



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

| | |
|----------------------------|---|
| Name of designated centre: | No.5 Stonecrop |
| Name of provider: | Brothers of Charity Services Ireland |
| Address of centre: | Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 13 February 2019 |
| Centre ID: | OSV-0005144 |
| Fieldwork ID: | MON-0023394 |

About the designated centre

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

No 5 Stonecrop is located close to a town on the outskirts of Cork City. The centre is located close to public transport services, shops and recreational services. The service is based on a social care model and provides a full residential service for persons with moderate to severe levels of intellectual disability including those with autism. The centre can accommodate four adult residents.

The focus of the centre is to understand and meet the individual needs of each person by creating as homely an environment as possible. Individuals are encouraged to reach their fullest potential by participating in leisure, social and household activities.

The centre comprised of a two-storey semi-detached house with a parking area at the front of the property and a secure garden area at the rear. Located on the ground floor, there is a large kitchen area, separate dining room, sitting room and one bedroom with en-suite. The first floor comprised of four bedrooms, a shared bathroom and an office.

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 4 |
|--|---|

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 |
|------------------|----------------------|----------------|------|
| 13 February 2019 | 08:10hrs to 16:00hrs | Elaine McKeown | Lead |

Views of people who use the service

The inspector had the opportunity to meet all four of the residents living in the centre during the inspection.

One resident greeted the inspector on their arrival and accompanied the inspector into the dining room to meet with other residents living in the centre. Individuals used both verbal and non-verbal methods of communication and interacted well with the inspector during the inspection.

One resident spoke of how they were very happy in the centre and with the staff looking after them. They spoke about regular visits home at the weekends with their family. They told the inspector about their day service and the activities they had planned for the coming day. They also showed the inspector how they exercise in the designated centre using a threadmill. The resident also stated that they like going for walks and assisting with the shopping for the house with staff.

Another resident showed the inspector their room which was personalised to reflect their interests and hobbies. This resident had a planned day off from their day service and enjoyed an outing during the day of the inspection with a staff member.

While a number of the residents were unable to verbalise their views about the centre, the inspector observed all residents to be relaxed in the company of staff and there was effective communication between the residents and staff. Some residents used pictorial aids and approved sign language to communicate their needs to staff. The staff demonstrated good understanding of the residents' needs and requirements. Throughout the inspection staff were observed interacting and supporting residents in a professional and respectful manner.

Capacity and capability

This was a good service and throughout the inspection the provider demonstrated their capacity to deliver a safe, effective and quality service to residents. Positive outcomes for residents were evident. There was a clear governance structure and effective operational management systems in place. Overall, the inspector found the centre to be adequately resourced to meet the needs of the residents.

The inspector met with the social care team leader, the person in charge and the person participating in management during the inspection. All spoke confidently about their roles and responsibilities and were knowledgeable about the residents'

needs and supports.

The social care team leader is qualified and experienced in the field of social care and has worked full time in the centre since 2015. They were very knowledgeable about each individual's assessed needs and supports required in the centre. Throughout the inspection they continually displayed their professionalism while supporting each resident in an individual way. They readily told the inspector how best to communicate with the residents which assisted the inspection greatly. Following a review of documentation maintained by the team leader it was evident of on-going support and progression of residents and staff. The team leader had completed formal supervision of the staff team and they maintained an accurate staff rota which was flexible to meet the needs of the residents. Staff meetings were held fortnightly with residents' meeting taking place monthly. Also, in advance of this inspection there was documentary evidence that this person was actively pursuing maintenance issues which were discussed during the inspection.

The person in charge worked full time in the role and was responsible for three other designated centres all within a 15 km area. They are in the role since October 2018. They are available to staff by phone and visits the centre regularly. They were knowledgeable about the residents in the centre and spoke confidently about their role, responsibilities and the management systems in place to ensure safe and appropriate care was being provided to the residents. While the person in charge meets regularly with the social care team leader, no formal supervision has taken place. The person in charge informed the inspector this is planned to take place by the end of March 2019.

The person participating in management is in this role since October 2018. This person also spoke confidently about their role, responsibilities and the management systems in place to ensure safe and appropriate care was being provided to the residents. They meet with the person in charge fortnightly however, no formal supervision has taken place. The person participating in management informed the inspector this is planned to take place by the end of March 2019.

The provider had ensured that staffing arrangements at the centre were in line with the assessed needs of the residents. There was continuity of care provided from a core group of staff with a small no of regular relief staff which ensured consistency for the residents in the centre. While staff had access to formal supervision and a range of mandatory training, including refresher training some gaps were identified on the day of inspection. One new staff required training in safeguarding and Lamh, other staff required refresher training in infection control. The team leader had dates scheduled for these courses in the coming months.

Regulation 14: Persons in charge

The role of the person in charge was full time and the person who filled this role had

the required qualifications and experience.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection staffing levels and skill mix were sufficient to meet the assessed needs of the residents. Planned rosters had been developed by the social care team leader and were updated to show any changes. The rota was accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Some gaps were identified in relation to staff training requirements in safeguarding and infection control. The team leader had evidence of booked training dates over the coming weeks. While formal staff supervision was completed by the social care team leader for the core staff group, the person in charge had not completed any formal supervision with the social care team leader. Also the person in charge had yet to complete their own formal supervision with the person participating in management.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and ensure the provision of a good quality and safe service to residents. There were arrangements in place, such as auditing systems, to ensure that the service provided was safe and in line with residents' needs. However, while the person in charge and the person participating in management had regular meetings both had yet to conduct formal supervision. This has been actioned under regulation 16: Training and development.

Judgment: 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 were no open complaints in this centre. The registered provider had an effective complaints procedure for residents in an accessible and age-appropriate format.

Judgment: Compliant

Quality and safety

There were effective governance and management arrangements in place which ensured that the service received by residents living in the centre was safe and of good quality. During the course of the inspection, inspectors found that residents were happy with the support they received and were supported in line with their needs. Pictorial aids were visible in all areas of the centre to support residents with communication needs. These aids were personalised and familiar to both residents and staff.

The level of family contact for residents was documented and evident to the inspector as staff spoke of individual planning around family schedules and ensuring all residents were supported and facilitated to maintain good relationships with their families.

Residents' received person-centred care and support that allowed them to enjoy activities and lifestyles of their choice. Residents accessed a range of activities and were supported to be involved in the decision making in the centre, planned activities and menu planning.

Personal planning arrangements were comprehensive and guided staff on how to support residents' needs. The plans were subject to regular review. There were some behaviour guidelines in place for one resident with a clear outline of the care needs of the resident. This ensured a consistent approach to the support provided

to this resident. This has resulted in a positive outcome for this resident and their ability to spend more quality time with their immediate family members. These guidelines were being regularly reviewed and updated in line with the changing needs of the resident.

The design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs. The centre was warm, clean and well maintained. All residents had their own bedrooms which were decorated to their own personal taste with adequate furniture for residents' to store their clothing and belongings. Bespoke art work was painted onto the walls of the communal areas and in one resident's bedroom which enhanced the overall ambience while supporting all of the residents in the centre. During the inspection, the social care team leader demonstrated how maintenance issues discussed with the inspector had been actively progressed with the maintenance department.

Individualised emergency evacuation plans were in place and reviewed regularly. Fire safety checks and servicing of fire equipment were completed regularly. All staff had received fire safety training. The provider had ensured that regular fire drills were carried out at the centre, including a drill with minimal staffing. Residents and staff who spoke with the inspector knew how to respond in the event of a fire. On the day of inspection, the inspector was informed that two magnetic door stoppers had been removed due to a fault, one in the dining room and another in the sitting room. These were to be replaced with new units, however, this did not impact on the ability of the centre to be compartmentalised as fire doors are in place throughout the centre. This was being managed by the social care team leader with the maintenance department. Also, good documentary evidence was shown to the inspector regarding the emergency lighting servicing and assurance provided on the day of the inspection by the person in charge of the working status of these lights.

The risk register had been updated in December 2018 by the person in charge and reflected the risks specific to the centre. The provider is now using an electronic risk register which leads to more effective oversight of the risks in the centre. The person in charge is responsible for managing this system in conjunction with the staff team.

The provider had measures in place to ensure safeguarding of residents from being harmed from abuse. One new staff member was scheduled to attend safeguarding training on the day of inspection, but this needed to be rescheduled. This person spoke with the inspector during the inspection and was knowledgeable on the area of safeguarding. All other staff had attended safeguarding training in the centre. This ensured they had knowledge and skills to treat each resident with the respect and dignity and to recognise the signs of abuse and neglect.

Overall, there was good compliance with the regulations and the residents and staff have created a comfortable home which meets the assessed needs of the residents.

Regulation 10: Communication

Residents' individual communication needs were supported by an effective team. Residents had access to television and some residents were supported to access the internet on an electronic tablet with staff support.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in accordance with their wishes and they were also supported by staff to visit their families.

Judgment: Compliant

Regulation 12: Personal possessions

The registered provider ensured that each resident had access and were supported to manage their financial affairs. One resident had chosen to stop using a key to lock their bedroom door. All residents were supported to manage their own laundry in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose. The registered provider had ensured the premises was well maintained. It reflected the residents' personal choices and interests.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, shopped for and were

supported in the preparation of their own food as per their expressed wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and on-going review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections. Pictorial aids were visible throughout the centre to remind residents and staff of good hygiene practices.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective fire safety management systems were in place which included regular fire drills, fire equipment checks, up-to-date staff training, containment measures and detection systems.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medications were securely stored at the centre and all staff had received training in the safe administration of medication. There were robust reviews of medication management within the centre leading to safe medication management practices.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Personal goals were agreed which reflected the residents personal interests and actions were in place to support the residents achieve their goals.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners and allied healthcare professionals. The residents are not in the age range to participate in the current national health screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviours that challenge. There were clear guidelines for staff supporting one resident to ensure consistency which has resulted in positive outcomes for this resident and their family.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to guide staff and ensure that all residents were safe from harm. There are currently no safeguarding plans in place in the designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| 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 | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for No.5 Stonecrop OSV-0005144

Inspection ID: MON-0023394

Date of inspection: 13/02/2019

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>Unit leader in the centre will review all staffing requirements and book outstanding training for staff. Training gaps identified on the day were in infection control, Lamh and safeguarding. All staff trainings will be completed by 30th April 2019</p> <p>Person in Charge to complete supervision with unit leader by 31st March 2019 Person participating in management to complete supervision with Person in Charge by 31st March 2019.</p> | |

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)(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 | Yellow | 30/04/2019 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 31/03/2019 |