



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

Issued by the Chief Inspector

Name of designated centre:	No 4 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	03 December 2019
Centre ID:	OSV-0005127
Fieldwork ID:	MON-0025119

About the designated centre

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

The designated centre provides residential supports for a maximum of eight male residents, aged over 18 years. The facility, laid out in four courtyard cottages, can support persons with intellectual disability including those with autism. The individuals may have multiple/complex support needs. Some residents may present with behaviours that challenge. The supports provided focus on understanding and meeting the individual needs of each person living here, by creating as homely an environment as possible. Individuals are encouraged to participate in household, social and leisure activities and to reach their fullest potential in these areas of their lives. Each person living in the designated centre requires some support in activities of daily living in terms of their personal care, housekeeping, food preparation, managing finances and participating and accessing local community facilities and events.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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
03 December 2019	09:30hrs to 17:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

The inspector met with six residents who resided in the designated centre on the day of inspection. The inspector observed the residents in the house and noted that they appeared happy in their surroundings and in the presence of staff. The residents were getting ready to go to day service on the grounds of the designated centre. They were looking forward to going and were all smartly dressed and well presented leaving the centre. On return from day service one resident invited the inspector into their cottage and explained how happy they were in their home and how they enjoyed the friendship they had developed with their housemate. They spoke very positively about the staff and said they felt safe in the designated centre. The resident told the inspector about going on outings to restaurants and shopping and visits from family members.

The staff were observed supporting residents to prepare an evening meal and with other activities also and the staff worked with the residents in a very respectful manner. The residents showed the inspector around their home and were very proud of it. Some of the residents did not communicate verbally but through vocalisations, smiles and gestures it was apparent to see that they were very content in the centre. Staff were very good at interpreting the residents needs and supported the residents in a very respectful manner. All interactions between the residents and staff were noted to be very positive and the residents indicated through interactions with staff that they were happy with the support provided.

Capacity and capability

Governance and management systems were in place in this centre, and there were clear lines of accountability and responsibility. However while action plans were developed from audits they were not consistently and effectively monitored.

The centre had a clearly defined structure which included a suitably qualified and experienced person in charge. The person in charge was present regularly and was always accessible to the staff. They had good oversight of the operational management of the centre and was effective in their role as person in charge. There was evidence of improvements since the last inspection and actions identified at that time had been addressed. In addition, the provider completed unannounced visits and an annual review of the care and support provided to the residents. However while action plans were developed from audits they were not consistently and effectively monitored for example in terms of the gaps in staff training.

Staff spoken with on the day of inspection had a good knowledge of the residents' needs. Interactions observed with residents, showed that care and support was

provided in-line with the residents' assessed needs and in a person centred manner. The inspector observed staff members supporting residents with activities and they were facilitated in a dignified manner that promoted their independence. The inspector noted that staff members were very good at interpreting the residents needs particularly residents who were non verbal.

The person in charge had a training matrix in place for the inspector to view. However the inspector found significant gaps in mandatory training such as safeguarding and medicines management. The person in charge committed to addressing this quarterly.

The inspector viewed actual and planned rosters and these were in-line with the statement of purpose. Staffing arrangements ensured the number and skill mix of the staff working in the centre met the assessed needs of the residents at the time of the inspection.

During the inspection, the person in charge and the inspector reviewed the notifications submitted to the Office of the Chief Inspector as per the regulatory requirements. The person in charge had notified the Office of the Chief Inspector of all incidents that occurred in the designated centre.

The registered provider had ensured systems were in place for the receipt and management of complaints. There were no open complaints at the time of inspection. Where complaints had been received, the provider had been responsive ensuring that the complaint was investigated and the outcome recorded. Two such complaints were reviewed by the inspector and both were resolved locally to the satisfaction of all involved.

The registered provider maintained a directory of residents in the designated centre which included the information specified in Schedule 3.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had a planned and actual roster in place and this was in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix in place for the inspector to view. However the inspector found significant gaps in mandatory training such as safeguarding and medicines management. The person in charge committed to addressing this immediately.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre which included the information specified in Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service was carried out in August 2019. These audits resulted in action plans for improvement of services however records indicated that these actions were not consistently and effectively monitored.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had in place an agreed and signed contract outlining the terms of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Office of the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of inspection. The registered provider had arrangements in place which ensured that both residents and their representatives were aware of their right to complain about the care and support provided.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the residents' was good. The health and well-being of the residents' was promoted in the centre. The residents were noted to be very happy in their home and with the staff and management working in the designated centre.

The inspector found that the person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out however plans were not put in place to support the residents' individual goal attainment. Residents had been facilitated to set goals for the year ahead however there was no staff identified to support the resident to achieve these goals nor progress tracking of the goals.

The registered provider had not ensured that all residents were assisted and

supported to communicate in accordance with their needs and wishes. It stated in several documents that visual supports were in use for one resident however this was not evident in practice or on discussion with staff. 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 good medicines management system to support the residents' needs. There was evidence of review of residents' medical and medicines needs and self administration of medication assessments were completed with residents.

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

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection, alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place approximately.

The residents had their own bedrooms, 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 warm and personalised with photographs and other items. However there was a significant amount of documentation files stored in a cupboard under the stairs and in the staff office, this posed both a data protection issue and constituted a fire hazard. Also there were two unoccupied cottages that required maintenance work to be completed.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. There was one safeguarding plan in place at the time of inspection and appropriate practice was observed around this. Over the course of the inspection, staff engagement and interactions with the residents were observed to be 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, and this was evident. There were arrangements in place for the investigation of and learning from adverse events.

There were systems in place and supports available to manage behaviour that challenges in the designated centre. Inspectors noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

Regulation 10: Communication

The registered provider had not ensured that all residents were assisted and supported to communicate in accordance with their needs and wishes. It stated in several documents that visual supports were in use for one resident however this was not evident in practice or on discussion with staff.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents were supported to access and retain control of their personal property and possessions as per organisational policies and procedures.

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. All residents' had access to day service and opportunities to participate in activities in accordance with their capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the residents' home was warm and personalised with photographs and other items. However there was a significant amount of documentation files stored in a cupboard under the stairs and in the staff office, this posed both a data protection issue and constituted a fire hazard. Also there were two unoccupied cottages that required maintenance work to be completed.

Judgment: Substantially 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 preferences and dietary needs.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre including a summary of the services and facilities provided, the terms and conditions relating to residency and arrangements for resident involvement in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place quarterly. Personal egress plans were in place for residents and were effective in evacuating all residents safely.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place in relation to the ordering, storage, dispensing, prescribing, administration and disposal of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out however plans were not put in place to support the residents' individual goal attainment. While goals were set for the residents there was no staff identified to support the resident achieve this goal, there was also no progress tracking evident.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. Where treatment was recommended by allied health professionals such treatment was facilitated.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges 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 residents' behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of the residents were respected including age, race, ethnicity, religion and cultural background. The registered provider had not ensured that each resident's privacy and dignity is respected in relation to personal information as personal files and communications were not stored or filed appropriately.

Judgment: Substantially 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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially 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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No 4 Stonecrop OSV-0005127

Inspection ID: MON-0025119

Date of inspection: 03/12/2019

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
<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 the staff training log, identified the gaps and has booked staff for the necessary/refresher training.</p> <p>The Person in Charge will continue to review the log on a monthly basis to ensure that staff are up to date with training requirements.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will ensure that there is a system in place to track the progress of actions arising from audits, inspections annual reviews and provider visits. The next 6 monthly provider visit is scheduled for Jan 2020.</p>	
Regulation 10: Communication	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 10: Communication: The Provider has ensured that a Speech & Language Therapist has been made available to visit the Centre on 12 Dec 2019 to discuss the residents visual communication supports and to be available to work with staff to update the person's visual support plan by 28 Feb 2020.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Documentation stored in under stairs cupboard has been removed and area is now clear of paperwork.</p> <p>Excessive paperwork in the office has been removed and/or stored appropriately from a fire and data protection perspective.</p> <p>The maintenance in the unoccupied dwelling has been completed including the damaged window area which has been slabbed, skimmed and area repainted.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge has ensured that a keyworker will be responsible for ensuring priorities goals are set out using the SMART principles and for providing detailed updates on how priorities are progressing. The PIC will provide oversight to ensure that that priorities are progressing.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Person in Charge has ensured that all files and documents pertaining to persons supported have been filed and stored appropriately and in a confidential manner.</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	28/02/2020
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.	Not Compliant	Yellow	28/02/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and	Substantially Compliant	Yellow	16/01/2020

	internally.			
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	16/01/2020
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	16/01/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	16/01/2020