



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

Name of designated centre:	No.1 Cordyline
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	16 October 2018
Centre ID:	OSV-0004575
Fieldwork ID:	MON-0021891

About the designated centre

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

No 1 Cordyline provides residential supports for a maximum of seven adults, male and female aged over 25 years on a full or part-time basis. It provides support to persons with an intellectual disability, including those with autism. The priorities identified by each individual in their Personal Plan informs the activities within No 1 Cordyline. The house is a two-storey, semi-detached building located on a campus in a rural setting. It is within a short drive of a number of local towns and Cork City. The campus itself allows access to a park with animals, birds and fish. Internally the house has a customised, single-occupancy apartment and a six-bedroom house which, in consultation with residents and families, has been adapted and refurbished in order to better meet resident needs. Residents also have access to on campus facilities such as a canteen, workshops, day services, chapel and garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
16 October 2018	09:45hrs to 18:45hrs	Cora McCarthy	Lead
16 October 2018	09:45hrs to 18:45hrs	Liam Strahan	Lead

Views of people who use the service

The inspectors met with the five residents who resided in this centre. Residents communicated in a non verbal manner and therefore could not tell the inspector their opinions of the service. However the inspectors observed residents and noted the positive interactions that took place between residents and staff. Staff were able to interpret each resident's non-verbal cues and signals in relation to their needs and preferences. Residents were seen to be relaxed in the company of staff and there was a calm atmosphere in this home throughout the inspection. The inspector observed staff members supporting residents with personal care and various activities and the residents appeared happy with the care and support provided by staff. Staff on duty in the centre interacted with residents in a warm and caring manner and the centre was decorated with personal items of the residents such as photos of family members.

Capacity and capability

Overall the service provided was found to be effectively managed. The level of care provided resulted in positive outcomes for residents.

The centre was based on a campus, with the building originally being home to a larger number of residents. As the number of residents decreased the provider increased bedroom sizes, while also creating a number of purposeful rooms within the premises. These were welcoming spaces that accommodated residents who preferred individual space. Bedrooms and common areas were seen to be clean, tastefully decorated and efficiently maintained.

Inspectors found that on the day of inspection there were suitable management systems in place, with clear lines of accountability and responsibility. The registered provider had identified a suitable representative and person in charge. The person in charge worked full-time, was suitably qualified and suitably experienced. A new person participating in management had been appointed in the weeks immediately before inspection. The office of the chief inspector was notified of this person's appointment within the 28 day time frame.

There were systems for reviewing the quality of service and care provided through unannounced visits, performance appraisal, resident meetings, regular staff meetings, annual multi-disciplinary meeting and audits. A number of improvements were discussed in relation to these, for example;

- Conducting of performance appraisals had been delegated to suitable persons; however, the person in charge had no process in place to assure herself that all supervision and appraisal meetings were being conducted as delegated.
- While it was evident that practices were reviewed and learning applied to

increase the quality of life of residents, audits themselves were not always available to demonstrate the basis of the learning. This was discussed with the person in charge on the day of inspection.

Processes were in place to keep staff updated on the changing needs of residents through handover books, a healthcare handover book and staff meetings.

Minutes of operational management meetings were available. These occurred on a five-weekly basis. Minutes of these meetings demonstrated that they were comprehensive; discussing residents' individual needs, staffing issues, training needs, day services, maintenance, catering, risk management and safeguarding - amongst other items. Minutes of meetings indicated that there was appropriate dissemination of information pertaining to the care of residents. Additionally multi-disciplinary meetings were held annually for each resident. Minutes of these recorded a wide range of medical professionals participating in care planning for residents.

The statement of purpose met the requirements of regulations. This detailed the care and support to be provided for residents, and the structures and facilities to provide these. The model of care delivered was a social care model, in accordance with assessed needs of the residents. Nursing staff were also available to meet the needs of residents. Inspectors observed that the service delivered on the day of inspection matched that described in the statement of purpose.

The provider had engaged a suitable number and skill mix of staff. The roster comprised of staff who were engaged on a full-time basis within this centre, supplemented by a panel of relief staff. The person in charge had ensured that their staff were suitably trained and had suitable access to refresher training. However, there were gaps in relation to some training for relief staff. Arrangements for staff supervision were discussed above. Staff files were found to contain all information required by Schedule two of the regulations.

Suitable processes and procedures were in place around complaints. However in some instances not all complaints were fully recorded, by virtue of the person recording the complaint not signing off the complaint log. This can be important in relation to following up of complaints or seeking clarifications.

Staff met by inspectors were found to be highly knowledgeable of residents and communicated very positively about plans for further increases in quality of life for residents. Staff were observed to interact with residents in a dignified and respectful manner, while also respecting their wishes around personal space.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and was employed on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had employed a suitable number and skill mix of staff. A planned and actual roster was in place. The person in charge had obtained all documents required by schedule two of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

A training overview demonstrated that the person in charge ensured their staff had completed training and had access to refresher training. An overview of relief staff's training demonstrated that some review was required in order to ensure the relief staff available to the person in charge also had adequate access to refresher training.

Staff were subject to supervision on appraisal. However completion of this was delegated to several supervisors and there was no system to ensure all supervision and appraisal was up to date.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A suitable Directory of Residents was in place and contained the information required by schedule three of the regulations.

Judgment: Compliant

Regulation 22: Insurance

Suitable insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

Systems were in place to ensure the effective delivery of care and support. These arrangements included an annual report, twice annual unannounced inspections by the provider, medicines audits, cleaning rosters, staff meetings and management meetings.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This centre had no recent admissions. A transparent criteria for admission was clearly specified and detailed the specific care requirements that any person must have should they wish to be admitted in the event of a vacancy.

Each resident (and/or their family) had been provided a contract of care. This detailed the services to be provided for the support, care and welfare of residents as well as the fees to be charged for those services. The provider was also in the process of developing a more detailed version of the services being provided as a revision to the existing contracts.

Judgment: Compliant

Regulation 3: Statement of purpose

A suitable statement of purpose was in place. The contents of this was seen to match practices observed within the centre during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

After reviewing records within the centre inspectors found that notifications had been submitted to the office of the chief inspector, as required.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

There had been no period during which the person in charge was absent for 28 days or longer. The provider was aware of the duty to inform the office of the chief inspector should this occur.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Suitable arrangements were in place to cover the management of the service in the event the person in charge was absent for an extended period of time.

Judgment: Compliant

Regulation 34: Complaints procedure

A suitable complaints policy and process was in place. Where complaints were made they were seen to be followed up. The person in charge audited the complaints log in order to maintain oversight of complaints. However in some instances the person recording the complaints had not been completing the complaints log entirely by failing to sign off on their reports.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A list of policies and procedures were available to staff to guide best practice. The policy on the creation and retention of records was out-of-date; however, it was noted as being under review nationally by the registered provider.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received

by the resident was very good.

The inspector found that the assessments of the residents' health and social care needs were completed to a high standard and were effective in meeting the needs of the residents. There was a staff member identified to support the resident and a time frame in place for achieving goals.

Overall the health and well being of the residents was promoted in the centre.

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However, additional communication assessment and training for staff was required for staff to continue to meet the residents' needs. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse.

The centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their choice. There was evidence of review of residents' medical and medicines needs. Staff that administered medicines to residents were trained in its safe administration and there was evidence of medication audits.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of and day service on site and many community facilities and amenities. The residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

The residents had their own bedroom, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was maintained to a high standard and was warm and homely.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be person centred and positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, which they were.

There were systems in place and supports available to manage behaviour of concern in the centre and behaviour support plans were comprehensive and were reviewed regularly.

Restrictive practices were in place in the centre but were reviewed regularly in line

with best practice and the organisations policies and procedures.

Regulation 10: Communication

Some residents had communication assessments and were supported and assisted to communicate in accordance with their needs. However some residents required to have communication assessments completed and communication training for staff was required for staff to continue to meet the residents' needs. All residents had access to television, newspapers and radio.

Judgment: Substantially compliant

Regulation 11: Visits

The person in charge had ensured that residents were free to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. The residents had access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the resident's home was maintained to a high standard and was warm and homely. There were some rooms upstairs in the centre which were unoccupied and maintained to a minimal standard.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences. Residents who were assessed as requiring dietary assistance were supported with this.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider had ensured that all risk management plans had been regularly reviewed. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate arrangements were in place for good fire safety management. This included fire drills and training, as well as suitable checks and servicing of fire fight equipment, fire detection and alarm systems and emergency lighting.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP whom they were happy with. The inspector observed that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

Regulation 6: Health care

Overall the health and well being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. End of life care plans were in place for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour of concern was identified this was supported by a plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour of concern.

Judgment: Compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse.
Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.1 Cordyline OSV-0004575

Inspection ID: MON-0021891

Date of inspection: 16/10/2018

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 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 reviewed relief staff panel to ensure that all relief staff assigned has access to refresher training.</p> <p>The Person in Charge has established a log of staff and clarified the assigned supervisor. This log identifies nurses are availing of supervision from CNM2 Night Co Ordinators and other staff in the house are cheduled for supervision with the Unit leader.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All staff have been reminded of the need to sign all documentation when they record a complaint so that effective follow up can occur.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The Speech and Language Department has conducted a training session for staff in relation to Total Communication systems on Nov 16 2018. The Department is working with the PIC and Unit Leader to ensure that all staff become familiar and work towards ensuring that the centre operates using communication systems that are personalised to each person supported.</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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/01/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/01/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/01/2019
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/10/2018