Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	No.5 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	23 March 2021
Centre ID:	OSV-0005144
Fieldwork ID:	MON-0031382

About the designated centre

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

No 5 Stonecrop is located close to a town on the outskirts of Cork City. The centre is located close to public transport services, shops and recreational services. The service is based on a social care model and provides a full residential service for persons with moderate to severe levels of intellectual disability including those with autism. The centre can accommodate four adult residents.
The focus of the centre is to understand and meet the individual needs of each person by creating as homely an environment as possible. Individuals are encouraged to reach their fullest potential by participating in leisure, social and household activities.
The centre comprised of a two-storey semi-detached house with a parking area at the front of the property and a secure garden area at the rear. Located on the ground floor, there is a large kitchen area, separate dining room, sitting room and one bedroom with en-suite. The first floor comprised of four bedrooms, a shared bathroom and an office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 March 2021	10:30hrs to 16:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection of No.5 Stonecrop designated centre took place during the COVID 19 pandemic. All required precautions were taken by the inspector per national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn through the day of the inspection. The registered provider had been informed of the inspection 24 hours in advance to allow for the preparation of a clean space and the informing of residents.

On arrival, the inspector was met by the appointed person in charge and was welcomed to the centre. The person in charge reported that one resident may become upset if too many people are in the house so they would not enter come in until activities began. The inspector was met at the door by two residents and the appointed social care leader who welcomed them in. One resident checked the identification badge of the inspector. The inspector was shown to the office area to allow the residents to continue to prepare for their morning activities. Two residents went horseriding on the morning of inspection with the support of staff. This was an activity that both residents enjoyed and through the correct supports and risk assessments had been encouraged to continue during the COVID 19 pandemic.

One resident remained in the centre. They proudly showed the inspector their bedroom, which they had decorated during the pandemic. They were very happy with it and loved to enjoy their own space. They had a key to their own space and closed the door so no one would enter when they were not present. Staff were observed respecting this and always knocking on the door before entering. This resident went for a walk with staff in the local community before preparing lunch.

Throughout the day the inspector observed the comings and goings of residents. The centre was a hive of activity with several meaningful activities being adapted to ensure adherence to national COVID 19 guidelines. All interactions were observed to be professional with residents and the residents appeared to be very relaxed in the company of the staff team. All staff that the inspector spoke with were knowledgeable about the support needs of the residents. On some occasions, staff were observed adhering to safeguarding and behaviour supports plans for resident's to ensure the safety of residents was promoted. When discussing the supports needs of all residents the staff and governance team did so in a clear and informed manner ensuring to respect the dignity of the resident's. Staff members and residents spoke clearly of their interests and were observed to be out and about.

During the inspection staff members were observed completing tasks concerning the prevention of COVID 19 this included encouraging residents to social distance and

the wearing of masks. On return from activities, residents were encouraged to wash their hands.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within No. 5, Stonecrop. Overall, a good level of compliance was evidenced. The registered provider has appointed a suitably qualified and experienced person in charge of the centre. They possessed a keen awareness of their regulatory responsibilities. The appointed individual also had a good knowledge of the needs of residents. They held governance responsibilities in several centres, in an effective manner through effective monitoring systems.
A governance structure was in place within the centre. The person in charge was supported in the day to day governance of the centre by an appointed social care leader. Key duties were set out for the appointed social care leader including the supervision of staff, the completion of relevant audits and the overview of action plans. Clear communication was evident between the person in charge and the social care leader was clear through regular face to face meeting, weekly emailed updates and formal supervisions.
The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in December 2020 and unannounced visits to the centre within the previous six months. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that been identified. An action plan had been developed and reviewed regulatory to ensure completion of actions promptly. Feedback had been obtained from both residents and their representatives.
In conjunction with the organisational oversight in place, the person in charge ensured measures were in place for the day to day oversight of service provision with the support from the social care leader. These included the completion of a number of monitoring systems such as infection control and finance. Some improvements were required to ensure oversight was clear and evident. For example, whilst a signature was present to show review date it was not consistently present to evidence when a review was completed. Whilst a weekly report was completed and forwarded to the governance team actions identified were not clearly documented to ensure these were completed. Staff were also encouraged to voice their concern or address any issues as part of monthly staff meetings. These had ceased during level 5 restrictions with the governance team ensuring the staff team were communicated daily with regular updates provided.
.The registered provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The person in charge had not ensured that all staff were supported and facilitated to access appropriate training including refresher training. Some refresher training required to be updated including medication management and epilepsy care. This had been delayed due to COVID 19 with measures in place to support

staff pending completion of this.
The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs. The current staff team afforded consistency to the support needs of the residents and through the COVID pandemic had continued to afford a good level of staffing consistency. The team leader had the delegated duty of completion of formal supervisions within the centre. This incorporated the completion of biannual formal supervision meetings and an annual performance appraisal. Upon review, these meetings were not occurring in line with policy and required review.
The person in charge had ensured that all notifiable incidents were reported per regulatory requirements including the allocated time frame. The person in charge had a good knowledge of their regulatory requirements concerning incidents that were required to be submitted and the content required.

Regulation 14: Persons in charge

The registered provider has appointed a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels which had been appointed to the centre by the registered provider was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had not ensured that all staff were facilitated and supported to access appropriate training including refresher training.

Also, the person in charge had not ensured that appropriate supervision was in place for the appointed staff team.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had appointed a governance structure to the centre. Management systems in place in the designated centre ensured that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. Some improvements were required to ensure that all systems were completed correctly and consistently to evidence oversight.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose including all information required under Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all measures were in place to ensure all required incidents were notified in accordance with regulatory requirements.

Judgment: Compliant

Quality and safety

It was evidenced during the inspection that the service provided to residents currently residing within the centre was person-centred in nature. Residents were consulted in the day to day operation of their home, including mealtime choices and daily activity planning. The design and layout of the centre met the objectives and function as set out in the statement of purpose. Each resident had an individualised bedroom with residents supported with the decoration and maintenance of their personal areas. The centre was clean and overall, well presented with accessibility facilitated throughout.
Each resident had a comprehensive individualised personal plan in place. These plans incorporated a holistic approach to supporting needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language and dietician. Through person-centred planning meetings, each resident

had been supported to identify personal goals. These included horse riding and the promotion of self-help skills such as meal preparation. Staff were observed supporting residents to achieve these goals, two resident attended a horse riding session on the day of inspection. Many goals had been adapted due to COVID 19 restrictions to ensure meaningful activation was not impacted by national restrictions.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere to in a suspected or confirmed case of COVID 19 for staff and residents. Staff members were facilitated to complete the required training such as infection control and hand hygiene to ensure adherence to these guidelines. An additional house had been identified organisationally, to promote safe self-isolation should this be required.

The registered provider had ensured effective systems were in place to ensure the centre was operated safely. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. There was also evidence of ongoing communication with the social work department for guidance and support. The personal and intimate care needs of all residents were laid out in a personal plan in a dignified and respectful manner. The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment and resident and staff awareness of evacuation procedures.

A comprehensive risk register had been developed to ensure the identification and review of risk was completed. Several risks had been highlighted including fire, slips trips and falls. The risk policy in place had recently been reviewed to incorporate the risks associated with COVID 19 pandemic. Following an incident, staff completed several documents to ensure the correct information was recorded. Whilst overall, these systems were effective some improvements were required to ensure documentation was completed correctly. For example, a number of incidents did not have a risk rating attached.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

(a) access to facilities for occupation and recreation;

(b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;

(c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents; it presented as a warm and homely environment decorated in accordance with the resident personal needs and interests.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management, including a system for responding to emergencies. Some improvement was required to ensure systems for the review of risk were completed in the correct manner.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. Current guidance ensured staff were aware of the most recent national guidance with respect to COVID 19.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider has ensured that effective fire safety management systems are in place including serviced fire fighting equipment and clear guidance for staff and residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was supported to develop a comprehensive individualised personal plan. Personal plans incorporated a plethora of supports needs of residents to ensure a consistent approach to supports was promoted

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate health care for each resident, having regard to that resident's personal plan. Where medical treatment is recommended and agreed by the resident such treatment was facilitated.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that the effective measures were in place to protect residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner which respected and promoted the

rights of the residents
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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.5 Stonecrop OSV-0005144

Inspection ID: MON-0031382

Date of inspection: 23/03/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The Person in charge will ensue that all staff training, delayed due to COVID 19 restrictions, will be updated, accessing online were available and classroom based where required. All staff are now booked for required trainings and all trainings will be up to date by end August 2021. • Supervision to be completed for all staff to bring levels in line with policy by 15th June 2021.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The PIC will ensure that all weekly reports clearly outline actions and are signed and dated by staff by Sunday each week and that the Team Leader signs as evidence of review prior to sending to PIC for review. The Person in Charge will sign and date on these reports on receipt to ensure evidence of oversight. • Staff meetings have recommenced. • The PIC will ensure that signatures will be present on documents to evidence that ongoing reviews are completed	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • The Provider Risk management procedure will be reviewed in the Centre by the PIC. Recording of incidents and reviews of risks will be identified as completed and updated to the risk register as appropriate. • Recording of incidents and risk rating will be completed in incident recording system (AIRS) for all future incidents.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(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	31/08/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	15/06/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	12/05/2021
Regulation 26(2)	The registered	Substantially	Yellow	12/05/2021

	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.	Compliant		