Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 2
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	27 April 2021
Centre ID:	OSV-0004751
Fieldwork ID:	MON-0031975

About the designated centre

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

Goldfinch 2 consists of two detached bungalows located near one another in a small town. The centre can provide full time residential care for a maximum of eight residents of both genders over the age of 18 with intellectual disabilities. Each bungalow can support four residents each and all residents have their own bedrooms some of which have en suite bathrooms. One bungalow also has a kitchen, a sitting room, a utility room and a staff office while the other bungalow has a kitchen/dining area. Residents are supported by the person in charge, nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 27 April 2021	10:05hrs to 17:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

From what the inspector was told, read, and observed, efforts were being made to provide residents with a good quality of life in the current designated centre but it was seen that there was a lack of space in one of the houses.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to all national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was used. The inspector's movement in the designated centre was also restricted in so far as possible. To support this the inspector spent the initial period of this inspection based in a campus operated by the same provider away from the designated centre. This time was spent reviewing documents relating to both houses of this centre and speaking with the person in charge. Upon completing this the inspector visited one house of this centre where three staff members and two residents were met.

The seven residents who were living in this designated centre at the time of inspection had moved to this centre in November 2020 having all previous lived together on a campus based setting. Four residents were living in one house of the centre while three residents were living in the other. The inspector visited the house where three residents were living. Two of these residents were met while the third resident was in their bedroom relaxing. One of the residents met appeared content and was seen on multiple occasions to smile either to the inspector or the staff who were supporting them. The inspector saw this resident's bedroom in the presence of the resident and a staff member. It was noted that the bedroom was spacious and had been personalised with photographs of the resident and their family. The other resident met by the inspector was observed to move around the house in their wheelchair and it was seen that on two occasions staff had to intervene to stop this resident's wheelchair coming into contact with a table and an exit door in the kitchen/dining area.

While the house visited by the inspector was presently in a homely manner and provided the three residents with their own en suite bedrooms, it was observed that there very little communal space present in the centre. The only communal space available was a kitchen/dining area but this was very small particularly given that all three residents living in this house were wheelchairs users. On account of this there was also a lack of an area within this house, other than residents' bedrooms, where resident could meet visitors in private if they wished. While visiting had generally been restricted on account of COVID-19, it was seen though that family members of residents had been facilitated to meet residents for walks and to keep in contact via telephone and video calls.

Since residents had moved into this centre, one family member had completed a questionnaire that focused on the support their relative received while in this centre. The questionnaire contained positive responses on areas such as staff support, how

residents' needs were met and support for residents in exercising choice in their daily lives. One resident had also been supported by a staff member to complete a satisfaction survey since they moved to this centre. The survey responses indicated that the resident liked their new home, liked their bedroom and was happy with the support from staff. Other documentation reviewed during this inspection indicated that the move to this centre had been beneficial for some residents. For example, the inspector read that one resident was smiling more and that another resident appeared more calm and relaxed since the move.

To support the residents with this move, easy-to-read information booklets had been provided for residents. It was also seen that easy-to-read documents on matters related to COVID-19 such as vaccines were also available. Where any residents did not have capacity to consent to vaccines, documents reviewed indicated that a specific staff member would support the resident and that the resident's circle of support would be consulted to determine if receiving a vaccine was in the resident's best interests. This was to be documented in a specific vaccine consent/permission form which was signed off by the person in charge. The inspector reviewed a sample of these and noted that some of these forms indicated that this process had been completed correctly. However this was not consistent. For example, one form did not indicate who was consulted with in coming to the decision to give a vaccine while another form was signed off by the same staff member who was indicated as supporting the resident with the decision.

It was seen though that there were instances where residents' choice to refuse medical interventions was respected. For example, one resident indicated that they did not want their blood pressure monitored and this was accepted by staff. Guidance on how to preserve residents' dignity and bodily integrity during intimate personal care was also provided in residents' personal plans and residents were being consulted about the running of this designated centre through weekly resident meetings that were taking place in both houses. The inspector reviewed a sample of these and noted that they discussed activities and food for the centre. Activities taking place for residents included walking, going for drives, baking and foot massages. It was seen though that some of these meeting minutes made reference to private medical appointments of individual residents.

In summary, there were indications that the move to this designated centre had benefited some residents but the house visited by the inspector lacked space. Support was being given to residents to maintain contact with families while some documentation relating to consent and permission around vaccines was inconsistent.

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 provider had ensured that a range of training had been provided to staff to support residents. However, improvement was needed in aspects of the staffing arrangements particularly in the provision of nursing staff on a consistent basis.

This designated centre had last been inspected by HIQA in July 2017 when it was made up of one house only. In October 2020 the provider successfully applied to increase the centre's capacity by adding another house to the centre thereby registering the centre until October 2023. Between July 2017 and November 2020 the centre was unoccupied until a group of residents, who had lived together in a campus based setting operated by the same provider, moved into the centre. This move was triggered by a plan to carry out fire safety improvements works in the residents' previous home. At the time of this inspection, these works had yet to commence and there was some uncertainty as to whether these residents would be remaining in the current designated in the long term.

Since residents had moved into this designated centre, the provider had carried out a provider unannounced visit for the centre in March 2021 and reflected this in a written report. This is a requirement of the regulations which requires the provider to review the quality and safety of care and support that is being provided to residents. The inspector reviewed the report of this unannounced visit and noted that it indicated that these residents had benefited from the move to this centre. While the unannounced visit did focus on resident's quality of life, it did not highlight key matters relating to the premises and aspects of person-centred planning found during this inspection. However, from discussions on the day of inspection, such matters were known to management of this centre.

The unannounced visit report did highlight that nursing staff support for residents was not always provided during the day in keeping with residents' needs and the designated centre's statement of purpose. Since then the provider had risk assessed this matter as a medium risk, and was making efforts to ensure that the sufficient nursing staff was available. When reviewing rosters though it was seen that there had been a further three days in April 2021 where the necessary level of nursing staff had not been provided. While the provision of nursing staff was an area for improvement these rosters did indicate that sufficient staff numbers were provided to support residents.

It was noted though when reviewing these rosters that a high number of staff had worked in this centre since the beginning of 2021. Having a consistency of staff support is important to ensure that residents receive a continuity of care but it was acknowledged that that the high number of staff who worked in this centre had been contributed to by factors relating to COVID-19. While staff rosters were in place as required by the regulations, it was seen by the inspector that some improvements were needed to ensure that that the actual rosters worked were properly maintained. For example, in some rosters it was not indicated in which of the centre's two houses that individual staff had worked in.

While present in one of these houses during the inspection, it was observed by the inspector that staff members on duty engaged with residents in a respectful manner while supporting the residents. From reviewing training records for the staff who

worked in this centre throughout 2021, it was noted that all staff members had been provided with training in areas such as food safety, manual handling, safeguarding, de-escalation, fire safety, PPE and hand hygiene. This provided assurances that clear systems were in operation by the provider to ensure that staff were supported to provide appropriate care to residents and ensure their safety.

Regulation 15: Staffing

Nursing staff was not consistently provided in accordance with the designated centre's statement of purpose and the needs of residents. A high number of staff had worked in the centre during 2021. Actual rosters worked were not being properly maintained.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff members had been provided with training in various areas such as food safety and manual handling.

Judgment: Compliant

Regulation 23: Governance and management

The provider was monitoring the service provided and a provider unannounced visit had been carried out for the centre since residents moved in. It was noted though that areas for improvement were identified in key areas during this HIQA inspection which were the direct responsibility of the provider such as staffing and the premises provided.

Judgment: Substantially compliant

Quality and safety

Active efforts were being made to support residents and measures were in place to ensure the safety of residents. Improvement was needed in relation to the premises

provided and person-centred planning.

As required by the regulations, residents had individual personal plans in place. Such plans are important in identifying residents' needs and providing guidance for staff in how such needs are to be met. It was seen that these plans were subject to multidisciplinary review which included input from various disciplines such as speech and language therapists and occupational therapists. It is also required by the regulations that individual personal plans must be subject to annual review which involves the participation of residents or their representatives and that these plans are reviewed to take account of new developments.

To support these requirements, the provider had a system of person-centred planning which involved a process of information gathering with residents and their families. Once this was completed goals would be identified for residents. However, when reviewing a sample of residents' personal plans it was seen that that some residents' person-centred planning dated back to 2019. While these person-centred plans were subject to review it was noted that some plans had not been reviewed to take account of residents' moved to a new setting or had not been reviewed in some time. For example, the last review of one resident's person-centred plan was carried out in April 2020.

While this was an area for improvement, it was indicated in documents reviewed that the move to the current designated centre had been very beneficial for some residents. The inspector visited one of the houses that made up this centre and noted that overall it was clean, well maintained and well-furnished. It was seen though that, while residents had large bedrooms, this house had very limited communal space for residents. Given that all three residents living in this house were wheelchairs users and were supported by three staff members during the day, this further reduced the space that was available. This was not in keeping with the needs of all residents.

It was indicated to the inspector by management that there was some uncertainty as to whether these residents would remain in this designated centre or return to their previous campus setting with this matter under review. While there were negative aspects of the house visited by the inspector, it was seen that this house had been provided with appropriate fire safety systems including a fire alarm, emergency lighting and fire extinguishers. Documentation reviewed indicated that similar fire safety systems were also in place in the other house of this centre. Multiple fire drills had been carried out in both houses at varying times of the day to reflect daytime and night-time staffing levels during 2021. The records of these drills indicated that there was low evacuation times for the two houses.

Such measures indicated that the risks related to fire were being appropriately managed and it was seen that risks present in the designated centre were being assessed. This was part of the risk management process in place and this process facilitated control measures to be identified and implemented which were intended to reduce the likelihood of harm being suffered. It was seen that risk assessments were in place relating to the centre overall and for individual residents. Such assessments were noted to have been recently reviewed. Included amongst such

risk assessment were issues related to the ongoing COVID-19 pandemic.

At the time of this inspection measures were being taken to reduce the possibly of residents being impacted from COVID-19. It was seen that there was regular temperature checking of both residents and staff while cleaning of regularly touched items was being carried out multiple times a day based on records reviewed for 2021. There was ample stocks of provisions such as PPE and hand gels which staff were observed to be using these. A member of staff informed the inspector that there were no shortages of such items with weekly orders received. Relevant training in PPE and hand hygiene had also been provided to all staff who had worked in the centre in 2021 while isolation facilities were available within the provider if required.

Regulation 11: Visits

In the house visited by the inspector, a suitable space for residents to receive visitors in private other than their bedrooms was not available.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents had more opportunities to be part of their local community based on the location of this designated centre. Contact between residents and their families had been supported during COVID-19 restrictions.

Judgment: Compliant

Regulation 17: Premises

The one house visited by the inspector was not suited to the needs of all residents particularly given the limited communal space that was present in the house.

Judgment: Not compliant

Regulation 26: Risk management procedures

As part of the risk management process in operation within this designated centre,

relevant risk assessments had been updated in relation to COVID-19. Risk assessments for individual residents were also in place and it was noted that all risk assessments had been recently reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

Measures were taken to ensure that residents were protected by appropriate infection prevention and control measures at the time of this inspection. These measures included regular cleaning, the use of PPE and staff temperature checks.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place that were being serviced to ensure that they were in proper working order. All staff had been provided with fire safety training and fire drills were taking place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Reviews of some person-centred plans which involved participation from residents and their representatives were not being carried out in a timely manner. Some reviews were not fully taking account of residents move to the current designated centre.

Judgment: Not compliant

Regulation 6: Health care

Residents had specific plans in place for identified health needs and had access to health care professionals where necessary. Regular monitoring of residents' health needs was also being carried out.

Judgment: Compliant

Regulation 8: Protection

Residents had intimate personal care plans in place and all staff had been provided with relevant safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner on the day of inspection and if a resident indicated that they did not want to take part in monitoring of their health needs this was respected. Resident meetings were taking place but it was noted that some of these made reference to private medical appointments of individual residents. The maintenance of COVID-19 vaccine consent/permission forms was inconsistent. For example, one did not indicate who was consulted in coming to a decision to administer the vaccine.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Goldfinch 2 OSV-0004751

Inspection ID: MON-0031975

Date of inspection: 27/04/2021

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The planned roster is filled at all times however on an exceptional basis it is not always possible to fulfil the skill mix given unplanned leave and availability of nursing staff. • The recruitment of nursing staff is ongoing with HR as every effort is made to meet the skill mix requirement. Securing nursing staff is challenging in this regard. • Risk assessment is in place to identify the risk arising from not meeting skill mix and ensure mitigations are in place to address this risk. • SOP will be updated to include reference to this risk assessment in respect of skill mix. • Separate rosters for each individual house will be created.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The planned roster is filled at all times however on an exceptional basis it is not always possible to fulfil the skill mix given unplanned leave and availability of nursing staff. • The recruitment of nursing staff is ongoing with HR as every effort is made to meet the skill mix requirement. Securing nursing staff is challenging in this regard. • Risk assessment is in place to identify the risk arising from not meeting skill mix and ensure mitigations are in place to address this risk. • SOP will be updated to include reference to this risk assessment in respect of skill mix. • Separate rosters for each individual house will be created. • The mix of residents in one house is currently under review as it is acknowledged that the space available to the residents in inadequate. • The current office will be adapted as a sitting room for residents that will also facilitate	

visitors.
• The PIC will ensure that PCPS are completed for residents or updated where appropriate based on the status of the current plan.
• A revised PCP process is currently being developed and this will be rolled out once agreed.
• Updated Agenda for resident meetings has been shared with staff and this will be monitored by the PIC.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
• The current office will be adapted as a sitting room for residents that will also facilitate visitors.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The mix of residents in one house is currently under review as it is acknowledged that the space available to the residents in inadequate.
• The current office will be adapted as a sitting room for residents that will also facilitate visitors.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• PIC met with CNM1 of the designated centre on 03/05/2021 and reviewed all PCP's in place for the centre.
• The PIC will ensure that PCPS are completed for residents or updated where appropriate based on the status of the current plan.
• Keyworkers will be supported by CNM1 and PIC to complete same in line with the organisation's PCP process.
• Consultation with residents and families will take place and a focus on community

integration, based on the recent move, will be reflected in the PCPs.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• New agenda item list issued to staff on 30.04.2021 for residents house meetings in the designated centre by PIC and staff advised not to make reference to private medical appointments for residents.
• All vaccine consent forms reviewed by PIC on 03.05.2021 to ensure circle of support was indicated.
• All Covid 19 vaccines administered in the designated centre were completed with input from GP, families where applicable and staff.

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 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	30/06/2021
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Orange	28/05/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Substantially Compliant	Yellow	28/05/2021

	circumstances where staff are employed on a less than full-time basis.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/05/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/08/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2021
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	31/08/2021
Regulation 05(6)(b)	The person in charge shall ensure that the	Not Compliant	Orange	30/06/2021

	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 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	30/06/2021
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability	Substantially Compliant	Yellow	28/05/2021

	participates in and consents, with supports where necessary, to decisions about his or her care and support.			
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	30/06/2021