



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

Issued by the Chief Inspector

Name of designated centre:	No.3 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	03 June 2020
Centre ID:	OSV-0005146
Fieldwork ID:	MON-0028486

About the designated centre

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

No.3 Stonecrop provides residential supports for a maximum of five female adults. Support is provided to people diagnosed with a mild, moderate or severe intellectual disability, including those with autism. Each resident of No.3 Stonecrop requires support in activities of daily living. The focus in the centre is meeting the individual needs of each person within a homely environment.

The centre is a semi-detached, two storey house in an inner suburb of Cork city. Each resident has their own bedroom. There is a communal kitchen and living room area in the house. There are also garden areas to the front and rear of the property. There are two staff rostered to work in the centre every afternoon until 10pm, with one staff sleeping in the centre overnight.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 3 June 2020	11:00hrs to 16:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector met with three of the residents during the inspection. The residents were leaving the designated centre when the inspector arrived at the house on a planned spin to a nearby public park. On return to the house all three residents were supported by staff to follow the current public health guidelines regarding hand hygiene on entering the house. The residents were offered choice for their lunch and two residents enjoyed a music programme on the television for a short period of time before leaving the house again in the afternoon for a walk. The residents acknowledged the inspector and relied on the staff supporting them to inform the inspector of what activities they had been involved in during the morning.

One resident spoke with the inspector after their lunch while they completed a jigsaw puzzle in the kitchen with staff supporting them. They outlined what they were doing to keep in contact with relatives as they were not able to visit them during the current pandemic. They liked the regular video calls to keep in contact with them. The resident also told the inspector that they enjoyed relaxing in the house and liked the space with less peers living in the designated centre for the last few months.

The inspector observed all of the residents being supported by staff members who knew them well and were aware of their individual needs and preferences. Interactions between staff and residents were relaxed and respectful. The three residents indicated that they were happy in the designated centre.

Two residents have chosen to remain at home with family members since the beginning of the government restrictions. The staff team are in regular contact with the families and the residents. One of these residents is supported by a staff member with whom they are familiar three mornings during the week to go for a walk. Staff reported this is working well for the resident and the family.

Capacity and capability

Overall, the inspector found that the centre was adequately resourced to meet the needs of the residents in the house at the time of the inspection. In addition, the provider had addressed the actions from the previous inspection. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The inspector met with the person in charge and the social care team leader during

the inspection. The provider had ensured that staffing arrangements at the centre were in line with the assessed needs of the residents. The inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. While one social care post remained vacant at the time of this inspection, it was evident one regular relief staff was filling the role in recent months. The provider had also ensured staff known to the residents from the day service had been redeployed to support them in their home during the current government restrictions. All staff spoken to during the inspection were knowledgeable of the residents' assessed needs. The rota also reflected the increase in staff required when the third resident was in the house.

The inspector reviewed the incident log for the designated centre as this was an action from the previous inspection. While all incidents had been reported as per the regulations, the incident log had not been updated by the person in charge to reflect the information of which incidents had been reported to the Health Information and Quality Authority. The inspector reviewed all the incidents with the person in charge but all notification numbers were not available at the time of the inspection. The outstanding information was provided by the person in charge after the inspection.

The inspector also reviewed the complaints log for the designated centre as this was an action from the previous inspection. There was one complaint made since the last inspection, the actions taken and the satisfaction of the complainant were recorded. In addition, residents have been supported to raise any issues of concern in a new format of the weekly residents meeting in the centre. There were no open complaints at the time of this inspection.

Clear management structures and lines of accountability 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 November 2019. These audits resulted in action plans for improvement of services and most had progressed or completed. However, the planned painting and maintenance of the centre will not be completed until after the current pandemic restrictions are lifted.

It was evident the provider had taken actions to ensure the safety of all residents during the pandemic with information and policy updates provided to the designated centre. For example, easy-to-read social stories were available to support residents' understanding of the pandemic. However, during the inspection the inspector reviewed documentation that was either incomplete or not completed as per the provider's policy and public health guidelines. This was discussed with the person in charge during the inspection. Guidance on infection prevention and control measures and the use of generic cleaning checklists will be outlined in greater detail under regulation 27 in this report.

Regulation 15: Staffing

The provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. There was an actual and planned rota in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to ensure quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications had been submitted as per the regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider ensured there was an effective complaints procedure for residents.

Judgment: Compliant

Quality and safety

The inspector observed positive interactions between residents and staff during the inspection. Two residents have remained in the care of their families since March 2020. The staff team have ensured there is regular contact with these residents via telephone calls and text messages. Also, as outlined previously one of these residents has been supported to go for a walk with a staff member three mornings each week while observing public health guidelines. Another resident has been supported to stay for short breaks in their family home during the restrictions. The person in charge outlined the risk assessment carried out for this to be facilitated and the benefits to the resident. Assurances were given by the family prior and post each visit home with guidelines/controls in place which included the resident would

only be in contact with the identified persons in their family while at home and those individuals had not been in contact with anyone in the community. The safety of the other two residents in the house was also considered and risk assessed. Monitoring of the resident commenced immediately on their return to the designated centre.

The reduction in the number of residents during the government restrictions in the designated centre has facilitated more individualised support to be given to the remaining residents. They are enjoying the increased space and less people in the house. This has also been reflected in a reduction in the number of incidents occurring in the house over the last few months. The provider is at an advanced stage of supporting two residents to move to another designated centre. This will be completed as soon as possible following the easing of the current restrictive measures. The person in charge outlined the planned transition of both individuals and the agreement of the two residents and their families. The inspector was informed that there are no plans to move new residents into this designated centre.

The social care leader outlined the healthcare supports available to the residents especially in the last few months. Social stories were used to support the residents to understand the testing procedure for Covid-19. Video calls were made to a local general practitioner when one resident required review for a medical condition and responded well to the treatment prescribed for them.

The new format of residents meetings ensured residents issues were responded to and they were supported to make choices in their lives. In addition, staff spoken to were knowledgeable on safeguarding interventions to support residents in the designated centre.

The provider had reviewed the risk management register since the last inspection, which described the specific control measures in place to mitigate against risk. In addition, a risk assessment regarding Covid -19 had been carried out by the provider in March 2020. The assessment was centre specific and included a contingency plan in the event that any of the residents required to be isolated if they contracted the illness. An update to this risk took place in April 2020 which included staff training and environmental cleaning as per the public health guidelines.

The inspector had been informed prior to commencing the inspection that face masks were to be worn at all times in the house, as it was not possible to guarantee the required social distancing of two meters in the designated centre. The inspector observed all staff adhering to the wearing of masks during the inspection. However, the safe doffing and disposal of face masks had not been facilitated in the designated centre. Staff were not disposing of the face masks when they left the designated centre. The inspector was informed that staff were disposing of the masks when they got to their own homes after their shift had ended. The inspector reviewed the provider's current infection control guidelines which had been developed regarding the management of Covid-19. The guidelines for the disposal of face masks required further review as staff were not advised how to safely dispose of used face masks. While the provider had ensured the provision of hand sanitiser and masks in the designated centre the location of these items upon

entering the centre was discussed with the staff during the inspection.

The provider had issued guidance to staff that temperature checks were to be carried out six hourly during a shift, this was not consistently adhered to by all staff. The inspector reviewed generic checklists in line with current public health guidelines for cleaning the transport vehicle and the designated centre. The template was discussed during the inspection to ensure information was documented on what item was cleaned and if required to be completed more frequently than once a day. All staff had completed additional on-line training in infection prevention and control in recent weeks.

Overall, a committed staff team were supporting residents well during a very difficult time with unprecedented restrictions to ensure the assessed needs of the residents were being met.

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including risks relating to the current pandemic.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured policies reflected current public health guidelines, however, staff practices did not always adhere to the protocols as outlined in the provider's policies.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding

Judgment: Compliant

Regulation 9: Residents' rights

Residents had an active role in decision making in the centre. The provider ensured that the residents were aware of their personal rights and information was available for residents on how to make a complaint.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.3 Stonecrop OSV-0005146

Inspection ID: MON-0028486

Date of inspection: 03/06/2020

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Procedures for infection control in the centre, were reviewed and updated. Emphasis given to temperature checks, and cleaning and disposal of PPE.</p> <p>The Centre has ensured that recording and checking of staff temperature after to every six hours as per Provider Protocol.</p> <p>Cleaning schedules have been reviewed to ensure that they are in line with policy and recommendations and bespoke to the Centre.</p> <p>The Provider has reviewed and updated procedures on the disposal of PPE to reflect disposal of all PPE regardless of COVID-19 status.</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 27	The registered provider shall ensure 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.	Substantially Compliant	Yellow	05/06/2020