



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

Name of designated centre:	No 4 Seaholly
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	26 September 2018
Centre ID:	OSV-0004573
Fieldwork ID:	MON-0025135

## About the designated centre

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

This centre is located in Cork City suburbs. It is within access to shops, transport and amenities. The service is managed by The Brothers of Charity Ireland. It comprises of two self contained apartments and an adjoining house catering for four residents. In total six residents reside in this centre. It has been adapted to meet residents' needs and is a ground floor premises. This centre was set up to provide a specialist service for persons with an intellectual disability including autism. It has an integrated day service. The centre's focus is on understanding and meeting the individual needs of each resident, by creating as homely an environment as possible. Residents are encouraged to live a meaningful everyday life by participating in household, social and leisure activities. Each resident's needs are assessed and a plan put in place to meet their needs. As residents' needs change, their individual plan of care is adapted and appropriate supports provided by staff. The ethos in this centre is to build a better world for every human being. The organisation works to develop supports and services based on the needs and choices of each individual.

**The following information outlines some additional data on this centre.**

Current registration end date:	22/11/2018
Number of residents on the date of inspection:	6

## How we inspect

To prepare for this inspection the inspector or 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
26 September 2018	08:45hrs to 13:15hrs	Elaine McKeown	Lead

## Views of people who use the service

The inspector had the opportunity to meet with five of the residents during the course of the inspection. Residents communicated in a non-verbal manner. All staff were very familiar with the residents and were able to explain to the inspector what the residents were communicating. All residents received individualised care and were very well supported by the staff team. There was a calm atmosphere in the home.

The staff team informed the inspector that improvements have continued in the manner in which residents react to other residents, visitors and staff. The incidents of challenging behaviours continue to reduce and residents appear to be secure and relaxed in their home.

The inspector was shown a letter written on 18 September 2018 and signed by the staff team which has been submitted to the Admission Discharge and Transfer committee on behalf of the residents regarding the future plans for the current residents living arrangements. The staff team are acting as advocates for the resident group and have requested that they be involved in the discussion of the future plans for the residents.

## Capacity and capability

As part of this inspection regulations that were found to be compliant in the June 2018 inspection were not looked at by the inspector during this follow up inspection.

As per the previous inspection in June 2018, the inspector was satisfied that the provider had the capacity to deliver a safe and quality service. However, some actions from the compliance plan submitted by the provider following the last inspection had not been completed.

The person in charge is now responsible for four designated centres, three located on the campus and one located approximately five kilometres away. This is a reduction from the six designated centres that the person in charge was responsible for during the previous inspection. However, the person in charge is still conducting the administrative work at another location. The compliance plan submitted following the previous inspection in June 2018, stated that the person in charge would be located on the campus adjacent to the centre. While this has not yet happened the reduction in the number of designated centres under the remit of the

person in charge has had a positive outcome for the residents in conjunction with the recent appointment of a team leader in the centre. The person in charge is available at all times by phone to support the residents, team leader and staff. He now is present on campus more frequently than at the time of the previous inspection.

The new team leader has been appointed to the centre since the 23 July 2018. She is very knowledgeable about the residents' needs and supports. She spoke confidently about her role and responsibilities. The inspector was shown the team leader's own formal supervision plan and has been meeting with the person in charge every two weeks since taking up the role. While staff appraisals and supervision had not been completed the inspector was shown evidence of the staff team receiving pre-appraisal forms and scheduled appraisal meetings for all staff taking place in October 2018. All staff supervision meetings were scheduled to take place in November 2018. The delay in completing these formal supervision meetings and appraisals was to allow the team leader three months to get to know the staff team before commencing the activity. Of note, there is a low staff turnover at this centre resulting in good continuity of care for the residents at all times.

Team meetings have occurred twice since the last inspection, however, the person in charge was unable to attend either of these. The person in charge is scheduled to attend future team meetings this year. The team leader has been present at both of these meetings and has ensured issues have been brought to the attention of the person in charge which assists in the governance and oversight of this centre.

The gaps in staff training identified during the previous inspection still remain despite the compliance plan indicating staff were booked to attend relevant training. All staff have received local training in fire safety and safeguarding specific for this designated centre. The inspector has received written confirmation of the dates all outstanding staff training will take place. While training dates have been secured in the coming weeks the final training date for completion of all staff training is currently 8 December 2018.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre was submitted to the Chief Inspector as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was full-time with the required qualifications and experience. At the time of the previous inspection the person in charge was responsible for six

designated centres. He is now responsible for four designated centres. While there was evidence of improvements in the effective governance, operational management and administration of this centre some improvement actions remained incomplete.

Judgment: Substantially compliant

### Regulation 15: Staffing

The provider had ensured sufficient staffing levels were in place to meet the assessed needs of the residents. There was continuity of care and a planned and actual staff roster was in place. A copy of the on call rota was also present in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Gaps in the staff training identified in the previous inspection remain. Fire safety, managing challenging behaviour, safeguarding, manual handling and infection control. All staff have received local training in fire safety and safeguarding specific for this designated centre. The person in charge and the team leader had evidence of scheduled training dates booked for staff on the day of inspection over the coming weeks and months. The person in charge also provided written confirmation on 27 September 2018, of the planned dates for all staff to attend training, all of which will be completed by 8 December 2018. Formal staff supervision has begun with the team leader; however, the remainder of the staff team are scheduled to have appraisals completed by the team leader in October and formal supervision in November 2018.

Judgment: Substantially compliant

### Regulation 21: Records

The provider ensured that all the records pertaining to the new team leader were maintained as per the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

The person in charge is now responsible for four designated centres and a new team leader has commenced. This has improved the systems and supports in place for the residents and staff team. While a scheduled plan is in place for supporting, developing and performance manage all members of the staff team this will not be completed until the end of November 2018.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that all appropriate notifications had been submitted to the Chief Inspector as required under the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

There have been no new complaints made since the previous inspection. The complaint reviewed during the previous inspection has been resolved to the complainant's satisfaction.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had all of the schedule five policies available for review. Some national policies were currently under review but were past their revision date. One local procedure pertaining to the management of service users money was due for revision in Aug 2018.

Judgment: Substantially compliant

## Quality and safety



As part of this inspection, regulations that were found to be compliant in the June 2018 inspection were not looked at by the inspector during this follow up inspection.

As per the previous inspection findings, this centre was well-maintained. The provider had addressed the ventilation of an internal room with a permanent ventilation duct installed in the ceiling.

However, no work had commenced on altering one resident's apartment to best meet the resident's needs. This was highlighted in the previous inspection report of June 2018. The provider had indicated that work to further develop this apartment would be completed by 31 August 2018. The inspector was shown evidence that plans were in a discussion phase for the development of this area with the staff team. On the day of inspection the person in charge gave details of the work to be completed. The person in charge also submitted written confirmation on 27 September 2018 to the inspector of a revised time bound plan for this work to be completed with immediate works to be completed by 28 September 2018. All additional works are scheduled to be completed by 12 October 2018.

The gaps identified during the previous inspection in staff training remained unresolved on the day of inspection. All staff had received local safeguarding training since the last inspection. The team leader had scheduled some staff for training but was informed that securing places on training dates was difficult due to limited places available. The inspector was also informed that there is currently one person responsible for providing the safeguarding training for all Brothers of Charity staff in the southern region. The inspector was provided with booked dates for training for all staff with the final date for completion on 8 December 2018.

The provider had conducted a deep sleep evacuation on 3 September 2018. The inspector reviewed the documentation available and was given details of the follow up actions resulting from this drill. All residents have now been involved in a fire drill during 2018.

As per the findings in the previous inspection, the centre was found to be in substantial compliance with the regulations and standards pertaining to quality and safety of the service offered. However, the outstanding issues pertaining to the premises and staff training gaps which have been identified in both inspections carried out in 2018 will need to be addressed by the provider.

## Regulation 17: Premises

A permanent ventilation duct has been installed with venting occurring out through the gable wall of the designated centre. On the day of this inspection no work had

been commenced on the apartment of one resident. The compliance plan had stated work would be completed by 31 August 2018.

Judgment: Not compliant

### Regulation 27: Protection against infection

As per the previous inspection findings, gaps still remain in the training of staff in the area of infection control. The compliance plan submitted stated that training in this area would be completed by 30 September 2018; however, some staff are currently out of date with their training in this area.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had ensured a deep sleep evacuation was conducted on 03 September 2018. The inspector was given details of the follow up actions resulting from this drill. All residents have now been involved in a fire drill during 2018.

Judgment: Compliant

### Regulation 8: Protection

Local safeguarding training has been provided to all staff as per the compliance plan submitted following the recent inspection in June 2018. However, gaps still remain in the training of staff in safeguarding of vulnerable adults. The compliance plan submitted stated that training in this area would be completed by 30 September 2018; however, some staff are currently out of date with their training in this area.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for No 4 Seaholly OSV-0004573

Inspection ID: MON-0025135

Date of inspection: 26/09/2018

## 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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The PIC will regularly attended staff meetings and is scheduled to attend the staff meeting on 13/11/2018. The PIC attends Period Service review Meetings to monitor progression of individual person centred plans. The PIC will report on a regular basis to the PPIM in a format prescribed by the provider on key issues including the progression of actions following internal audits, inspections by the Authority and from provider visits</p> <p>The Person in Charge's administrative office will relocate to a site adjacent to the Centre [14/11/2018 ]</p>	
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>Updated training for staff will be completed by 8 December 2018.</p> <p>The staff formal Supervision will be complete in line with the dates previously given during the inspection and completed by 21/11/2018.  </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>Performance Management Appraisal are underway and will be completed for all staff by the 31/10/2018.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  All policies have been updated and distributed to the Centre for staff update by 10/11/2018.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:  Works carried out on the apartment for one resident including painting and a new door have been completed. The sink and counter and associated works will be fully completed by the 16/11/2018.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection:  Staff requiring training on infection control completed this training by 11/10/2018.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:  All staff will have received the refresher training in Safeguarding of Vulnerable adults by 26/11/2018	

## 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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	[14/11/2018]
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant		08/12/2018
Regulation 16(1)(b)	The person in charge shall ensure that staff	Substantially Compliant		21/11/2018

	are appropriately supervised.			
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		16/11/2018
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant		16/11/2018
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	31/10/2018
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures	Substantially Compliant		11/10/2018



	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	10/11/2018
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	26/11/2018