



# 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:	Announced
Date of inspection:	15 June 2022
Centre ID:	OSV-0006740
Fieldwork ID:	MON-0037069

## 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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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 (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 15 June 2022	09:30hrs to 16:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

This was an announced registration inspection. Overall, the inspectors found that the residents in this centre were supported to enjoy a good quality of life and to have meaningful relationships in their local community. The inspectors observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On arrival at the centre, the person in charge guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, a recording process which ensured that relevant details of those that entered the centre were documented and ensuring inspectors were wearing a face covering.

The residents had already left for day service so the inspectors took the opportunity to have a full walk through of the centre and to review all documentation.

The walk through of the house indicated that there were some areas that required improvement in terms of cleanliness, infection prevention and control and internal repair of the centre. This will be discussed in the following sections under the Regulations.

The residents returned home in the afternoon in the house vehicle and the inspectors had the opportunity to meet all four residents. Conversations with residents took place wearing the appropriate personal protective equipment (PPE). The residents had the ability to verbally interact with the inspectors and share their views and opinions. All four residents said they were happy in their home and staff were good to them. They appeared to enjoy their day service activities and talked about outings with staff in the centre. They had gone on trips to St Johns Castle and Bunratty Castle. The residents regularly went out shopping and to cafes and for drives in the house vehicle. They also engaged in music sessions and went to concerts and away for holidays. Residents enjoyed TV, relaxing and having meals together.

The inspectors observed the residents in their home and found them to be very comfortable and happy in the centre. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. The staff present were very knowledgeable about the residents' needs and preferences and were laughing and joking with the residents in a positive manner. The staff supported the residents in a very respectful way when they returned from day service and it was obvious from their interaction that this was a regular occurrence.

Residents were encouraged and supported around active decision-making. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions made. Residents were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity

to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms and decision-making assessments were included in residents' personal plans.

Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc.

In summary, the inspector found that each residents well being and welfare was maintained to a good standard and that there was a visible person-centred culture within the designated centre.

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 to each resident living in the centre.

## Capacity and capability

Overall, the inspectors found that the governance and management systems that were in place in the centre operated to a good standard. There was a clear management structure in place in the centre. The person in charge facilitated the inspection and they had an in depth knowledge of the needs of residents and the supports required to meet these needs. The person in charge was responsible for one other designated centre and was supported in their role by a senior manager in the service.

The provider had completed all audits and reviews as required by the regulations. These audits included the annual review for 2021 and the provider unannounced six-monthly visits. The centre's annual report highlighted minor areas for improvement within the service. This review was completed following consultation with residents. The resident's representatives were also invited to complete questionnaires, however, none were returned.

The person in charge maintained a planned and actual staff roster. The inspectors reviewed a number of rosters, they indicated that residents were supported by a familiar staff team. There was also a relief panel in place in the service which ensured continuity of care and support to residents. The inspectors reviewed a matrix of staff training records and found that the staff had up-to-date training in a number of areas including fire safety, safeguarding, hand hygiene, infection prevention and control and personal protective equipment.

There was a statement of purpose available to the inspectors and residents and also

a fully accessible complaints procedure. All notifications were reviewed and had been submitted as per requirements.

#### Regulation 14: Persons in charge

The person in charge worked in a full-time role and was suitably qualified and experienced. The person in charge also had responsibility for one other designated centre dedicating 0.5 WTE to each centre. The inspectors were satisfied that the person in charge could ensure effective governance, operational management and administration of both designated centres concerned. The person in charge was supported in their role by a senior manager in the service.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge ensured that there was a planned and actual staff rota in place in the centre. The registered provider had ensured that the skill mix of staff was appropriate to meet the assessed needs of residents. The staffing arrangements in place were in line with the statement of purpose. The inspectors reviewed the current roster and it was seen to be reflective of the actual staff on duty on the day of inspection. There was a core staff team in place which indicated that residents received continuity of care from a familiar staff team. The provider also had the appropriate arrangements in place to respond to staff shortages to ensure the care and support needs of residents were met.

Judgment: Compliant

#### Regulation 16: Training and staff development

The inspectors reviewed staff training records which showed that staff had completed all mandatory training including refresher training as part of their continuous professional development. The training records reviewed by inspectors showed that all staff had completed the following safeguarding of vulnerable adults training, fire safety training, manual handling and infection prevention and control. The education and training provided to staff allowed them to provide care that reflected up-to-date and evidence-based practice.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place in the centre. The designated centre was adequately resourced to ensure the effective delivery of care and support to residents. An annual report reviewing the quality and safety of care in the designated centre was completed by the person in charge in March 2022. The person in charge attempted to engage with the residents representatives when completing the annual review, however, all representatives failed to return their questionnaires. A six monthly unannounced visit had also been completed to ensure that care practices were maintained to a good standard.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place which contained the information set out in Schedule 1. It was regularly reviewed and available to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre. The person in charge had also submitted quarterly notifications in respect of restrictive practice used or non serious injuries. The inspector reviewed all incidents and was satisfied that the person in charge had met all reporting requirements and responsibilities.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible. The complaints log was reviewed and it was noted that there were no open complaints at the time of inspection.



Judgment: Compliant

## Quality and safety

Overall the inspectors found that the quality and safety of care received by the residents was to a good standard. Residents had good support in terms of their care needs and had good relationships in their community and access to local amenities.

The inspectors reviewed a sample of personal plans and found that they were comprehensive and were reviewed regularly in line with regulations. Behaviour support plans gave clear guidance for staff in order to maintain consistency and were reviewed on an ongoing basis. Residents were also supported to identify personal goals however there were no notes to indicate the progress that was being made toward achievement of these goals. Residents engaged in their local community and some goals were associated with integrating into the community such as using local cafes for social integration but there was no evidence that these were actively being supported as part of goal achievement.

All residents had returned to day service after the lock down associated with COVID-19 and were reengaging in the community and going to music classes and to local amenities such as Bunratty castle and Folk Park and St Johns Castle.

There was ongoing behavioural support for residents who required same. For example one resident required behaviour support around money management. The inspector reviewed comprehensive behaviour support plans, social stories and guidance for staff on how to support this resident around safe keeping of money. There was evidence of meetings and discussion in the development of these plans with behaviour therapy and psychology. The staff were fully aware of the supports in place for the resident and stated that these plans provided good guidance for them in how to address matters around money.

The premises required improvement in terms of cleanliness and upkeep. Floors and some cupboards required cleaning and floor boards required repair.

The provider had ensured that there was a comprehensive risk management system in place.

Residents had good access to healthcare professionals and there was evidence of ongoing input from health care professionals such as opticians and dentists.

The provider had a good fire management system in place such as fire doors, fire alarm system, emergency lighting and fire fighting equipment. The provider ensured that this equipment was serviced regularly and that staff completed regular checks of fire safety systems. There was adequate information in regards to fire safety procedures and personal egress to assist in the safe evacuation of residents. The provider was also completing regular fire drills which demonstrated that residents

could evacuate the centre in a prompt manner to the fire assembly point.

Overall, the inspectors found that the well being and welfare of residents were actively promoted and that residents were supported to enjoy a good quality of life.

### Regulation 13: General welfare and development

The provider had ensured that the residents had access to facilities for recreation and opportunities to participate in activities in accordance with their interests and capacities. The residents had an active social life and were engaged in a variety of meaningful activities in their local community; they utilised local shops, restaurants and went for walks and drives. They went on holidays and to music concerts and had outings to castles and places of interest. The residents went to day service and engaged in a number of activities/classes such as music and money management.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured that the premises of the designated centre was designed and laid out appropriately to meet the aims and objectives of the service as well as the assessed needs of residents. However, some improvements were required to ensure the premises was maintained to it's most optimum standard. The floor boards in the kitchen and hallway required repair as they were loose with gaps and were a potential trip hazard.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that there was a strong risk management system in place and a risk management policy which included hazard identification and assessment of risks and the measures in place to manage the risks identified. The provider had ensured that there were systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider was not in compliance with the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in Community Services (2018). There were significant infection control risks posed to residents due to poor levels of cleaning and maintenance of the designated centre. Cleaning practices in the centre required significant improvement as the cupboards in the utility room were visibly dirty. Floors had neither been vacuumed or washed in the kitchen and living room. The walls in the utility were also compromised as there was significant staining and mould present.

Judgment: Not compliant

## Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place. Fire doors were in place and there were adequate extinguishers, fire blankets and an alarm system and these were checked regularly by a fire company. The inspector reviewed evacuation drills which were carried out regularly and found that the most recent drill in June 2022 indicated that the residents could be safely evacuated in 1 min 33 seconds. Residents required verbal prompting but all evacuated safely to the fire assembly point.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of the residents was completed. Person centred planning meetings were conducted and minutes of meeting were recorded and kept on file. Goals were chosen by the residents as part of this planning process. However it was noted that there were no progress notes being recorded or tracking of whether the resident was actively completing tasks associated with goal achievement. Some goals were the same as the previous year and had been carried forward but there was no indication of whether the resident had received support with their goals.

Judgment: Substantially compliant

## Regulation 6: Health care

The registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by the residents. There was a healthcare plan in place which was reviewed in June 2022 and included a review of the residents dietary requirements, respiratory, fluid intake monitoring and psychiatry visits. There was evidence that residents had regular check-ups with the GP and had COVID 19 test's as needed. Documentation also indicated that the residents had dental, optician, urology, dietician and haematology appointments.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Behaviour support plans were noted to be in place by the inspector and staff had training in the management of behaviour that is challenging. The plan reviewed was comprehensive and outlined the care plan priorities and associated behaviours of concern and aims of the behaviour support plan. The plan highlighted trigger factors for the behaviours and a functional analysis had been completed. Proactive interventions were listed and environmental and social accommodations outlined.

Judgment: Compliant

## Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in safeguarding of vulnerable adults. There were no safeguarding plans in place currently. The inspector spoke with the person in charge regarding safeguarding of the residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised choice and control in their daily lives. The residents were involved in the running of the centre. For example there are weekly resident meetings where the

residents choose daily activities and weekly meals. There was evidence of consultation around Covid-19 and vaccinations and residents were informed about social distancing, hand hygiene and mask wearing.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not 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-0037069

Date of inspection: 15/06/2022

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• There have been attempts to date to repair the flooring in the affected areas, however this it was unsuccessful.</li> <li>• An alternative replacement flooring product has been identified for the residence, which will result in the flooring in both the dining room and hall being replaced.</li> <li>• This flooring has been ordered and will be supplied and fitted by 30/09/2022</li> </ul>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• The identified deficiencies in cleaning; cupboards in the utility room, floors in the kitchen and living room, were addressed on the evening of the inspection, 15/06/2022.</li> <li>• Daily cleaning routines are in place and up to date and documentary evidence of this is in place.</li> <li>• During a staff meeting feedback was given relating to the HIQA inspection. Staff were informed of the findings of the inspector and they were also informed of their responsibility towards standards for infection prevention and control and general cleaning standards.</li> <li>• Unplanned visit by the Area Manager to the centre took place on 09/07/2022 &amp; 21/07/2022, who observed the house to be clean to an appropriate standard.</li> <li>• Cleaning and painting of the utility room will be completed by 31/08/2022.</li> </ul>	



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:</p> <ul style="list-style-type: none"> <li>• The Person in Charge introduced a tracking document to the Person Centred Planning process, to allow progress towards the achievement of goals to be documented by staff supporting residents to achieve their goals, between quarterly reviews. This was circulated and introduced to the centre on 17/06/2022.</li> <li>• Staff have commenced using this document, to detail actions completed and supports given.</li> <li>• A new Person Centred Planning Process/ documentation is being introduced to the service and this includes a document to track progress.</li> </ul>	

## 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 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	30/09/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/08/2022
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	Not Compliant	Orange	31/08/2022

	control of healthcare associated infections published by the Authority.			
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/08/2022
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	31/08/2022