



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

Issued by the Chief Inspector

Name of designated centre:	No.1 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	17 August 2022
Centre ID:	OSV-0005120
Fieldwork ID:	MON-0028753

About the designated centre

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

The designated centre provides full-time residential supports for a maximum of five male adults aged over 18 years in County Cork. It provides support for persons with moderate to severe intellectual disability, including those with autism. The residents may have multiple/complex support needs and may require support with behaviours that challenge. The property is a large detached dormer bungalow which has been decorated with the full involvement of the people living in the house. The house includes six large bedrooms, a dining room, a kitchen, two sitting rooms, two bathrooms, one toilet and a garage. The centre is managed locally by a Social Care Leader supported by the person in charge. The core staffing is 2/3 staff on duty with one staff on sleepover duties and 1 staff night awake. Additional staff may be assigned to support particular activities during evenings and weekends, in line with priorities identified in individual resident plans.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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 17 August 2022	09:15hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to assist in the recommendation to renew the registration of the designated centre for a further three year period. Overall, the inspection evidenced a high level of compliance with a service that provided safe and effective supports to the five residents currently residing in the centre.

The inspector was greeted by a staff member on arrival to the centre. The inspector was requested to complete a COVID-19 questionnaire to assure no signs or symptoms were present. A request to complete hand hygiene was also done and the staff member ensured the inspector was wearing the required personal protective equipment (PPE). The person in charge was also present and introduced the inspector to residents relaxing in the living room. Three residents had already left the centre to attend their day service. The two remaining residents were relaxing watching some TV while waiting for their spin to day service. Both residents acknowledged the inspector but chose not to interact. This was respected.

The inspector completed a walk around of the centre with the person in charge. It was observed that a number of actions from the previous inspection had been completed. For example, a new kitchen had been installed and residents now had free access to the upstairs bathroom. The centre was presented as clean and homely. Each resident was supported to decorate their bedroom in accordance with their interests. One resident had his love of tea and airplanes displayed. Another resident's artwork was displayed throughout the centre. Ample communal space was present with residents observed later in the day making the most of all spaces. A large external garden afforded residents additional recreational space. This area had been adapted to meet the specific needs of residents and to ensure the space was safe.

While residents attended their day service the inspector completed a review of documentation present. This time also afforded the inspector the opportunity to meet and speak with members of the staff team. Staff spoken with were very aware to the specific support needs of each resident. They spoke of the residents in a very respectful manner. One staff spoke of a recent holiday that residents had attended and how this was enjoyed by all.

Residents appeared very content on their return to the centre in the afternoon. The first resident to return was supported by staff to have a cup of tea and a healthy snack. The centre became a hive of activity with all residents returning. One resident can find this transition difficult with staff observed supporting them to self-regulate and relax with a cup of tea. Staff were observed encouraging all residents in the preparation of their snacks. Choice was offered to all of what drink they would like and what healthy snack they would like to have on that day. One resident got the milk from the fridge and another got rice cakes from the press. All residents

were very comfortable in the company of staff and in their environment.

During the snack time staff were observed chatting with residents about their day and what they did in their day service. Residents had gone out the night before to a local bar for dinner and a drink and this was also chatted about. Staff praised one resident for ordering his drink independently at the bar. Residents were told what was being prepared for tea. Three residents decided to go with staff for a spin while two decided to stay in the centre and relax. Before leaving one resident did ask the inspector if they needed anything.

This inspection found that there was a good level of compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded safe and person centred services that met their assessed needs. 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

There was good governance and oversight in this centre that ensured that residents received a good quality service that was in line with their assessed needs. The centre was last inspected in November 2021. Following this inspection, the registered provider had ensured all areas of non compliance identified had been addressed. The provider had submitted the relevant paperwork required for the renewal of the registration of this centre prior to the inspection. This included the centre's statement of purpose. This documentation was reviewed by the inspector prior to the inspection and found to be in line with the requirements set out in the regulations.

The inspection was facilitated by the person in charge and social care leader who were very knowledgeable of the needs of the residents and the requirements of the service to meet those needs. The person in charge had very good oversight of the service and maintained a regular presence in the centre. They had the required qualifications and relevant experience as outlined in the regulations. The remit of the person in charge was currently under review and was to reduce in the coming weeks to allow for further oversight.

There were clearly defined management structures in this centre. Staff were knowledgeable on who to contact if any incidents or concerns arose. A review of incidents showed that issues were escalated to the person in charge and onwards to senior management, as required with all required incidents notified in accordance with Regulation 31. On-call senior management cover was available out of hours and at weekends. Staff in the centre received supervision from the social care leader with oversight from the person in charge as required. Formal supervisions were completed bi-annually and were utilised in conjunction with on-site conversations

and monthly team meetings to ensure all staff had the opportunity to raise concerns or for issues to be addressed.

The provider maintained oversight of the service. The provider had completed an annual review into the quality and safety of care and support in the centre. In addition, unannounced audits were completed six-monthly in line with the regulations. These reports identified good practice in the centre and areas for improvement. On the day of inspection the most recent six monthly whilst was completed, evidence of ongoing of actions was not present. This required review.

In addition, the person in charge and social care leader completed a range of audits in the centre. These included environmental audits, medication audits and a comprehensive self-assessment tool. Any areas that required improvement were included on an action plan which identified actions to address any issues identified and target completion dates for these actions were set.

The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of residents. The person in charge maintained a planned and actual staff roster in the centre. A review found that the number and skill-mix of staff in the centre was in line the centre's statement of purpose. There was a regular team of staff in the centre to promote continuity of care. Staff had access to a range of training which had been deemed mandatory to support residents in the centre. However, records reviewed indicated that there were gaps in training for some staff. This included in the area of behaviour support and infection control. The social care leader was actively addressing this.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operation of the centre. While the remit of the person in charge was large, the provider was in the final stages of reducing their oversight responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the numbers and skill mix of staff were suitable to meet the assessed needs of residents.

An actual and planned rota was in place.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training however the records indicated that there were gaps in training for some staff. The social care leader was actively addressing this.

Effective supervision and performance management systems were in place and completed in accordance with organisational policy.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had prepared a directory of residents, and had ensured that all required information in relation to residents was held in the centre, as outlined in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that appropriate insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the governance and management arrangements were effective in delivering a good quality service to residents. There was an annual review of the quality and safety of care and evidence that actions arising from this were acted on. Additionally six monthly unannounced visits to the centre were taking place.

Some minor improvements were required to ensure all areas of non compliance were identified and addressed accordingly.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified in line with the requirements of regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaint policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis.

An easy to read document on display required review this reflected the organisational complaints process. This was corrected on the day of the inspection.

Judgment: Compliant

Quality and safety

No. 1 Stonecrop provided residential support to five gentlemen. Within the centre it was evidenced that residents' well being and welfare was maintained by a good standard of care and support. Residents were supported to take part in activities that were meaningful to them and in line with their interests. Following the last inspection residents now had full access to all areas of the centre including the upstairs bathroom. Residents were consulted in the day to day operations of the centre including choice in their daily life.

Residents within the centre at times required additional support in the area of behaviours of concern. Staff supported residents in this area in a very respectful manner and were aware of potential triggers for anxiety or times of unrest. The staff had introduced a number of coping mechanisms for residents with support from members of the multi-disciplinary team. This included schedules and visual countdown clocks. Some resident had behaviour support plans, coping plans and protocols in place. Staff were observed implementing strategies from these plans on the day of inspection. However, where additional specialist support was required for crisis intervention, this support was not forthcoming following the submission of a referral to support the resident at that time.

Residents were involved in numerous activities within the centre and in the wider community. All residents were supported to attend a day service with a variety of activities occurring in the centre at the weekends and in the evening. Residents' personal goals included increasing their participation in community-based activities in line with their wishes. Recently four residents had a holiday, which was thoroughly enjoyed.

Each resident was supported to develop a comprehensive personal plan. This incorporated the annual assessment of need, multi-disciplinary recommendations and personal outcome measures. These reviews incorporated goals which the resident wished to achieve the coming year. A review of the goals showed that they covered house-based activities, maintaining connections with family and friends, and engaging in the wider community.

The residents' health care formed part of their personal plan. Each resident had a comprehensive health assessment and any health need that was identified had a corresponding health care management plan. These plans were reviewed throughout the year and updated as required with the support of a clinical nurse specialist. The plans gave clear guidance to staff on how to support residents manage their health needs. There was evidence of input from a variety of health care professionals and specialist medical consultants as necessary.

Residents' safety was promoted in this centre. All staff were trained in safeguarding. Staff were knowledgeable on the steps that should be taken if there were any safeguarding concerns in the centre. The contact details of the designated officer

and complaints officer were on display in the centre. Safeguarding was included as an agenda item on residents' meetings and team meetings to ensure a consistent approach. Residents had personal and intimate care plans in place, however these plans did require some improvement to ensure plans incorporated all areas of support.

Residents were also protected from the risk of infection. Good practice in relation to infection prevention and control was observed during the inspection. There were adequate hand hygiene facilities in the centre. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines. Staff were observed completing touch point cleaning during inspection and adhering to infection control measures. Environmental audits were routinely completed. Staff were knowledgeable on steps that should be taken to protect residents from infection and where to source guidance on infection prevention.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There were a number of risk assessments that identified centre specific risks; for example, infection control, safeguarding and behaviours of concern. Control measures were in place to guide staff on how to reduce these risks. These were maintained on a risk register. This covered numerous risks to the service as a whole. In addition, residents had individual risk assessments in their personal plans. Risk assessments were regularly reviewed and gave clear guidance to staff on how to manage the risks.

Regulation 13: General welfare and development

Residents had access to facilities for recreation. They engaged in a variety of activities in line with their interests. These included activities in the centre and in the wider community. Residents were supported to maintain links with family and friends as they wished.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to meet the needs of residents. The centre was in very good structural and decorative repair. There was adequate private and communal space. The centre was personalised with residents choice of decor and their photographs.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensure the development and review of a residents guide. This was present in the centre and available for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and plans were in place to support residents to self-isolate in cases of suspected or confirmed COVID-19. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some behaviour support plans reviewed gave clear guidance to staff on how to support residents manage their behaviour. Staff were observed implementing strategies from these plans on the day of inspection. Where additional specialist support was required for crisis intervention, this support was not forthcoming.

Judgment: Substantially compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Minor improvements were required to ensure intimate and personal care plans reflected all areas requiring support.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider ensured that residents could exercise choice and control in their daily lives. Regular house meetings were taking place and residents were consulted in the running of the centre.

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	Substantially compliant
Regulation 19: Directory of residents	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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.1 Stonecrop OSV-0005120

Inspection ID: MON-0028753

Date of inspection: 17/08/2022

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 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 ensure that all staff have access to appropriate training and refresher training as part of staff's continuous professional development. Training and refresher trainings are identified using the services training matrix. As training and refresher trainings are identified, the Social Care Leader with oversight from the Person In Charge will apply to the training department for these identified training requirements. All current identified training gaps have been actively identified and applications returned to the Services training department. 31/8/2022. Outstanding training is scheduled to be completed by 30/11/2022</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> <p>The registered provider, or person nominated by the registered provider will continue to carry out an unannounced visit to the designated centre at least once every six months. A written report will be provided which will ensure that all areas of non-compliance are identified. Where action is required for areas on non-compliance an action plan will be developed in a timely manner which will clearly outline the action required and a timeframe for the completion of this action and by whom. 31/8/2022</p> <p>An Auditing schedule for PIC is in place and reviewed on a regular basis with the PIC and Sector Manager of the centre. (Ongoing)</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The person in charge will continue to ensure that all staff have up to date knowledge and skills, appropriate to their role to respond behaviors that challenge.</p> <p>Where additional specialist support is required the registered provider has a referral pathway in place to the relevant Multi-Disciplinary supports that may be required to support crisis interventions. Once informed consent is attained by the resident, relevant referrals are made and they are tracked/reviewed by the person in charge through the resident's personal plan. Where a referral cannot be taken up by MDT, a consultation session will be sought and if the matter still remains unresolved the PIC will elevate the matter to the Provider through the services risk register. 31/8/2022</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The registered provider has ensured that the person in charge and the social care leader in conjunction with the relevant keyworkers have undergone a review of all resident's intimate and personal care plans to reflect all areas requiring support. 31/8/22</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	30/11/2022
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	31/08/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate	Substantially Compliant	Yellow	31/08/2022

	to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	31/08/2022