



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

Issued by the Chief Inspector

Name of designated centre:	No 1 Portsmouth
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	29 April 2021
Centre ID:	OSV-0005679
Fieldwork ID:	MON-0031884

About the designated centre

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

The centre provides residential services for a maximum of two adults. It provides support to persons with an intellectual disability, including those who have autism, behaviours that challenge and who may have a dual diagnosis of mental health and intellectual disability. The centre comprised of two separate living areas in a semi-detached bungalow. The centre is located in a large campus style setting on the outskirts of Cork city. The service can provide support to males and females and utilises the social care model. The centre encompasses a person centred approach and encourages residents to reach their fullest potential in all areas of their lives. The staff in the centre have a varied range of qualifications, skills and experience of supporting people with intellectual disability, which ensures a quality service is delivered to each individual living here. The staff team work a rota system of day and waking nights shifts.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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
Thursday 29 April 2021	09:00hrs to 15:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This risk inspection of No.1 Portsmouth was completed during the COVID-19 pandemic. The registered provider was given 48 hours' notice of the inspection to allow for the informing of residents and to prepare a suitable area for the inspector to base themselves. Interactions with all individuals were limited to 15 minutes with social distancing maintained. One area reviewed as part of this inspection was the area of infection control. All staff were observed adhering to national and organisational guidelines. Residents were encouraged to use PPE such as facemasks when partaking in community activities. One resident was encouraged to use an alternative to hand shaking when greeting the inspector.

The inspector did get the opportunity to meet with one of the residents currently residing in the centre. Their peer was partaking in their day routine and the inspector did not have the opportunity to meet with them. The resident was preparing their breakfast with the support from staff. They were enjoying this activity and smiled at staff and the inspector to show their enjoyment. Whilst it was explained to the inspector that this resident had a self-contained living area and limited interaction with peer, they were using their peer's kitchen area. Staff explained that this was due to the resident not having a fully equipped kitchen in their living space. The resident could only use the kitchen facilities of their peer when they were not present and did not have the freedom to use the cooking facilities when they choose.

This resident was observed interacting with staff in a positive and jovial manner. They went for a shopping trip in the afternoon to collect items ordered and to pick out painting for their bedroom. They gave the inspector a thumbs up both leaving and returning to the centre.

Upon visiting the resident's personal living area, it was noted that their environment required review with respect to storage. Large cardboard boxes were present in their bedroom to store personal care products as staff reported storage was limited. Upon review of the storage facilities in the centre, it was noted that a large amount of their peers personal possessions were stored in the residents' living space, with a large wardrobe in the hallway being used to store peer's clothing. The medications press was also stored in this resident's hallway. Staff would go between the two apartments to obtain one residents clothing, personal possessions and medications a number of times during the day. As a result of these arrangements, it was not evidenced the each resident had privacy, free access to their personal belongings and a suitable personal living environment was respected. Staff were observed walking between the two apartments freely.

One resident was supported to attend an individualised day service specific to their unique and individualised support needs. This resident was supported to continue to participate in meaningful activities in accordance with national restrictions, ensuring they were supported in the area of behaviour which may be of concern. Some areas

of restrictive practice within their living environment had been reviewed to reduce the level of identified restrictions in place. However, this required review to ensure the rights of the resident were paramount and promoted, such as privacy. For example, no doorbell was present at the front door and individuals would enter the area, a large mirror used to safely monitor the resident which was no longer utilised remained present on the concern of the ceiling. Internal repairs were scheduled to occur in their living space to promote a homely environment.

Part of this inspection was to review the planned reconfiguration of the designated centre. The provider had applied to add two additional units to the governance of the centre. This would also result in the increase of the capacity of the centre to five. Following the initial reconfiguration and registration one resident would transition to their own house on campus. Internal building works would then be completed to provide each resident with their own living space appropriate to their needs. Staff and management spoken with expressed that this would reduce the risk of potential safeguarding concern and the use of restrictive practice. Staff spoken with expressed that the planned internal alterations to the environment would be specific to each resident such as a sensory room and an enclosed garden area.

Interactions observed whilst present in the centre were professional and supportive in nature. The governance team were aware of the areas require review and were in process of addressing these areas. Governance systems required review however, to ensure all areas requiring improvement were identified and addressed in a timely manner. The staff and governance team were very aware of the needs of the service users, their likes and dislikes and the importance of meaningful activation.

Capacity and capability

The inspector reviewed the capacity and capability of the provider as part of the inspection in No.1 Portsmouth. Part of this inspection was to review the application to vary two registration conditions of the centre, which would result in an increase in capacity and a change in footprint of the centre. The renewal of the registration for a three year period was also reviewed.

The registered provider had ensured the allocation of a clear governance structure to the centre. A suitable qualified and experienced person in charge had recently been appointed. They reported directly to the person participating in management. The person in charge expressed that since their appointment to the centre they had taken the opportunity to get to know the residents and vice-versa. They spent time observing practice to allow areas requiring service improvement to be identified.

The registered provider had ensured the completion of an annual review service provision. A report was generated post completion. This report was minimalistic in nature and did not reflect the areas of non-compliance in the centre. Whilst an action plan had been developed there was not clear evidenced of completion of actions or what measures were implemented. A six monthly unannounced provider

visit to the centre had occurred the day previous to the inspection. The report was forwarded to the inspector for review in the days following. This was comprehensive in nature and regulation based. A number of non-compliance's had been identified as requiring review including premises.

The registered provider had ensured an appropriate staff team was appointed to the centre. Nursing care was afforded as required through supports on campus. A clinical nurse manager was currently in recruitment to support the healthcare needs of residents and the governance of the centre. The person in charge had facilitated and supported staff to obtain the training required to support the residents in a safe and effective manner. A number of training needs had been transferred to online during the pandemic to ensure a consistency in training needs was maintained.

A delegated duty of the person in charge was the completion of staff supervisory meetings in accordance with the organisational policy. These had not been completed since the appointment of the person in charge. One staff team meeting had occurred with this been an opportunity for the staff team to meet the person in charge and express any concerns. A supervision schedule has been developed which was due to commence in the weeks following the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had completed an application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the allocation of a staff team and skill mix appropriate to the support needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had facilitated and supported staff to obtain the training required to support the residents in a safe and effective manner.

Improvements were required to ensure staff supervisions occurred in accordance with organisational policy.

Judgment: Substantially 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 ensured the appointed a clear governance structure to oversee the monitoring of service provision within the centre.

Improvements were required to ensure that monitoring systems in place where utilise to identify areas of concern and address areas of non- compliance in a prompt manner

Judgment: Not compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had ensured all notifiable incidents had been reported in accordance with the regulatory requirement.

Judgment: Compliant

Quality and safety

As part of the fieldwork event the inspector reviewed the quality and safety of the service currently afforded to residents residing in No.1 Portsmouth. A review of the intended reconfiguration of the centre was also incorporated into the inspection. Whilst some areas of good practice was evidenced, areas of non-compliance required review such as the premises and residents rights.

The person in charge had ensured each resident had a person plan developed individual to their support needs. These plans were reviewed annually from a multi-disciplinary perspective and ensured a plethora of support needs. For those residents who have a planned transition to the centre comprehensive transitional plans have been developed. This included consultation with the residents with respect to the planned change in their living arrangements.

Residents were encouraged and supported to participate in a range of meaningful activities and community participation in accordance with current national restrictions. Skills training was encouraged with plans in place in such areas as food preparation. Day service provided to the residents was individualised in nature and specific to the interests and hobbies of the residents.

The residents currently residing in the centre could at times display behaviours of concern. The person in charge had ensured effective measures were in place to support residents in this area such as staff training and support planning. Protocols were in place to ensure that staff supporting residents provided a consistent approach to support needs at all times. Staff were continuously reviewing the environment to ensure this was cognisant to the behaviours of reach individuals and to promote safety.

A recent review of identified restrictive practises had occurred in the centre. This review included the rational for its use. However, a number of restrictive practices in place had not been identified as such and therefore had not been incorporated in the multi-disciplinary review. These included the access to kitchen facilities and the restricted access to clothing. The impact of these restrictions on the rights of the residents had not been addressed, with measures to review or reduce the restrictions not in place.

As part of the reconfiguration of the centre, two new units will be applied to the registration, one of which is a new home. This was visited by the inspector with the design and layout meeting the assessed needs of the intended resident. Another unit is due to have internal work completed to provide a safe and private home for two residents. The premises of the current unit under the governance of No.1 Portsmouth required review to ensure the privacy and dignity of residents was maintained at all times. Also, the kitchen facilities available to residents required review.

The registered provider had ensured measures were in place to promote the safety of residents, such as fire safety management systems and a risk register. Measures were also in place to safeguard residents from abuse. This incorporated staff training and organisational policy. As required residents were supported to obtain the services of an independent advocate to promote their rights. This occurred in the areas of whom they chose to live with or where they chose to live. Some practices in place within the centre required review to ensure the rights of the residents were paramount. The use of one residents living area being utilised as a storage space for other personal possessions is one such example.

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 premises of the designated centre required upgrade and modernisation to ensure it was kept in a good state of repair externally and internally.

Storage and kitchen facilities required review.

Judgment: Not compliant

Regulation 20: Information for residents
The registered provider had prepared a guide in respect of the designated centre and ensured that a copy is provided to each resident.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented some measures to ensure the effective assessment, management and ongoing review of risk.
Judgment: Compliant
Regulation 27: Protection against infection
The provider had policies in place, and had ensured that staff practices adhered to the guidelines as per the provider's guidance documents and updated policies to ensure the safety of all residents, in the context of the COVID-19 pandemic.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider had ensured that effective fire safety systems were in place. These systems included guidance for staff on the safe evacuation of residents in the event of emergency. Adequate precautions were in place including the presence of fire fighting equipment, daily and weekly checks.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. The personal plan was the subject of a review as there were changes in residents' needs or circumstances

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvements were required to ensure that the use of restrictive practice was done so in the least restrictive manner for the shortest duration necessary.

The person in charge had ensured that effective measures were in place to support residents in the area of behaviours of concern.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured that measures were in place to safeguard residents from abuse. This incorporated staff training and organisational policy.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had not ensured that the centre was operated in a manner that was respectful to the rights of the resident. this included the right to privacy and access to personal possessions.

Judgment: Not 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
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 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not 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 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for No 1 Portsmouth OSV-0005679

Inspection ID: MON-0031884

Date of inspection: 29/04/2021

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	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 has put in place a schedule to ensure staff supervision meetings are scheduled to occur in accordance with organisational policy throughout the year.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider, in conjunction with the PIC, will ensure improvements are made and ensure that monitoring systems are in place in the Centre including:-</p> <ul style="list-style-type: none"> - Audit tools have been developed by the team and the PIC has commenced implementation of these. These will be utilised on a monthly basis to identify areas of concern and address areas of non- compliance. Initial PIC audit schedule completed by 30th June. - The provider will ensure that actions from the 6 monthly visits and Annual Review of the Centre are evidenced and - the Annual Review will encompass broader aspects of the designated centre on the next report. 	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Provider has arranged for regular maintenance to be scheduled for the Centre. Painting of both apartments commenced on 18/5/21 and will be completed by 28/05/21 Storage facility works are in progress and will be completed by 30/6/21 Kitchen upgrade works commenced on 24/5/21 and will be completed by the 28/05/21</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The person in charge will ensure that a full review of restrictive practices is undertaken with the Team to increase awareness and to ensure that the use of restrictive practices are done so in the least restrictive manner for the shortest duration necessary through regular scheduled reviews in line with organisation policy. Restrictive practices identified on day of inspection have been reviewed by PIC and the following actions have resulted</p> <ul style="list-style-type: none"> - Mirror removed on 24/5/21 - Premises alterations to access possessions due for completion on 30/06/21 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Registered Provider will ensure that the centre is operated in a manner that is respectful to the rights of the resident. This will include ensuring that the PIC will undertake a full rights review with the Team to ensure the right to privacy and access to personal possessions are resolved by 30th June 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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/05/2021
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	30/06/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2021
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'	Not Compliant	Orange	30/06/2021

	needs, consistent and effectively monitored.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	30/06/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/06/2021
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Not Compliant	Orange	30/06/2021