



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

Issued by the Chief Inspector

Name of designated centre:	Boherduff Services Cashel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	05 October 2023
Centre ID:	OSV-0005060
Fieldwork ID:	MON-0040006

About the designated centre

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

Boherduff Services Cashel is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential care for a maximum of twelve adults, both male and female, with intellectual disabilities. The centre consists of two individual purpose-built bungalows which are located next to one another in a town in Co. Tipperary. Local amenities in the area include shops, restaurants, sports clubs, historical sites and theatres. The first house is a bungalow which provides community residential care to six adults with a disability. Similarly, the second house is a bungalow which provides community residential care to six adults with a disability. Both units are similar in their design and layout and comprise of a sitting room, kitchen, dining room, an office, six individual resident bedrooms, staff sleepover room, visitors room and a number of shared bathrooms. Both houses have well maintained gardens to the rear of the houses. The centre is staffed by a person in charge, enhanced nurse practitioners, social care worker and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
--	----

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
Thursday 5 October 2023	09:45hrs to 17:30hrs	Conan O'Hara	Lead
Thursday 5 October 2023	09:45hrs to 17:30hrs	Sarah Mockler	Support

What residents told us and what inspectors observed

This was an unannounced focused risk-based inspection carried out by two inspectors over one day. The inspection was completed to monitor ongoing compliance with the regulations.

There were two units associated with this designated centre. The houses were located next to each other in a residential area near a large town in Co. Tipperary. The designated centre was providing full-time residential care for 12 residents. Over the course of the inspection, the inspectors had the opportunity to meet with 10 of the 12 residents and visited both homes.

In the first unit, the inspectors met with six of the residents. On arrival, the inspectors met with two residents who were preparing for the day. One resident was on the way out of the centre to attend their day service. The second resident was observed spending time in the sitting room listening to music. The inspectors then met with a third resident who was supported on a one-to-one basis. They appeared comfortable and were observed engaging in table top activities. They left the centre for a short period of time to attend a health related appointment. When the inspectors met the fourth resident they were watching TV in the living room. At this time, the inspectors observed that their wheelchair was slightly angled away from the TV and the TV had no sound. This was brought to the attention of the staff team who immediately addressed this. Later in the morning, a fifth resident, was supported to prepare for the day and inspectors met with the resident as they were having breakfast. The sixth resident was bed-bound due to their specific assessed needs. Due to their assessed medical needs they had not left their room in over a year. Recently their health had made a significant improvement and a plan was being made to start rehabilitation with this resident. One inspector briefly met with this resident. They were in bed and watching TV. After a short period of time, the resident asked the inspector to leave the room and this was respected.

In the afternoon, the inspectors visited the second unit. The inspectors had the opportunity to meet with four of the six residents in the afternoon. Three of the residents in this unit attended a day service provision. The inspectors observed some residents as they returned home from day services and the inspectors observed one resident then engaging in physiotherapy exercises in the centre. Other residents were relaxing in their rooms or in the sitting room. Some of the residents engaged with the inspector and told them about different aspects of their day. All residents appeared comfortable in their home.

The inspectors completed a walk around of both units of the designated centre. As noted, the centre consists of two individual purpose-built bungalows which are located next to one another. The design and layout of both houses is the same and each house comprised of a sitting room, kitchen, dining room, an office, six individual resident bedrooms, staff sleepover room, visitors room and a number of shared bathrooms. In general, the house was observed to be well-maintained and

decorated in a homely manner with residents' personal possessions and photographs throughout the centre.

The previous inspection identified areas for improvement in infection prevention and control. This included the surfaces around some windows where mould was present. The inspectors reviewed evidence that the provider was progressing towards upgrading a number of windows and funding had been approved. This was consistent with the time line in the compliance plan submitted to the previous inspection.

However, the inspectors found it was not demonstrable that the staffing levels in this designated area were in line with the assessed and changing needs of residents. For example, the 12 residents were supported by six staff members during the day and three waking night staff members at night. Of the 12 residents four attended a day service. While, the inspectors observed staff striving to provide person centred care, there were significant periods of times where residents had little interaction or engagement due to staff supporting other residents. The inspectors found that due to the identified supervision and needs of the residents, it was not always possible to meet the social and personal needs of all residents.

As noted, in the afternoon of the day of the inspection, the inspectors visited the second unit. The inspectors were informed that the planned staff complement in the evening was currently below the assessed levels due to sick leave. The inspectors did observe efforts to fill the shift however, it remained unfilled by the end of the inspection.

Overall, the residents appeared comfortable in the designated centre and the staff team were observed supporting the residents in an appropriate and caring manner. The inspectors found that the provider had responded to the findings of the previous inspection and was in the process of addressing the areas for improvement identified. However, despite the good quality of care and support offered by the staff team when on duty, due to the assessed needs of residents, it appeared that aspects of residents' quality of life were impacted by the limited staff resources.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that there was a clearly defined management system in place which had identified lines of authority and accountability. The local management team were striving to provide a service that was safe, consistent and appropriate to residents' needs. Resources in terms of staffing requirements had not been reviewed for a period of time. There had been significant changing needs within the centre and also two new admissions in the last 12 months. Due to the assessed needs of

the current cohort of residents staffing resources were mainly focused on delivering required care needs and therefore aspects of residents' lived experience were being negatively impacted.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was assessed and monitored. These included six monthly unannounced provider visits and annual review 2022. The quality assurance audits highlighted the ongoing effort to recruit and retain staffing to meet the current staffing complement. The inspectors found that improvement was required to ensure the designated centre was appropriately resourced to ensure the effective delivery of care and support to meet the residents' health, social and personal needs.

However, at the time of inspection, it was not demonstrable that the staffing levels met the assessed and changing needs of the residents at all times. For example, the 12 residents were supported by six staff during the day and three waking night shifts at night. The inspectors observed that the first unit was a particularly busy house and while the staff team strived to provide a person centred service, their time was primarily spent on priority tasks such as personal care and feeding eating and drinking. This impacted aspects of the residents lived experience of their home. This is outlined further in Regulation 15: Staffing and Regulation 13: General Welfare and Development below.

Regulation 15: Staffing

The inspectors found that the staff team were observed to be striving to provide person-centred care. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. The staff who spoke to the inspectors were found to be very knowledgeable of residents' care and support needs. However, it was not demonstrable that the staffing levels in place were in line with the changing and assessed needs of residents.

The person in charge maintained a planned and actual roster. The inspectors reviewed samples of the roster and found that in both units there was a core staff team in place. At the time of the inspection, the centre was operating with five whole time equivalent vacancies which was managed through the current staff team, the use of agency and relief staff. The inspectors were informed that the provider had successfully recruited to fill one whole time equivalent post. In addition, the other positions currently vacant were being actively recruited for. However, some improvement was required in the arrangements in place to ensure continuity of care and support. For example, on 13 occasions in the period from July to October the minimum staffing complement was not maintained. This also occurred on the day of the inspection due to sick leave.

The inspectors found that the staffing levels required significant review to demonstrate that they were in line with the changing and assessed needs of the residents. For example, in the first house, of the six residents, one resident attended a day service and one resident was assessed as required one-to-one supervision. This meant that four residents were supported by two staff. The residents were assessed with high support needs including personal care, moving and handling and feeding eating and drinking, with a number of residents requiring 2:1 care at times. In addition, due to one residents' assessed needs they were not able to leave their room. Therefore two staff members had to remain in the house at all times. That directly impacted on the staff's ability to engage in social activities both in-house and out in the community. The inspectors were informed that at times a staff member from the second unit would come over to support the staff team in the first unit. This was observed on the day of inspection. However, the support of this additional staff member was dependant on a number of factors and required significant planning.

In addition, the inspectors observed periods of time were residents had minimal engagement with staff due to basic care needs of residents' being rightly prioritised.

A risk assessment regarding maintaining staffing levels had been also been completed. The noted control measures to manage the identified risk including, prioritising care needs, staggered meal times and preparing some food items during the night. In the morning of the inspection, the inspectors observed some food prepared in the kitchen for the residents' dinner.

Overall it appeared that the staffing levels in place were failing to comprehensively meet all the assessed needs of residents which directly impacted on aspects of the residents' lived experience.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the Service Manager, who in turn reported to the Regional Services Manager. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022 and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response.

As noted, the previous inspection identified that improvements were required in relation to infection prevention and control. There was evidence that the issues had been addressed or were in the process of being addressed in line with the provider's submitted compliance plan.

However, the inspectors found that the designated centre was not appropriately resourced to ensure the effective delivery of care and support on the day of

inspection. The provider had self-identified that the staffing recruitment was an area of concern in one of the unit's six monthly quality assurance audit. While residents' health needs were being met, the centre was not resourced appropriately to meet their personal and social care needs. The staffing levels and arrangements in the centre required review.

Judgment: Not compliant

Quality and safety

Overall, there were established management systems in place to monitor the quality of care and support provided to the residents. The inspectors found that the service was striving to provide person centred care and support. However, significant improvement was required to ensure residents rights were promoted.

The inspectors observed that the person in charge and staff team responded respectfully to the residents at all times and were caring and familiar with their individual needs.

The inspectors reviewed a sample of residents' personal files which comprised of a comprehensive assessment of residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs. However, the staffing levels in place did not ensure that residents had choice and control of their daily routine.

Regulation 13: General welfare and development

Some residents' activation and stimulation levels were observed to be poor in this centre and required review. Four of the 12 residents left the service to attend day service whilst eight residents remained in the centre. A number of residents were observed having very limited levels of activation, interaction and social engagement in their lives. This was directly related to the resources available to the residents in terms of staffing. Residents spent large proportions of their day in the centre as staff had to remain in the centre to provide care and support to residents that were unable to leave the centre. Up to the day of inspection, two residents had not left the centre in a two month period. Although there were specific assessed needs in relation to this, the impact of this was that it limited the opportunities for the other residents within the centre.

As noted, on the day of inspection, it was observed that a staff member from the second unit came in to support the residents in the first unit. The person in charge explained that this occurred on a regular basis. However, significant planning had to

occur for this to happen and could only be facilitated if staffing numbers were sufficient across the two units. This however, did not appear to be sufficient to allow appropriate access to activities in the community for all residents within the home.

Judgment: Not compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The inspectors found that the two houses were decorated in a homely manner. Residents were observed to be comfortable and familiar with the layout of their homes.

The designated centre comprised of two large purpose built bungalow buildings. All residents had their own individual bedroom. There were ample communal spaces for residents to access, such as a large kitchen-dining area, sitting room and visitors room. There were wide corridors in place and sufficient equipment to ensure residents could access their homes.

The units were very well kept and all areas of the home appeared clean and well kept. Each space of the home was decorated in an individual manner with pictures and other personal items on display. As previously stated the provider was in the process of replacing some windows within the home to ensure effective infection prevention and control.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The inspectors reviewed the risk register and found that all risk assessments were up-to-date and reflective of the controls in place.

Judgment: Compliant

Regulation 8: Protection

The provider had a safeguarding policy and procedure in place. There were measures in place to ensure all residents were kept safe. Intimate care plans had been developed to ensure that residents care needs were upheld and delivered in a

person-centered manner. Any incidents of a safeguarding nature that had occurred in the centre were investigated and reported accordingly in line with best practice and the requirements of regulation.

Judgment: Compliant

Regulation 9: Residents' rights

Improvement was required to ensure residents' had the freedom to exercise choice and control in his or her daily life. Inspectors identified that residents' choice and control within their home was limited at times due to staffing resources. For example, it has previously highlighted in the report that it was not always possible to meet the social and personal needs of all residents. Residents had limited choice on what social activities they could engage in.

There was staggered meal times in place in the centre. Also on the day of inspection one resident was observed to get up at approximately 12.30 in the afternoon. On discussions with the staff team the times residents got up was dependant on staffing resources as 2:1 staffing was required for a number of residents. This was not found to be conducive to a rights based approach to care.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Boherduff Services Cashel OSV-0005060

Inspection ID: MON-0040006

Date of inspection: 05/10/2023

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:</p> <ul style="list-style-type: none"> • A full review of staffing allocations will take place by the PIC and PPIM within the designated centre. • An individual will be identified to undertake the role of activities co coordinator to support individuals to experience a weekly activities program ensuring their preferred activity choices are offered and provided. • Since the inspection took place there has been a temporary reduction in the number of residents living at the centre due to a recent bereavement. This will allow for a reallocation of staffing within the centre and will positively impact staffing ratios. • A business case will be prepared for the funder highlighting the changing health and social care needs of people supported with a view to securing additional resources to meet all the assessed needs of individuals. 	
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 PIC and PPIM will conduct a review of resources and their allocation within the centre to ensure the effective delivery of care and support in accordance with the statement of purpose.</p>	

Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> • The PIC will ensure an assessment of needs takes place to identify opportunities for residents to participate in activities in accordance with their interests capacities and developmental needs. • Support to be sought from Speech & Language Therapist for the development of accessible information to support people to identify & choose preferred activities. • Individual day activities schedule drawn up for each individual based on the choice of their preferred activities & evidence of participation recorded. • An individual will be identified to undertake the role of activities co coordinator to support individuals to experience a weekly activities program ensuring their preferred activity choices are offered and provided. • PIC will liaise with Sports & Recreational co coordinator to assist in supporting the identified social care needs of people supported ensuring they are achieved. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • A full review of staffing allocations will take place by the PIC and PPIM within the designated centre. This is to ensure that adequate resources are in place so that each resident has the freedom to exercise choice and control in their daily life in accordance with their wishes. • Since the inspection took place there has been a temporary reduction in the number of residents living at the centre due to a recent bereavement. This will allow for a reallocation of staffing within the centre and will positively impact staffing ratios. • The PIC will ensure an assessment of needs takes place to identify opportunities for residents to participate in activities in accordance with their interests capacities and developmental needs. • Support to be sought from Speech & Language Therapist for the development of 	

accessible information to support people to identify & choose preferred activities.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	29/02/2024
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	29/02/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre	Not Compliant	Orange	29/02/2024

	is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
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	29/02/2024