



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

Issued by the Chief Inspector

Name of designated centre:	Waxwing 3
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	03 March 2020
Centre ID:	OSV-0006740
Fieldwork ID:	MON-0027745

About the designated centre

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

Waxwing 3 comprises of a detached bungalow which provides full time residential care for adult men and women, with intellectual disability. The house is located on the outskirts of a small town in Co. Clare with access to local shops and amenities in a nearby large city. The house accommodates four adults and is comprised of a kitchen, dining room and living room. All residents have their own bedrooms and there is also a shower room, bathroom and staff bedroom. There is a spacious garden to the rear of the property. Residents have access to transport and the service is provided through a social care model of support. All residents are supported to attend day services as per their wishes and needs outside of the centre. Residents are not usually present in the centre between 9:30 am -4pm. Residents are supported by social care staff during the day. At night the house has one sleep over staff. The multi-disciplinary team are available to support the needs of the residents as necessary.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 3 March 2020	09:00hrs to 17:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

On arrival at the designated centre the residents had left for the day to attend their various day services. On return in the evening the inspector met with all four residents. They were busy attending to their daily living tasks and assisting staff members with dinner preparation. The residents appeared very content in the presence of staff and in their home. One resident told the inspector that they were happy in their home and that they felt safe there. The residents talked about their day and outings they had been on recently and visits home to family.

The inspector noted that a behaviour support plan which they had reviewed during the day provided clear guidance for the inspector in their interactions with one the residents later in the day. The inspector was aware of the language and redirection strategies to use when interacting with the resident.

There was a lovely atmosphere in the residents home and staff members were very respectful toward the residents. The centre was personalised with the residents personal belongings, photographs and each of their bedrooms was individual to them. The inspector observed very positive interactions between staff and residents and mealtime appeared to be an enjoyable experience for all of them.

Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that clear management structures and lines of accountability were in place. The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of services.

A statement of purpose had been prepared and provided all the information set out in Schedule 1. As this was a new centre the provider had not yet undertaken a unannounced visit to the centre however the provider was committed to completing one as per the requirements. The residents had only been living in the centre 5 months so an annual review had not been completed yet either however the views of the residents had been sought through service user consultation at weekly house meetings, advocacy meetings and key worker meetings. Regular multi disciplinary meetings and in house audits ensured good oversight and monitoring of the centre.

The inspector viewed the staff training matrix and all staff mandatory training was up to date. The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. Staff spoken with had a very good knowledge of the care and supports required for

residents and were person centred in their approach.

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspector to view. All necessary information for staff was on file including references, Garda vetting and full curriculum vitae. A directory of residents was viewed by the inspector however it did not include all the required information, the person in charge committed to addressing this immediately.

A contract of care agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged. The provider and the person in charge ensured that the residents had the opportunity to visit the designated centre prior to admission.

During the course of the inspection the inspector viewed notifications and it was evident that the person in charge had notified the Chief Inspector of all incidents that occurred in the designated centre.

The registered provider had ensured that an effective complaints procedure was in place for resident's which is in an accessible and in age appropriate format. The inspector viewed the complaints log and most were local issues which were resolved without delay and to the satisfaction of the complainant. There were no open complaints at the time of inspection.

Regulation 14: Persons in charge

The registered provider had engaged a person in charge who had the qualifications, skills and experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that staffing was appropriate to the number and assessed needs of the residents and in line with the designated centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector viewed a training matrix and noted that the person in charge ensured that staff had access to appropriate training and were also appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had not maintained an appropriate directory of residents, however the person in charge committed to addressing this immediately.

Judgment: Substantially compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspector to view.

Judgment: Compliant

Regulation 23: Governance and management

As this was a new centre the provider had not yet undertaken a unannounced visit to the centre however the provider was committed to completing one as per the requirements.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A contract of care agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive

in the centre. It also detailed the services to be provided and the fees charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had in place a statement of purpose containing the information set out in schedule 1 of the regulations .

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had informed the chief inspector of adverse incidents in line with regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure for residents in place.

Judgment: Compliant

Quality and safety

The inspector observed that the quality and safety of the service provided to residents was of a very good standard. The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. It was evident that the centre had been decorated in line with residents' personal plan.

The registered provider had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan. There was evidence of appointments with medical practitioners and occupational therapist and there was a document called a health care summary which kept note of all clinical appointments and the details of the visit. A document had been completed for all

residents to provide important information to acute health care professionals in the event of the resident requiring hospital admission.

Arrangements were in place to meet residents' health, personal and social needs. Residents had individual personal plans which were informed by comprehensive assessments of needs. One resident had been assessed for her ability to travel to Dublin alone to visit family and with the appropriate supports this was facilitated and she did this trip regularly. However some identified goals for residents were functional in nature and required to be more specific and measurable. For example one goal was to increase residents independence skills but it didn't outline how this was to be done or how it was to be measured, it needed to be more specific.

Residents were supported to communicate in accordance with their assessed needs. All residents had access to Internet and television. The residents had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs. Inspectors viewed an inventory of residents' belongings and financial records. Weekly financial checks were being carried out by staff members. Residents rights were supported in the centre through consultation and provision of information as evidenced on notice boards within the centre.

The residents were provided with a wholesome and varied diet which met their individual dietary requirement needs and personal choice. The menu was devised with residents at the weekly house meeting and all residents personal meal choice was noted, a menu board located in the kitchen indicated the weekly menu.

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 opportunities to participate in activities in accordance with their capacities and developmental needs. Residents attended a day service where they completed various training and also completed courses with local colleges.

The provider had a number of fire safety precautions in place, including, regular fire drills, regular fire checks and internal and external emergency lighting. There were fire doors throughout and fire containment measures in place. A well-maintained fire panel ensured that staff would be alerted to the occurrence and location of fire within the centre. Staff who met with the inspector spoke with confidence about how they would respond to a fire in the centre and support residents to evacuate. All staff had completed fire safety training.

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk. An emergency plan was in place which provided guidance for staff in the event of an emergency. An 'emergency pack' was held in an easily accessible location which contained items which may be required in the event the emergency plan needed to be enacted.

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 comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector viewed the positive behaviour support plan for one resident and it gave clear guidance for staff on proactive strategies to redirect the service user and prevent a behavioural incident occurring. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

The registered provider had ensured that the designated centre was operated in a manner that respects all residents. This was evident through the easy read documents available for residents, house meetings where all residents were listened to, and their choice of activity and meal was noted. Also advocacy meetings were facilitated and the residents received information regarding their rights and were advised on how to make a complaint and facilitated to do so if required. The complaints log indicated that the residents had the opportunity to voice concerns if they so wished.

Regulation 10: Communication

Residents were supported to communicate as per their needs. Residents had access to television, Internet and newspapers.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and retained control of personal property and possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider, provided each resident with appropriate care and support. The residents had access to facilities for occupation and recreation, opportunities to participate in the community and maintain personal relationships.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was laid out to meet the aims and objectives of the service and the number and needs of the residents. The residents home was maintained to a high standard and was personalised with photographs and other items.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents were provided with a wholesome and varied diet which met their individual dietary requirement needs and personal choice.

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 and ongoing review of risk, including a system for responding to emergencies

Judgment: Compliant

Regulation 28: Fire precautions

The person in charge had ensured that a robust fire management system was in place including servicing of equipment and regular fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of one resident was carried out prior to admission to the designated centre. Goals

which had been identified for residents were more functional in nature and required greater clarity.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

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 comprehensive 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 resident's behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre was operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	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	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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	Compliant

Compliance Plan for Waxwing 3 OSV-0006740

Inspection ID: MON-0027745

Date of inspection: 03/03/2020

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: Regulation 19(1)</p> <p>The registered provider shall establish and maintain a directory of residents in the designated centre.</p> <ul style="list-style-type: none"> • The Team Leader and PIC for Waxwing 3 has established a Directory of Residents including all of the required information. This was completed by 08/04/2020 	
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: Regulation 05(2)</p> <p>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).</p> <ul style="list-style-type: none"> • The Team Leader will review all current goals and outline how the existing goals can be more specific and measurable as an interim measure. This will be completed by May 15th 2020. • Going forward new priorities will be agreed when the priority planning meeting meeting takes place and will include both functional and aspirational priorities. • Functional priorities to be focused and specific in what they aim to achieve and use SMART approaches in plans to achieve priorities. 	

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 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	08/04/2020
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	15/05/2020