

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

Issued by the Chief Inspector

Name of designated centre:	No.2 Heather Park
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	28 January 2025
Centre ID:	OSV-0005136
Fieldwork ID:	MON-0046173

About the designated centre

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

No. 2 Heather Park provides seven respite places at any one time for adults aged 18 years and over. The centre is based in a seaside location in County Cork. The service is provided to individuals with varied levels of intellectual disability including those who are autistic. The designated centre comprises a six-bedroom facility and a one-bedroom, self-contained apartment to support individuals with higher support needs. The same staff team supports residents in both areas. One short-stay emergency bed is available in the designated centre. The duration of respite breaks may vary but typically last two or three nights per visit. The staff team is made up of registered nurses, social care workers and care assistants. The centre is staffed at all times that residents are present. It is not open on Sundays.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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 28 January 2025	09:40hrs to 16:20hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

The centre was part of a large, single storey building located in a coastal area of Cork. The centre provided a respite service to people throughout the county, whose assessed needs could be met by the centre. On the day of the inspection there was only one resident availing of respite within the centre, this was in keeping with the centre providing tailored respite for the residents that stayed there. The resident met with the inspector when they were going out with a staff member. The resident had a rugby ball with them and they were going out to play rugby with the staff member. The resident briefly discussed upcoming rugby games with the inspector. The resident indicated to the inspector that they were happy to be staying there.

This was an un-announced adult safeguarding inspection completed within the designated centre of No 2. Heather Park. The inspector was greeted by the person in charge at the beginning of the inspection. The centre was registered with a capacity of six adults on a respite basis. Typically the service provided was either on an individual basis or as a group, which has been assessed as been suitable to attend together. The centre was open six days a week with it being closed on a Sunday.

Staffing levels were seen to be appropriate to offer person centred services to the residents. Staff members spoken with were knowledgeable of the residents' needs and how to safeguard residents while they were in the centre.

Parts of centre were in the process of being upgraded. Some of these works had not been completed and residents did not have access to these areas. This is discussed under Regulation 17: Premises. In the larger area of the centre there were six bedrooms. All bedrooms had a single bed, a laundry basket, chair, and storage facilities. The storage available in some rooms was very compact but sufficient for a two-or three-night stay, which was the usual stay for a resident. Residents who stayed in the larger part of the centre had access to a number of spacious communal areas. These had comfortable furniture, televisions, DVDs, a desktop computer, and music systems. One room, called the activities room, had a number of seating options and a wide range of recreational equipment including a pool table, table tennis table, table soccer, and a variety of arts and crafts materials and sporting equipment. Residents also had access to a large outdoor area with some outdoor furniture. The smaller section of the centre had activity items available and were tailored to the interests of the person availing of the respite. The smaller section of the centre had access to a secure outdoor also.

There were a number of communication aids on display throughout the designated centre. These aids facilitated the sharing of information regarding the staff working in the centre and also facilitated choice-making opportunities for residents regarding meals and activities available in the 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 to each resident living in the centre.

Capacity and capability

Overall, this inspection found that residents were in receipt of care and support from a dedicated staff team. There was evidence of oversight and monitoring within the designated centre. Positive work was undertaken to ensure the safeguarding of residents in the centre.

There was a clearly defined management team in the centre that identified lines of accountability and responsibility. A social care leader had recently been appointed in the centre to assist the person in charge in the running of the centre. Both these members of management were in the centre throughout the week and available to staff in a full time capacity. The person in charge had a person participating in management supporting them also. The person in charge and person participating in management were met on the day of inspection and both knew the centre well. They both had good knowledge of the service, its objectives and how the service would work into the future.

Residents were supported by a core staff team of social care workers, nurses and care assistance. Staff supporting the resident during the inspection knew them well. The registered provider had ensured the number and skill mix of staff was appropriate for the residents' needs in the centre. The staffing levels were in line with the centre's statement of purpose and a planned and actual staff roster was maintained. Staff had training suitable for their role and to assist them in supporting the residents.

The registered provider maintained good oversight of the service. The provider had completed the annual and six monthly unannounced review of the quality and safety of care and support in the centre were undertaken in a timely manner.

Regulation 15: Staffing

The centre had suitable staffing levels having the appropriate qualified, number and skill mix available to the residents availing of respite. The staff rosters were adaptable depending on which residents were attending respite. The staff team in the centre was seen to be flexible as during the week of the inspection the respite time for one resident needed to be moved and the staff team changed their working hours to accommodate this. The staffing levels on the staffing roster matched the levels of the statement of the purpose for the centre. A planned and actual staff rosters was provided to the inspector which reflected suitable staffing levels being

utilised in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training and refresher training as required. Records of training were made available to the inspector and viewed. Members of the management team were working in the centre on a daily basis and were available to support staff and provide informal supervision throughout the week.

Staff in the centre had received training in safeguarding. Staff spoken with were aware of their role in the safeguarding of residents and explained to the inspector that the designated officer of the service had attended the centre to discuss safeguarding issues.

Formal staff supervision was being completed in line with organisations policy and evidence of this was provided on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge was full time in the centre and worked exclusively in this centre. The management team knew the needs of the various residents well.

The unannounced six monthly visits and annual review had been completed in the centre in a timely manner. Actions from the latest six monthly review that took place in December 2024 were being addressed.

Staff meetings were occurring regularly in the centre where relevant issues were discussed. Staff discussed safeguarding issues, training updates and incidents that occurred in the centre at these meetings.

Residents had information regarding complaints and advocacy made available to them in the centre. Communications systems had been developed to maintain contact between families and residents to ensure their respite break was enjoyable and suitable for them. Residents also had access to accessible information folder which contained easy to read documentation for the residents.

Judgment: Compliant

Quality and safety

The registered provider was providing a service in No.2 Heather Park which was safe and in line with the needs and wishes of the residents. The resident appeared content in the centre with staff striving to uphold their rights. The centre was well maintained and appropriate in size and layout for the residents.

In advance of staying in the centre, information was gathered to inform the assessment of each resident's needs. This information was gathered from the resident, the people they lived with, staff supporting them in other services, such as day services, and the completed referral form. Annual health checks had been completed and recent multidisciplinary reports were available.

Staff communicated well with residents and their communication needs were well documented in their personal plans. Evidence of different communication methods used by residents were evident in the centre during the inspection.

Personal plans for residents contained achievable goals, which the staff team was working towards. The plans contained information on the assessed needs of the residents. Positive behaviour plans were available for residents. Residents were protected from financial harm with the systems in place in the centre. Staff had the knowledge to maintain the safety of the residents. Residents' rights in the centre were promoted and staff strove to improve outcomes in relation to the quality of life of the residents.

Regulation 10: Communication

Personal plans viewed for residents had appropriate guidance on how the resident communicated and how staff should communicate with the residents for example the personal plans had an extensive list of likes and dislikes. Residents had a document "how I communicate" created for them with staff.

Various visual aids were evident throughout the centre which were suitable for different residents that attended respite in the centre.

Information on how to make a complaint and how to report a concern was available to residents.

Judgment: Compliant

Regulation 17: Premises

The premises was spacious with large amounts of communal space including sitting rooms, dining rooms and a spacious activity room. There were contractors completing a deep clean of the centre on the day of inspection. The laundry had a fire door fitted which was identified on a previous inspection.

Areas of the premises required attention, these were:

- a carpet tile was loose in the corner of the activity room
- a piece of flooring was missing leading out from the main lounge area of the centre
- a new adaptive bath had been installed in a bathroom, but this was not yet in use because the bathroom had a leak in the ceiling and the heating was not working in the room.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. There was a risk register in place for the centre. General risk assessments were maintained in this risk register.

The risk management policy was reviewed by the registered provider and contained the information on the risk specified within the regulation.

Residents within the centre had individual personal risk assessments in place to safeguard them.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents in the centre had comprehensive assessment in place. The personal plans contained information and guidance from multidisciplinary teams to inform staff on how to support residents. There were minimal safeguarding plans and the residents attended respite according to their safeguarding needs i.e. people would have a individualised service when required and groups of residents attending were assessed for their compatibility.

Improvements had been made in personal plans in that they now had a review of their goals before and after each stay, with the resident and their family, and how the service may be improved in future respite stays.

Concerns regarding personal documentation and consent are discussed under Regulation 9: Residents' rights.
Judgment: Compliant
Regulation 7: Positive behavioural support
Positive behaviour support documentation were available in the personal plans of the residents that required them. Restrictive practices in the centre were reviewed and were reported to the Chief Inspector on a quarterly basis.
Judgment: Compliant
Regulation 8: Protection
<p>There were no safeguarding concerns at the centre at the time of inspection. All staff had received suitable training in safeguarding. Staff were encouraged to be open and accountable in relation to safeguarding with it being discussed at staff meetings and staff having regular guidance in the subject, an example of this would be staff having discussions with the designated officer of the service when they visited the centre.</p> <p>Finances and personal possessions were well managed during the residents stay at the centre with double signatures used and personal possession lists maintained.</p>
Judgment: Compliant
Regulation 9: Residents' rights
<p>The registered provider had a rights review committee in place to review the restrictions put in place for residents. Information of advocacy was available to residents and how they may access this.</p> <p>Residents' personal plans had consent obtained from family members, but it was not clear whether consent had been received themselves with regards to the use of bed rails.</p> <p>Information regarding three different residents was contained in two of the personal plans viewed. This could not assure that personal information was kept private. This is not in line with the centre's respite service agreement in regards to personal</p>

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

Compliance Plan for No.2 Heather Park OSV-0005136

Inspection ID: MON-0046173

Date of inspection: 28/01/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Provider has a system in place to ensure the premises is maintained and suitable to meet the needs of the individuals supported during respite visits. In particular the following maintenance works will be undertaken:- <ul style="list-style-type: none">• The loose carpet tile in the activity room has been replaced [31/01/2025]• The flooring leading out from the main lounge area of the centre will be repaired/replaced [31/03/2025]• A new adaptive bath is ready for use and heating has been resolved. This will be operational when repairs to roof leak are completed [30/04/2025]	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider has ensured that <ul style="list-style-type: none">• Information regarding sibling respite users which was contained in each other files was removed on day of inspection [28/01/2025] Consent for bed rails will be discussed with individual and evidenced when they next attend respite [27/03/2025]	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	27/03/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is	Substantially Compliant	Yellow	28/01/2025

	<p>respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</p>			
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