spend time in their room. The resident enjoyed looking at magazines. Interactions were observed to be positive in nature in this house. Staff spoke of the impact of COVID-19 but that activities had been changed to ensure the residents remained content.

One resident requested for the inspectors to call their apartment and say hello. This resident had recently been supported to transition to their own self-contained apartment. They were relaxing in their living room playing their computer games. They had completed their chores earlier in the morning, they had dropped the post into the houses on campus. This also provided them with the opportunity to get to know the environment and other residents. When asked to show the inspectors around the apartment they requested for staff to do this. The staff ensured to ask the residents permission before entering their bedroom. Outside of the apartment, the resident had started to grow some vegetables such as lettuce and green peas. Since the resident had transitioned staff were yet to support the resident to update their personal outcome goals to develop plans to further enhance their transition.

## Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within No. 2, Cordyline. Overall, a good level of compliance was evidenced. The registered provider has appointed a suitably qualified and experienced person in charge of the centre. They possessed a keen awareness of their regulatory responsibilities. The appointed individual also had a good knowledge of the needs of residents.

A governance structure was in place within the centre. The person in charge was supported in their role by unit leaders who oversaw the day to day operations of each unit. The person in charge reported directly to the person participating in management. Clear communication was evident between the person in charge and the social care leader through regular face to face meetings and formal supervisions.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in February 2021 and unannounced visits to the centre within the previous six months. The annual review completed reviewed the six units under the governance of No 2. Cordyline, whilst the unannounced visits focused on particular units. All units had an unannounced visit since October 2020. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that been identified. An action plan had been developed and reviewed regulatory to ensure completion of actions promptly. Feedback had been obtained from both residents and their representatives.

At centre level, the governance team were currently developing a comprehensive audit schedule to ensure that all areas of service provision were regularly reviewed. This would ensure that all areas of improvement were identified with a plan in place promptly. Currently, regular monitoring was occurring in such areas as monthly infection prevention and control and medication management. The need for enhancement of centre level monitoring was an action set out by the governance team.

The registered provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The records of training received by staff were maintained in each unit. These accounts did not reflect up to date records of training and did not ensure the person in charge could be assured all mandatory training was up to date. 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. The current staff team afforded consistency to the support needs of the residents and through the COVID-19 pandemic had continued to afford a good level of staffing consistency. The person in charge had the delegated duty of completion of formal supervisions within

the centre. This incorporated the completion of biannual formal supervision meetings and an annual performance appraisal. Upon review, these meetings were not occurring in line with policy and required review.

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

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

Judgment: Compliant

#### Regulation 14: Persons in charge

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

Judgment: Compliant

#### Regulation 15: Staffing

The staffing levels which had been appointed to the centre by the registered provider was appropriate to the assessed needs of the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

Records provided on the day of inspection did not evidence that the person in charge had ensured that all staff were facilitated and supported to access appropriate training including refresher training.

Also, the person in charge had not ensured that appropriate supervision was in place for the appointed staff team.

Judgment: Not compliant

## Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had appointed a governance structure to the centre. Management systems in place in the designated centre ensured that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. Some minor improvements were required to ensure that all areas of non-compliance were addressed.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose, incorporating the information required under Schedule 1.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that all measures were in place to ensure all required incidents were notified in accordance with regulatory requirements.

Judgment: Compliant

## Quality and safety

It was evidenced during the inspection that the service provided to residents currently residing within the centre was person-centred in nature. Residents were consulted in the day to day operation of their home, including mealtime choices and



daily activity planning. Staff were observed offering choice to residents and communication in a professional manner at all time. Whilst no planned admission was in progress in the centre the governance team was aware of the importance of compatibility of residents and the right of all residents to choose whom they lived with.

Due to safety measures in place due to COVID 19 the inspectors were unable to visit all areas of the centre. The design and layout of the areas visited met the objectives and function as set out in the statement of purpose. Each resident had an individualised bedroom with residents supported with the decoration and maintenance of their personal areas. The centre was clean and overall, well presented with accessibility facilitated throughout.

Each resident had a comprehensive individualised personal plan in place. These plans incorporated a holistic approach to supporting needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language and dietician. Through personal outcome measure meetings, each resident had been supported to identify personal goals. These included gardening and maintaining family contacts. Staff were observed supporting residents to achieve these goals. Many goals had been adapted due to COVID 19 restrictions to ensure meaningful activation was not impacted by national restrictions.

Whilst overall, personal plans were reviewed some improvements were required to ensure that these reviewed reflected the change in circumstance and developments. For example one resident's personal outcome measures and goals continued to reflect their previous home. Plans in some units were very personal with photographs used to evidence participation in activities and show important activities and people in the residents life.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere to in a suspected or confirmed case of COVID 19 for staff and residents. Staff members were facilitated to complete the required training such as infection control and hand hygiene to ensure adherence to these guidelines. An additional house had been identified organisationally, to promote safe self-isolation should this be required. At present residents and staff were being supported to avail of the COVID 19 vaccination programme.

The registered provider had ensured effective systems were in place to ensure the centre was operated safely. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. The personal and intimate care needs of all residents were laid out in a personal plan in a dignified and respectful manner.

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, firefighting equipment and resident and

staff awareness of evacuation procedures. One fire door requiring maintenance was repaired on the day of inspection. A comprehensive risk register had been developed to ensure the identification and review of risk was completed. Several risks had been highlighted including fire, slips trips and falls. The risk policy in place had recently been reviewed to incorporate the risks associated with COVID 19 pandemic. Following an incident, staff completed several documents to ensure the correct information was recorded.

### Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for occupation and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes

Judgment: Compliant

### Regulation 17: Premises

The areas of the designated centre visited on the day of inspection were found to be designed and laid out to meet the aims and objectives of the service and the number and needs of residents; it presented as a warm and homely environment decorated in accordance with the resident personal needs and interests.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that each resident is provided with adequate quantities of food and drink which—

- (a) are properly and safely prepared, cooked and served;
- (b) are wholesome and nutritious;

(c) offers choice at mealtimes; and  
(d) are consistent with each resident's individual dietary needs and preferences.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensure that a copy is provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management, including a system for responding to emergencies. Some improvement was required to ensure systems for the review of risk were completed in the correct manner.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. Current guidance ensured staff were aware of the most recent national guidance with respect to COVID 19.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider has ensured that effective fire safety management systems are in place including serviced fire fighting equipment and clear guidance for staff

and residents.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The registered provider has ensured that effective fire safety management systems are in place including serviced fire fighting equipment and clear guidance for staff and residents. Some improvements were required to ensure all areas of the personal plan were reviewed following change in circumstance.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider had ensured effective measures were in place to protect residents from all forms of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The designated centre was operated in a manner which respected and promoted the rights of the residents

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
<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	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for No 2 Cordyline OSV-0004594

Inspection ID: MON-0031886

Date of inspection: 21/04/2021

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> <li>1. The person in charge has ensured that staff training records will reflect an accurate status of staff training.</li> <li>2. A supervision schedule for the year has been put in place in line with the updated supervision policy.</li> </ol> <p>Dates for completion: Completed 27 May 2021.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. The registered provider has ensured that systems are in place regarding the oversight of training records.</li> <li>2. The person in charge has ensured that systems are in place regarding the oversight of delivery of supervision in line with organisational policy.</li> </ol> <p>Dates for completion: Completed 27 May 2021</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"><li>1. The person in charge will ensure that personal plans are reviewed in line with the changing needs and circumstances of the residents.</li></ol> <p>Dates for completion: Completed 27 May 2021</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.	Not Compliant	Orange	27/05/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	27/05/2021
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	27/05/2021
Regulation	The person in	Substantially	Yellow	27/05/2021

05(6)(b)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Compliant		
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	27/05/2021