



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

Name of designated centre:	Fuchsia Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	07 June 2018
Centre ID:	OSV-0004471
Fieldwork ID:	MON-0021889

About the designated centre

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

Fuchsia Services consists of three houses and provides a residential service to 13 adults with a primary diagnosis of intellectual disability and who require mild to severe support needs. The centre can also support residents with mental health needs and one house provides a service to adults of a senior age. Residents in this house are facilitated to remain at home in line with their wishes and attend day services at their leisure. Two of the houses are located within walking distance of a medium sized town and one house is located in a rural setting. Each house is provided with transport, one of which is wheelchair accessible and residents generally attend day services from Monday to Friday. A social model of care is provided in this centre and residents are supported by a combination of social care workers, care assistants and community connectors. Residents are also supported at night by a staff member in each house on a sleep-in arrangement.

The following information outlines some additional data on this centre.

Current registration end date:	04/01/2019
Number of residents on the date of inspection:	13

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
07 June 2018	09:00hrs to 16:00hrs	Ivan Cormican	Lead
07 June 2018	09:00hrs to 16:00hrs	Catherine Glynn	Support

Views of people who use the service

Inspectors did not meet with residents during this inspection; however, a review of resident questionnaires indicated that they were satisfied with the service provided and were regularly consulted in regards to the running of the centre. Residents' responses also indicated that they would go to the person in charge if they had any complaints and were supported to attend their local community on a regular basis. Residents attended weekly meetings and were also consulted in regards to the formulation of the annual review of the service provided.

Capacity and capability

Improvements were found in regards to the quality and safety of care provided to residents during this inspection. All actions from the previous inspection had been addressed and as a result, consistent standards of care were provided to all residents.

The governance arrangements in this centre had brought about further improvements to the quality of care provided to residents in this centre. The provider was ensuring that these improvements were maintained, by conducting regular reviews and audits of the care provided to residents. All internal audits were supported by an action plan and the person in charge continued to drive improvements by addressing all actions within the agreed time lines. The person in charge was also reviewing practices within the centre on a regular basis with the staff team - inspectors found that this helped to provide consistency of care to all residents. Inspectors also met with three staff members who were found to have good knowledge of residents' needs and care practices in the centre such as risk management, health needs and medications.

The provider had ensured that a competent workforce was employed by providing both mandatory and refresher training in areas such as fire safety, safeguarding and supporting residents with behaviours of concern. The person in charge also supported and supervised staff on a regular basis to ensure that consistent standards of care were maintained in the service.

Residents were safeguarded through good recruitment practices as the provider was ensuring that all Schedule 2 documentation was received prior to staff working in the centre, and was available for review by the inspector. The person in charge maintained an accurate staff rota which indicated that residents received continuity

of care from both regular and relief staff employed by the provider.

Regulation 14: Persons in charge

The person in charge was in a full-time role and had a good understanding of the residents' needs.

Judgment: Compliant

Regulation 15: Staffing

Staff who met with inspectors had good knowledge of care practices in the centre. The person in charge maintained an accurate staff rota and all Schedule 2 files were available for review.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with training needs and they also received regular support and supervision from the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements in the centre ensured that residents received a good level of care and support. The six monthly audits had been completed as required and the annual review had been formulated following a consultation process with residents and their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which accurately described the service the centre intended to provide and the services which would be implemented to meet the care needs of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge maintained an accurate record of all notifications which were submitted to the chief inspector.

Judgment: Compliant

Quality and safety

The inspector found that the governance and management arrangements in this centre ensured that the quality and safety of care delivered to residents was maintained to a good standard.

There were no safeguarding concerns in the centre and the provider had systems in place which promoted the safety of residents, which included ensuring that staff had received appropriate training. Staff had a good understanding of these systems, including identifying and responding to alleged abuse. The provider had also produced a DVD to promote safeguarding awareness amongst residents and the person in charge proposed to show this to residents in the near future. Safeguarding awareness was also promoted on a weekly basis at residents' meetings.

The person in charge ensured that risks in the centre were appropriately controlled and all identified risks had a management plan in place which monitored these risks on an on-going basis. Positive risk taking was also encouraged to promote residents' independence and one resident was supported to remain at home, by themselves, for short periods of time. Additional training and fire drills had also been completed which ensured the safety of this resident was maintained to a good standard.

The provider also had systems in place for recording and responding to adverse events in the centre which ensured that the safety of residents was monitored at all times. The person in charge had a good understanding of this system and had addressed all adverse events in a prompt manner.

Fire precautions were taken seriously by the provider and additional funding had been secured to address the recommendations of a fire report which was completed for this centre. The provider also had implemented clear time lines for the completion of these works. Staff were completing regular fire drills which indicated

that all residents could be evacuated in a prompt manner and fire equipment such as the fire alarm and fire extinguishers were regularly serviced; however, inspectors found that emergency lighting had not been regularly serviced in the centre.

The centre had appropriate medication storage and administration practices in place. The provider had ensured that these practices would be maintained to a good standard by ensuring that staff had received appropriate training and by maintaining suitable prescription sheets and administration records. The independence of residents was also promoted with suitable assessments completed in regards to supporting residents to manage their own medications.

The health of residents was also promoted in the centre and residents enjoyed a good quality life. Each resident had a health action plan for each identified medical need and these action plans ensured that consistency of care was delivered. Residents were also supported by healthcare professionals such as general practitioners, speech and language therapists and specialists such as neurology.

Regulation 12: Personal possessions

Residents was supported to manage their financial affairs and appropriate storage facilities was available for resident's personal belongings.

Judgment: Compliant

Regulation 17: Premises

The designated centre appeared to be a pleasant place to live and was comfortably furnished and decorated throughout. Each resident had their own bedroom which was of a good size and large storage for personal possessions was available.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge ensured that risks in the centre were appropriately controlled and all identified risks had a management plan in place which monitored these risks on an on-going basis.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that the recommendations of a fire report would be implemented subsequent to the inspection. Staff were conducting regular fire drills and fire procedures were clearly displayed in the centre. Some fire equipment was regularly serviced; however, emergency lighting was not.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate medication practices in place and residents had been assessed to manage their own medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which was reviewed on a regular basis. Residents were supported to enjoy a good level of community participation and individual goals which were identified during the annual review were satisfactorily progressed.

Judgment: Compliant

Regulation 6: Health care

Each resident had appropriate access to healthcare professionals and individualised healthcare plans were in place, where required, to ensure that consistency of care was provided to residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were some restrictive practices in the centre and the provider ensured that these were utilised with the consent of residents or their representatives. The provider also ensured that these practices were subject to regular review and referred to the human rights review committee.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre and the provider had systems in place which promoted the safety of residents, which included ensuring that staff had received appropriate training. Residents were also being supported to develop awareness in regards to self-care and protection.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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

Compliance Plan for Fuchsia Services OSV-0004471

Inspection ID: MON-0021889

Date of inspection: 07/06/2018

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Adequate arrangements are now in place for the testing of fire equipment.	

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 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	04/07/2018