



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

Issued by the Chief Inspector

Name of designated centre:	Good Counsel Services
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Unannounced
Date of inspection:	18 May 2022 and 19 May 2022
Centre ID:	OSV-0002586
Fieldwork ID:	MON-0034378

About the designated centre

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

Good Counsel Services provides a residential service for up to 21 adults with an intellectual disability who may present with additional complex needs, across three locations in Co. Dublin. The premises consists of ground floor, first floor and three storey accommodation. The four premises are located in different south Dublin suburbs, and are within a short distance from each other. Two units are located in a community setting, one of which has two premises, a house and three apartments. The fourth unit is on the first floor of a large building. Residents are supported 24 hours a day, seven days a week by a staff team consisting of a person in charge, clinical nurse managers, staff nurses, health care assistants and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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 (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 18 May 2022	11:00hrs to 18:45hrs	Marie Byrne	Lead
Thursday 19 May 2022	09:30hrs to 15:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This unannounced risk-based inspection was completed following an inspection in the centre in September 2021 where poor levels of compliance with the regulations were found. Following this inspection the provider submitted an application to vary condition 1 and condition 3 of the registration of the designated centre to reduce the registered bed numbers from 23 to 21, and to change the layout of two of the houses to add an additional living room in each of them.

Overall, the findings of this inspection were that a number of improvements had been made since the last inspection, and that more were planned. The reduction in registered bed numbers and the addition of the two living rooms was reported by staff to have a positive impact for residents in two of the houses. However, further improvements were required in relation to staffing numbers in the centre. Overall, the centre was found to be well managed by a full-time person in charge who had systems in place to make sure residents were safe and regularly engaging in activities they enjoyed.

As the inspection was completed during the COVID-19 pandemic, the inspector of social services adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. The designated centre consists of four premises and the inspector had an opportunity to visit each of these during the two days of the inspection. There were twenty residents living in the centre and the inspector had the opportunity to meet and briefly engage with 16 residents.

On arrival to each of the houses and apartments the inspector was directed by staff to use hand sanitiser, and advised where personal protective equipment (PPE) was available. There was also a visitors book/declaration form for visitors to declare that they do not have signs of infection, and there were also thermometers available. There were five residents living in one of the houses visited and in the morning one resident was at home, and the other four residents had independently gone to a cooking class in the local library. The resident who was at home was relaxing and having a cup of coffee in the living room. They greeted the inspector and then continued to enjoy their coffee.

At lunch time the four residents returned from the cooking class and told staff all about making a stir fry. The inspector then had a chance to meet each of them. They all appeared comfortable and happy in their home. Residents spoke with the inspector about things they enjoyed doing, and places they enjoyed going. They talked about important people in their lives and about how much they lived living in the centre.

The second site visited comprised of a three self-contained apartments, and a house. The inspector had a opportunity to meet two residents in their apartments,

and to meet one resident in the main house when had dropped in to chat with staff before they went back to their apartment. The inspector also had an opportunity to meet the four residents who lived in the main house. A number of residents had just completed an exercise class in their home and staff reported that they had really enjoyed this. They were observed to relax either in their bedrooms, or in the living room for the remainder of the evening.

The inspector spoke with two residents who had transitioned to the centre since the last inspection. They each spoke highly of the staff team, and were aware who to go to if they had any concerns. They were also complimentary towards the supports they had received to transition to the centre. They were also complimentary towards the food and the choices offered at mealtimes.

A number of residents spoke about how important their independence was to them, and about how much they enjoyed going to day services. A number of residents also talked about their favourite hobbies and some of their talents such as painting and making sculptures. One resident spoke about an art exhibition they had held, where they had sold a number of their pieces.

On the second day the inspector visited the last premises in the centre and met with four of the eight residents who lived there. The other residents were gone out with staff on the bus to activities in their local library. Three residents chose not to engage with the inspector, and their wishes were respected. One resident spoke about how much they liked living in the centre. They told the inspector that the staff were very good to them and that they enjoyed chatting with them. They said that the food was lovely and that they felt safe living in the centre.

Each of the premises in the centre were found to be clean, well maintained, and homely. There were systems in place for maintenance and repairs, and painting was planned in two of the houses after the inspection. Residents had decorated their bedrooms in line with their wishes and preferences. They had storage for their personal items, and had their favourite photos and belongings on display. Residents who wished to had televisions, radios and games systems in their bedrooms. There were a number of communal areas where residents could spend their time. Each of the premises has well maintained outdoor areas with garden furniture and flower beds, or raised beds and potted plants.

Kind, caring and respectful interactions were observed between staff and residents throughout the two days of the inspection. Staff were observed to take the time to listen to residents and to pick up on their non-verbal cues. Residents were observed to be busy at times during the inspection, but they were also observed to relax if they so wish.

Residents' meetings were occurring regularly and a number of residents told the inspector about the complaints process. In addition, the inspector reviewed a number of complaints made by residents about the need for more suitable transport in the centre to support them to access their local community.

The six monthly review completed by the registered provider included the views of residents and their representatives and the feedback in this report was very positive

in relation to care and support for residents in the centre. In summary, residents appeared happy, content and relaxed in their homes. Inspectors found that a person-centred approach was being used to ensure residents' care and support needs were met. The team were found to be quickly responding to residents' changing needs and to be motivated to ensure that residents were choosing how and where they spent their time.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, the inspector found that the improvements made since the last inspection were having a positive impact on the lived experience of residents in the centre. The inspector found the centre was well managed. There was a full-time person in charge in post who was very familiar with residents' care and support needs and motivated to ensure residents were happy and safe in their homes.

The provider was completing six monthly and annual reviews of care and support and finding areas for improvement in line with the findings of this inspection. They were completing the majority of actions, which were bringing about improvements in relation to residents' homes and their care and support.

The centre remained under-resourced in terms of staffing but the inspector was shown documentary evidence of numerous attempts by the provider to recruit staff since the last inspection. They had a recruitment tracker in place which logged the number of times posts were advertised and where, the number of interviews held, and the number of successful and unsuccessful candidates. Recruitment was ongoing at the time of the inspection to fill four staff nurse and four healthcare assistant vacancies.

Improvements had been made in relation to staff training and supervision since the last inspection. However, a number of staff required refresher training and supervision had not rolled out fully across the staff team.

Registration Regulation 8 (1)

The provider made an application to vary condition 1 and condition 3 of the registration of the designated centre. They submitted all of the required information with this application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time and had the qualifications, skills and experience to fulfill the role. They had systems to ensure the effective governance, operational management and administration of this centre. They were motivated to ensure that residents were happy, engaging in activities they enjoyed, and that they felt safe living in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were eight staff vacancies in the centre at the time of the inspection. The inspector was shown documentary evidence of the attempts that the provider had made since the last inspection to fill these vacancies. The recruitment drive was ongoing with further interviews scheduled after the inspection. However, there remained an over-reliance on agency staff. The provider was attempting to maintain continuity through the use of regular agency staff. However, due to the number of vacancies this was not always proving possible and was impacting on the availability of keyworkers for residents in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. However, a number of staff required refresher training in safeguarding, fire safety, and medication management.

The provider had a supervision policy in place and some staff were trained on its use. However, some staff still required this training which was delaying the full rollout of regular formal supervision for the entire staff team. In addition, improvements were required in relation to the agenda items discussed to ensure they were focused on staff's responsibilities in relation to residents' care and support, and to ensure they were using person-centred language.

Judgment: Substantially compliant

Regulation 21: Records

The majority of records required under the regulations were available in the centre. However, improvements were required in relation to the upkeep of some records to ensure they were up-to-date and guiding staff practice. For example, some residents' personal emergency evacuation plans required update following learning from drills. In addition, a number of residents' financial assessments did not match their contracts of care in relation to fees charged. The inspector was given assurances at the end of the inspection for the residents' files reviewed, that these residents were not being overcharged. In addition, the provider committed to reviewing all residents' assessments and contracts of care after the inspection, to ensure they were accurate and reflective of the fees residents were paying.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre was managed by a suitably qualified and experienced person in charge who had the authority, accountability and responsibility for the provision of service. The quality of care and the experience of residents was being monitored and developed on an ongoing basis. The provider was self-identifying areas for improvement, and taking action to bring about the required improvements.

However, the centre remained under-resourced in terms of staff, and a vehicle was also required in line with residents' changing needs. A number of residents had raised complaints in relation to the need for suitable transport to support them to access their local community in October 2021, and these remained open at the time of the inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the information required by the regulations and had been reviewed in line with the timeframe identified in the regulation. It was available for residents and their representatives in each of the areas.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and adverse events was maintained in the centre and the Chief Inspector had been notified of all the required information in line with the Regulation. However, five notifications had not been notified to the Chief Inspector in line with the time-frame identified in the regulations since the last inspection. These included four late notifications of allegations of abuse, and one late notification relating to an occasion of an unexplained absence of a resident from the designated centre.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that that residents were in receipt of a good quality and safe service. They were making decisions about how and where they wished to spend their time. They were also involved in the day-to-day running of the centre, and the upkeep of their home. Their likes, dislikes and preferences were clearly identified in their personal plans.

Residents lived in a warm, clean and comfortable homes where they could access to private and communal spaces. Their homes were decorated in line with their preferences, and their bedrooms were personalised to suit their tastes. A number of improvements had been made in the centre since the last inspection which had resulted in the houses and apartments appearing more homely and comfortable.

Residents and staff were protected by the infection prevention and control policies and procedures in the centre. There were also systems in place for the prevention and detection of fire in the centre. There were appropriate systems in relation to ordering, receipt, prescribing, storing disposal and administration of medicines.

Residents had access to health and social care professionals in line with their assessed needs. They were also protected by the safeguarding policies, procedures and practices in the centre. Staff were recognising residents' changing needs and responding appropriately. For example, one resident spoke about their changing needs and how they were being supported to access physiotherapy and occupational therapy input to support them to maintain their independence, which was very important to them.

Regulation 17: Premises

Each of the premises was found to be clean, homely and to promote the privacy and dignity of each resident. Residents had access to adequate private and communal spaces, and storage for their personal items. Their bedrooms were personalised to suit their tastes.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide contained the required information and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were protected by the infection prevention and control policies and procedures in the centre. Contingency plans were developed during the COVID-19 pandemic. There were cleaning schedules in place to ensure each area of the houses and apartments were cleaned regularly.

There were systems to ensure water systems were flushed regularly and to ensure that there were stocks of PPE available in the centre. There were suitable laundry and waste management systems in place. There was information available for residents and staff on infection prevention and control. Staff had completed a number of infection prevention and control related trainings.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect, contain and extinguish fires. There was suitable equipment which was being regularly serviced and appropriately maintained.

Staff were in receipt of fire safety awareness training and fire drills were occurring regularly. It was evident that learning following drills was mostly leading to further drills and the review and update of residents' personal emergency evacuation plans. A small number of residents' evacuation plans required review following recent drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place for the ordering, receipt, prescribing, storing, disposal and administration of medicines. Residents had assessments outlining their capacity, wishes and preferences in relation to taking responsibility for storing and administering their medicines.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to to the support of the relevant allied health professionals and had stress management plans and positive behaviour support plans developed and reviewed as required. These plans were clearly guiding staff in relation to both proactive and reactive supports residents may require.

There was evidence of a reduction of restrictive practices since the last inspection and for those that remained in place there was evidence that they were reviewed regularly to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the safeguarding policies and procedures in the centre. Allegations or suspicions of abuse were reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required. Staff had completed safeguarding training and those who spoke with the inspector were aware of their roles and responsibilities.

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 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Good Counsel Services OSV-0002586

Inspection ID: MON-0034378

Date of inspection: 18/05/2022 and 19/05/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.</p> <p>In response to the area of staffing Regulation 15 (1)</p> <ul style="list-style-type: none"> • The registered provider shall ensure that there is an appropriate skill mix of staff that can keywork for each resident • There is a continuous recruitment campaign for nurses through the HSE National Recruitment Services for nurses. • Local recruitment campaign was held for nurses and care assistants only persons who were deemed competent at interview will be offered a full time position. There will be continuous campaigns until all vacancies are filled, until then regular agency staff will be used to ensure continuity. • Graduate Nurses who have already been identified to be offered contracts • Senior Managers and HR Department to be inventive regarding advertising of posts and service <p>The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.</p> <p>In response to the area of staffing Regulation 15(3)</p> <ul style="list-style-type: none"> • The registered provider shall ensure that vacant posts are filled with full time staff from the recent and will continue with recruitment drives until all Whole Time Equivalent posts are filled. • The staff are in turn rostered to individual areas within the center so as to provide continuity of care. • Regularizing of agency nurses and care assistants by offering familiar and long term agency staff a HSE contract in line with rules of recruitment. 	

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Regulation 16: Training and staff development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme

In response to the area of staff training and development Regulation 16(1)(a)

- The person in charge shall ensure that all staff undergo and participate in specific training within specified timeframes as specified in local policies. The person in charge will concentrate all efforts to increase frequency of opportunities
- Additional staff will undergo training to become instructors for manual handling, First Aid, CPR and studio 3 this will increase the frequency of opportunities for staff to attend training

The person in charge shall ensure that staff are appropriately supervised.

In response to the area of staff training and development Regulation 16(1)(b)

Untrained staff in performance management will be identified and will attend such training

- Agenda items to be raised at Performance Management meetings will be discussed at the following forums local staff meetings, management meetings and Quality & Safety meeting. This will provide clarity that the key areas should relate to Roles Responsibilities and any further staff development needed so they can provide appropriate support to the service users.
- Further performance management training will be scheduled for key staff who have not attended such training

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:

The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector

In response to the area of records Regulation 21(b)

- Personal Emergency Evacuation Plans have been updated and been informed by any happenings from the monthly fire drills
- The process has commenced regarding the residents financial assessments and

contracts of care are being updated.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

In response to the area of Governance and Management regulation 23(1)(a)

- Transport needs are being assessed for the service and a risk assessment will be carried out for each area within the designated centre.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre

In response to the area of notification of incidents regulation 31(1)(e) 31(1)(f)

- PIC going forward will ensure that all notifications will be sent to chief inspector in line with the time frame identified in the regulations.
- Sub- users have been identified to ensure that notifications are submitted in line with the Regulation

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	01/12/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	01/12/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	01/12/2022

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/10/2022
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2022
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	12/06/2022

Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	12/06/2022
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