



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

Issued by the Chief Inspector

Name of designated centre:	No.1 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	27 October 2021
Centre ID:	OSV-0004578
Fieldwork ID:	MON-0033554

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of four residents with low support needs in the context of mild to moderate disability. The provider aims to support residents to live ordinary lives as valued citizens in their community while remaining connected to family and friends. The provider strives to provide each resident with quality support that meets their assessed needs and personal choices and to live in an environment that supports and respects individual rights, responsibilities and safe risk taking.

The centre is located in a mature residential setting in walking distance of all of the amenities offered by the busy town and services operated by the provider and utilised by the residents. The premises are a detached two-storey property with an established private garden to the rear.

The model of care is social and given the level of support needed from staff there is ordinarily one staff on duty at anytime. The staff team is comprised of care assistants and social care workers; supervision and day-to-day general oversight is provided by the team leader under the direction and supervision of the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 27 October 2021	09:00hrs to 15:45hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to review the ongoing compliance of No.1 Fuchsia drive to the regulations. The inspector was greeted at the front door of the centre on their arrival. This resident requested to see the inspector's identification prior to allowing entry to the centre. Upon entering the inspector was requested to complete visitors book and complete COVID 19 checklist. Whilst the staff present carried on with their duties the inspectors sat with two residents in the dining room.

One resident told the inspector that they didn't have much time to talk with them as they had to have their breakfast before heading to work for the morning. They didn't know how busy they would be as it would depend on how much work the boss gave them to do. The resident worked in the local restaurant one day a week. Residents in the centre were supported to gain meaningful employment in the local community. Some of these were postponed during the pandemic. One resident worked in a local garden centre two mornings a week, they told the inspector they really enjoyed this. Another used to work in a local pharmacy but had made the decision to retire during the pandemic.

The centre was a hive of activity with people coming and going about their day. One resident was supported to attend their local GP for an appointment. Before heading the resident first checked on their pet cat. They were supporting them to heal after a recent accident. The resident checked regularly on the cat to make sure they were healing properly. One resident had decided to the morning to relax and chill out. They showed the inspector their room and where they kept their personal possessions. They liked to keep their room clean and had a set day where they got support from staff to change their bed. They reported being very happy in the centre and the staff being very good. They were looking forward to going back to the local pub when the music started again. They told the inspector they enjoyed a pint of Bulmer's on a Sunday night. They headed out in the afternoon for their regular massage appointment.

One resident returned from home and called to the office to have a chat with the inspector. They were very happy in the centre and liked to walk down to their day service. They had transitioned to the centre during COVID 19 and were happy that they were now able to go back to the day service and work. They enjoyed going home to their family as well for the break. They liked to keep busy and be out and about. The resident kindly offered the inspector coffee and snacks during the inspection.

On return from work in the morning, one resident played the squeeze box for the inspector. This was an activity they really enjoyed. They told the inspector that during lockdown they would play the squeeze box in the garden for their neighbours to enjoy. They were planning a trip soon to their friends house over Christmas and was looking forward to the music in the evenings. This residents along with others had made the most of the Internet during lockdown doing courses on the Internet

platform such as music classes. Whilst residents said they enjoyed these they preferred doing it in person.

The centre operated in a manner that supported residents' independence whilst overall ensuring their safety. Some improvements were required in the area of evacuation in an emergency. One resident told the inspector that they would phone staff if they needed help. However, the resident's phone was in their bedroom and would not be available to them in an emergency. Staff spoken with and the governance team were very aware of the support needs of the residents currently residing in the centre. They ensured that residents were consulted with in the day to day operations of the centre and in their personal supports needs. Some improvements were required to ensure goals set for each resident was personal and individuals to their unique needs and interests.

Over all No.1 Fuchsia drive presented as a good service which residents reported they were happy with. They reported feeling safe and happy with the supports in place. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector reviewed the capacity and capability of the registered provider to provide a safe and effective service within the No.1 Fuchsia Drive. Overall, a good level of compliance was evidenced. Some improvements were required to promote adherence to the regulations. These will be discussed throughout the report.

The registered provider had ensured the appointment of a clear governance structure to maintain oversight in the designated centre. This included the allocation of a suitably qualified and experience person in charge to the centre. Whilst this individual had governance responsibilities in a number of centre, currently they had effective systems in place to maintain oversight in this centre. They had a keen awareness of their regulatory responsibilities and to the supports needs of the residents. The person in charge had delegated a number of duties to the allocated social care leader with clear roles and responsibilities in place. The person in charge and social care leader reported to the person participating in management.

The registered provider had ensured the implementation of the regulatory required monitoring systems including the annual review of service provision in August 2021 and the six monthly unannounced visit to the centre in July 2021. These were comprehensive in nature and did incorporate consultation with residents. They did however required review to ensure all areas identified were addressed in an action plan. For example, the use of a restive practice on the office door was highlighting as requiring review as part of the unannounced visit, however, this had not been actioned and remained outstanding. Notwithstanding this, a number of actions had

been completed including a review of training needs and updating of the risk register for the centre.

The person in charge and social care leader also completed a number of monitoring systems within the centre. This included medication audits, Infection control audits and daily fire checks. Whilst these were beneficial to identify areas requiring address improvements were required to ensure that they were utilised to identify all areas of non-compliance and drive service improvements. For example, whilst a medication audit had been completed this had not identified issues relation to receipt of medications.

The person in charge ensured that staff had access to appropriate training, including refresher training. This included training relevant to the assessed needs of the residents currently including infection control and safeguarding vulnerable adults from abuse. The person in charge had ensured appropriate measures were in place for the appropriate supervision of staff, however documentation of formal supervisions were not consistently completed in accordance with policy. The staff team members spoken with very keenly aware of the residents supports needs.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced Person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents. The provider had an actual and planned rota in place which demonstrated continuity of staff.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, including refresher training.

The person in charge had ensured appropriate measures were in place for the appropriate supervision of staff, however documentation of formal supervisions were

not consistently completed in accordance with policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured the appointment of a clear governance structure with clear lines of responsibility and accountability.

The registered provider had ensured the completion of the regulatory required monitoring systems. Some improvement was required to ensure that action plans were clear and actions identified were completed in a timely manner. Where additional monitoring systems were implemented actions were required to ensure that these identified all areas of non compliance.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the Statement of Purpose including the information required under Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured the notification of all required incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place that was appropriate for residents. Residents were supported to submit complaints and ensured a resolution was made.

Judgment: Compliant

Quality and safety

It was evidenced during this inspection of No.1 Fuchsia Drive that the service afforded to residents currently living there was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of their support needs. Residents were supported to maintain relationships with family and friends during the pandemic through media platforms and risk assessed visits.

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including occupational therapy. Each resident had individualised goals which had been adapted in accordance with COVID 19 guidance. However, some improvements were required to ensure that all goals were reflective of the residents current interests and hobbies. Review of goals did not accurately reflect the progression of set goals as set out in the personal outcome measures assessment. An emphasis had been placed on skills training and the promotion of independence.

The registered provider had ensured effective systems were in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. The registered provider had ensured the development and review of a comprehensive risk register. This document incorporated both individualised and environmental identified risks and control measures which were in place to reduce the likelihood and impact of these risks.

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, firefighting equipment and resident and staff awareness of evacuation procedures. Residents spoken with were aware of the evacuation procedures and the local of the assembly point. However, should resident be alone during an evacuation it was not clear where they were to relocate to following an evacuation or whom to contact. Through the completion of regular fire evacuation drills residents were confident in the safest route to evacuate should this need occur. These had not been completed however when residents were being supported to have independent time in the centre. All fire safety equipment was regularly serviced by a competent person.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and the disinfecting of regularly touched area. Hand sanitizer was readily available throughout the centre and all individuals were observed to utilise same. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere in a suspected or confirmed case of COVID 19 for staff and

residents. Residents were observed adhering to national guidance with respect to social distancing and the use of face masks.

The person in charge had ensured that effective measures were in place for the storage and administration of medications within the centre. A number of residents were supported to self-administer their prescribed medications. One resident spoke to the inspector confidently about this. However, effective measures were not in place for the receipt of medications to the centre. No record was maintained of medications delivered from the pharmacy to ensure the requested stock was received.

Regulation 13: General welfare and development

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

- (a) access to facilities for occupation and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs; and
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The centre presented as a large detached property in a cork town. The house presented as a homely environment where residents were supported to decorate and maintain their own personal spaces. Some interior maintenance work was required to ensure all areas were tastefully decorated including the downstairs bathroom and the hallway. This work was delayed due to the COVID pandemic.

A lock on one bathroom required review to ensure the door could be opened in an emergency.

Judgment: Substantially 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 27: Protection against infection

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

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the registered provider had ensured the provision of effective fire safety management systems are in place. However, some improvements were required to ensure evacuation procedures provided guidance in a range of scenarios.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured effective measures were in place for the receipt of medications in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was supported to develop a comprehensive individualised personal plan. Personal plans incorporated a plethora of supports needs of residents to ensure a consistent approach to supports was promoted. Each plan required further development to ensure personal goals in place were reflective of each individuals unique interests and hobbies.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had effective measures in place to protect residents from all forms of abuse. Should a concern arise appropriate measures were implemented to ensure appropriate investigation was completed.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre is 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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.1 Fuchsia Drive OSV-0004578

Inspection ID: MON-0033554

Date of inspection: 27/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge and the Team Leader will ensure that the staff supervision record is completed fully for each supervision session undertaken.</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 all areas noted in the body of the reports of Provider six monthly visits and annual reviews of the Centre are carried into the action plan for completion.</p> <p>The provider will review the current internal audit procedures to ensure they are comprehensive and cover all elements of the system being audited to drive service improvement.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Provider will ensure that maintenance works delayed during COVID restrictions are progressed. Maintenance request has been submitted for</p> <ul style="list-style-type: none"> - Interior painting of downstairs - Repair of woodwork in main bathroom downstairs - Replacement of lock in main bathroom to a thumb lock 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Provider will ensure that the Staff team will undertake fire evacuations with persons supported in the various scenarios including where persons supported are on their own in the house. This would include where persons supported are to go whilst waiting for emergency services to arrive, who they should contact and how to make contact.</p> <p>Fire evacuation to remain an agenda item for discussion at residents meetings.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge will devise a template to record medication received from the pharmacy against that ordered to identify any discrepancies for follow up. Staff will complete this template when medication is received and store the completed form in medication folder.</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 Team Leader and Keyworkers will review each Person Supported's</p>	

Personal Plan goals to ensure they are reflective of the persons supported current interests and hobbies and document the progression of these goals accurately in their personal plan.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2021
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 internally.	Substantially Compliant	Yellow	31/01/2022
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	31/12/2021
Regulation 28(4)(b)	The registered provider shall	Substantially Compliant	Yellow	31/12/2021

	ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	30/11/2021
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of	Substantially Compliant	Yellow	31/12/2021

	each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/12/2021