



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

|                            |                  |
|----------------------------|------------------|
| Name of designated centre: | Poppy Services   |
| Name of provider:          | Poppy Services   |
| Address of centre:         | Roscommon        |
| Type of inspection:        | Unannounced      |
| Date of inspection:        | 06 November 2018 |
| Centre ID:                 | OSV-0004472      |
| Fieldwork ID:              | MON-0025453      |

## About the designated centre

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

Poppy Services is run by Brothers of Charity Services, Ireland. The service comprises of three premises, which are located in three different locations close to Roscommon town. The centre can provide care to for up to six male and female adults who have a moderate to severe intellectual disability. Staff are on duty both day and night to support residents who avail of this service.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 6 |
|--|---|

## How we inspect

To prepare for this inspection the inspector or 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    |
|------------------|----------------------|------------------|---------|
| 06 November 2018 | 09:15hrs to 14:50hrs | Anne Marie Byrne | Lead    |
| 06 November 2018 | 09:15hrs to 14:50hrs | Ivan Cormican    | Support |

## Views of people who use the service

The inspectors had the opportunity to meet with two residents who avail of this service, however; neither resident could communicate directly with the inspectors. The person in charge and staff present in the centre on the day of inspection spoke with the inspectors about the care and support residents receive in areas such as behavioural support, health care, social care and general welfare and development.

Over the course of the inspection, inspectors observed staff to interact positively with the residents and had a good understanding of each resident's preferred way to communicate their wishes. Residents appeared very comfortable in the company of staff and in accessing all areas of their home.

## Capacity and capability

Since the last inspection, the Chief Inspector issued the registered provider with a notice of proposal to cancel the registration of this centre due to on-going non-compliance with fire safety. In response to this, the registered provider put in place a time bound plan to bring the centre back into compliance with regulation 28. On this inspection, the inspectors found that the registered provider had completed these fire upgrade works.

Prior to this inspection, the registered provider applied to renew the registration of this centre with a different footprint, including, replacing two of the existing premises with two new premises. The inspectors found there was an adequate number of staff and skill-mix in place to meet residents' needs and person in charge demonstrated to inspectors the plans in place to maintain this existing staffing arrangement to ensure the effective transition of residents who were moving to the new premises. Plans were also in place to ensure the occurrence of regular team meeting would continue to facilitate staff to discuss and raise concerns with senior management about the care received by residents. Effective training arrangements ensured staff were adequately supervised, received mandatory training and had access to refresher training courses, as required. However, some improvements were required to rosters to ensure they clearly demonstrated the start and finish times worked by staff in the centre.

The person in charge had the overall responsibility for this centre and he was found to meet the requirements of the regulations and had a good knowledge of residents' needs and of his regulatory responsibilities. He also had a system in place for the reporting of incidents to the Chief Inspector as required by the regulations. The person in charge told the inspector that the current governance and management arrangements supported him to have the capacity to fulfil his role as person in charge for this centre. He was supported by a person participating in management in the management of this centre and they met regularly to discuss issues relating

to the service delivery. Plans were also in place to ensure the annual review and six monthly review of the centre would be completed in line with the requirements of the regulations.

There was a statement of purpose in place which was regularly reviewed. However, it did not adequately describe the services delivered. This was brought to the attention of the person in charge who provided a revised copy to the Chief Inspector in the days subsequent to the inspection.

#### Regulation 14: Persons in charge

The person in charge was found to meet the requirements of regulation 14. They were found to have the capacity to fulfil their role as person in charge for this centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that adequate staffing levels were in place to meet the needs of the residents who avail of this service. Staff were found to be supported in their roles and had a strong knowledge of residents' needs. However, improvements were required to the roster to ensure it clearly identified the staff on duty during the day and night.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

#### Regulation 23: Governance and management

The registered provider had ensured that the service was regularly monitored and reviewed. Plans were in place to ensure the annual review and six monthly provider-

led visits would occur in the line with the requirements of the regulations. Clear lines of authority and accountability were also in place.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was statement of purpose in place; however, inspectors observed the statement of purpose did not accurately describe the services delivered. Subsequent to the inspection, the person in charge submitted an updated statement of purpose to the Chief Inspector.

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

## Quality and safety

Prior to this inspection, the provider submitted an application to change the foot print of this centre by removing two existing premises and replacing them with two new premises. The two new premises along with the remaining existing premise were visited by inspectors. Each house provided residents with their own bedroom, spacious communal areas and access to garden areas. The centre was found to be in a good state of repair and plans were in place to support and consult with residents in furnishing and decoration of the new premises.

There were some safeguarding plans in place which were regularly reviewed to ensure that residents were safeguarded at all times. One aspect of a safeguarding plan was the implementation of an individualised service. The provider had secured additional funding for this service and was at the final stages in regards to staff recruitment. Inspectors found that this individualised service would potentially have a positive impact on the care provided to residents. There was also a safeguarding policy in place and all staff had received safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect

and dignity and to recognise the signs of abuse.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training had been completed for staff in the centre. The inspectors observed that not all premises in the centre had adequate emergency lighting arrangements in place, however; written assurances were provided to the inspectors that these works were completed in the days subsequent to the inspection. Staff and residents also participated in regular fire drills. The registered provider had a system in place for the identification, assessment and monitoring of identified risks and he demonstrated a good understanding of the centre's risk management systems throughout the inspection process. Although a risk register was in place to facilitate organisational risks to be regularly reviewed by the person in charge, some risks associated with lone-working in this centre were not always reviewed and monitored.

There were some restrictive practices in place and there were sufficient oversight arrangements in place to ensure that these practices were regularly reviewed. The use of some restrictive practices was supported by a comprehensive behavioural support plan which had been signed as read by all staff members. These arrangements assisted in ensuring that consistency of care was provided to residents at all times. The person in charge had ensured that consent was in place for the use of some of these practices in the centre; however, consent had not been sought for the use of all restrictive practices.

Some residents who met with the inspector were non-verbal. An action required from a review of behavioural support in the centre indicated that a resident may benefit from assistance with their communication. Subsequent to this recommendation a comprehensive review by speech and language occurred and additional supports were implemented to assist a resident to communicate with the aid of a computerised hand held device. These supports were found by the staff team to have an overall positive impact on the quality of life for this resident. At the time of this inspection, there were some residents preparing to transition and transition plans were developed for each resident involved. However, although these plans provided information about the transition, they did not provide clear guidance on the actions required to ensure the effective transition of each resident to their new home.

## Regulation 10: Communication

Residents had a comprehensive communication plan in place and additional input was sought from speech and language therapists to assist residents with their communication needs.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to staff support and transport to access social activities of their choice. Residents were encouraged to access facilities for recreation and were supported to participate in activities in accordance with their interest and capacities.

Judgment: Compliant

### Regulation 17: Premises

The premises provided residents with a clean, spacious and comfortable living space. Inspectors visited the additional premises that the registered provider was applying to register which provided residents with their own bedroom space, shared communal areas and garden access.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were supported to buy and prepare their own meals in line with their individual preferences. There was also adequate refreshments and snacks available.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had a system in place to ensure risks were identified, assessed, managed and monitored within the centre. However, some improvements were required to assessment and review of risks relating to lone-working.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Staff were conducting regular fire drills which indicated that all residents could be evacuated in the event of an emergency. There were appropriate fire safety systems

in place and the provider had employed competent persons to ensure that these systems were serviced and maintained as required.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate medication storage facilities in place and a review medications practices indicated that medicinal products were administered as prescribed. Residents had also been assessed to manage their own medications which aided in promoting independence in the centre,

Judgment: Compliant

### Regulation 6: Health care

Residents had regular, supported access to their general practitioner and the services of allied health professionals were employed as required. The provider had also implemented health care plans to ensure that residents' health needs were supported in a consistent manner.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were comprehensive behavioural support plans in place which supported the delivery of care to residents. There were some restrictive practices in place which were reviewed on a regular basis. There were consents in place for some of these practices but consent was not in place for all restrictive practices in the centre.

Judgment: Substantially compliant

### Regulation 8: Protection

There were some safeguarding plans in the centre which were reviewed on a regular basis to ensure their effectiveness. One aspect of a safeguarding plan was the implementation of an individualised service. The provider had secured additional

funding for this service and was at the final stages in regards to staff recruitment.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Some residents were preparing to transition at the time of this inspection and transition plans were in place for these residents. However, some improvements were required to ensure these plans clearly outlined the actions required to support the resident with their transition.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title  | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>  |                         |
| Regulation 14: Persons in charge  | Compliant               |
| Regulation 15: Staffing   | Substantially compliant |
| Regulation 16: Training and staff development                           | Compliant               |
| Regulation 23: Governance and management                                | Compliant               |
| Regulation 3: Statement of purpose                                      | Compliant               |
| Regulation 31: Notification of incidents                                | Compliant               |
| <b>Quality and safety</b>   |                         |
| Regulation 10: Communication  | Compliant               |
| Regulation 13: General welfare and development                          | Compliant               |
| Regulation 17: Premises   | Compliant               |
| Regulation 18: Food and nutrition                                       | Compliant               |
| Regulation 26: Risk management procedures                               | Substantially compliant |
| Regulation 28: Fire precautions   | Compliant               |
| Regulation 29: Medicines and pharmaceutical services                    | Compliant               |
| Regulation 6: Health care   | Compliant               |
| Regulation 7: Positive behavioural support                              | Substantially compliant |
| Regulation 8: Protection  | Compliant               |
| Regulation 25: Temporary absence, transition and discharge of residents | Substantially compliant |

# Compliance Plan for Poppy Services OSV-0004472

Inspection ID: MON-0025453

Date of inspection: 06/11/2018

## 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   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The PIC has reviewed all of the rosters within the Designated Centre, ensuring that the planned and actual rosters identify the names and grades of all staff on duty.</p>  |                         |
| Regulation 26: Risk management procedures   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC has reviewed and updated the assessment of risks and associated response relating to lone working and within the Designated Centre.</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 PIC has ensured that consent is in place for all restrictive practices within the Designated Centre.</p>   |                         |
| Regulation 25: Temporary absence, transition and discharge of residents   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:</p> <p>Transition plans in place have been reviewed and updated and will continue to be regularly updated outlining the actions required to support the persons supported with their transition.</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 15(4)    | The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.   | Substantially Compliant | Yellow      | 30/11/2018               |
| Regulation 25(3)(a) | The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through: the provision of information on the services and supports available.          | Substantially Compliant | Yellow      | 30/11/2018               |
| Regulation 26(2)    | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.                            | Substantially Compliant | Yellow      | 30/11/2018               |
| 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. | Substantially Compliant | Yellow      | 30/11/2018               |