



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

Name of designated centre:	No.3 Bilberry
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	08 January 2019
Centre ID:	OSV-0005148
Fieldwork ID:	MON-0021959

About the designated centre

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

No. 3 Bilberry provides residential support for a maximum of four adult residents. It provides support for persons with moderate to severe levels of intellectual disability including those with autism.

The focus of the centre is on understanding and meeting the individual needs of each person living here 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 following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
08 January 2019	09:00hrs to 16:30hrs	Elaine McKeown	Lead
08 January 2019	09:00hrs to 16:30hrs	Lisa Redmond	Support

Views of people who use the service

The inspectors had the opportunity to meet with three of the residents who live at No 3 Bilberry.

Residents were observed to be relaxed in the company of staff and there was effective communication between the residents and the staff. Throughout the inspection staff were observed interacting with and supporting residents in a dignified and respectful manner. Staff demonstrated a good understanding of the residents' needs and requirements.

Inspectors had the opportunity to review residents' satisfaction questionnaires where residents stated they were happy with the centre, were happy with the staff support they received, enjoyed their own bedrooms and relaxing in the sitting room with their peers when they wished to do so. One resident stated an issue was unresolved for them, however, the inspectors followed up on this matter and were assured that the person in charge had escalated the matter as per the provider's procedure with resolution for the resident.

Capacity and capability

This was a good service and throughout the inspection the provider demonstrated their capacity and capability to deliver a safe, effective and quality service to residents. There was a clear governance structure and effective operational management systems in place. Overall, inspectors found that the centre was adequately resourced to meet the needs of the residents. In addition, inspectors found that the provider had addressed the actions from the previous inspection.

The provider ensured that the service was subject to ongoing monitoring, review and development. Annual reviews and six-monthly audits were being conducted and records showed that most actions had been addressed in a timely manner. However, an action from medication audits carried out on 16 May 2018 and 13 November 2018, highlighted that liquid medication bottles did not have the date of opening written on them. This was also a finding on the day of inspection and has been actioned under regulation 29. An action in the the last medication audit was that this finding was to be discussed at the staff meeting on 23 November 2018 but on review of the meeting notes from this meeting this did not happen. A staff meeting scheduled for 9 January 2019 did have this item on the agenda.

The person in charge was responsible for the operational management of the centre and demonstrated good leadership in their role. He worked full time and was found to have sufficient knowledge of the legislation and his statutory responsibilities. The person in charge was responsible for four designated centres and supported by a team leader in this centre.

There was a written statement of purpose (dated November 2018) in place. This document was found to contain all the information required by Schedule one of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons(Children and Adults) with Disabilities) Regulations 2013.

The registered provider had prepared in writing policies and procedures as set out in Schedule 5. At the time of inspection one of the provider's national policy's was under review.

The provider had ensured that all records required under the regulations were maintained. However, the inspectors noted that there was not a consistent approach in the documentation relating to the positive behaviour support for residents. The inspector had difficulty identifying which positive behaviour support plan was identified as the current document in use for residents. This was compounded by the provider having the information pertaining to the positive behaviour support needs of residents located between three different folders. On the day of inspection the staff team had difficulty demonstrating which document was the current positive behaviour support plan for residents.

The number, skill mix and qualifications of staff on duty in the designated centre was found to be appropriate to the number and the assessed needs of residents. There was a planned and actual rota in place which showed continuity and consistency of staff was maintained by a core staff team. Staff allocation was reflective of residents needs throughout the day and night time staffing included a waking night staff. Staffing provisions were also in place in cases of unforeseen events such as on occasions when residents did not wish to attend their day services.

Staff who spoke with the inspectors were knowledgeable of residents' assessed needs and the provider had a staff training matrix which identified staff training requirements. The person in charge had evidence on the day of inspection of up coming training dates for staff to ensure compliance with the regulations and the provider's own training requirements for the designated centre. The provider had measures in place to ensure staff were competent to carry out their roles. There was also a range of policies. including all required Schedule 5 policies, to guide staff in the delivery of a safe and suitable service to residents.

Since the previous inspection, a new resident had been admitted to the designated centre. Inspectors noted evidence of regular multidisciplinary team meetings to identify and assess the needs of the resident. The resident and their family were facilitated to visit the centre, supporting a smooth admission for the resident.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application for the renewal of registration for the centre had been submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The role of the person in charge was full time and this person possessed the necessary skills, knowledge and experience to fulfil their governance role.

Judgment: 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 with a planned and actual roster in place.

Judgment: Compliant

Regulation 16: Training and staff development

All staff received regular supervision. However, at the time of inspection not all staff had received up-to-date training in fire safety, managing challenging behaviour and feeding, eating, drinking and swallowing. The person in charge had documented evidence of booked training dates for staff to attend training in the weeks following the inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents included all of the required information relating to the residents who lived at the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that all records required under the regulations were maintained. However, the inspectors noted that there was not a clear and consistent approach for staff in the documentation in relation to positive behaviour support for residents.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre. The person in charge had good oversight of the centre and was supported by a social care team leader and the staff team. There were systems in place, such as audits, staff supervision, availability of operational policies and meeting notes, to ensure that the service was provided in line with the residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had, on admission, agreed in writing the terms on which the resident shall reside in the centre. The agreement included the support, care and welfare of the resident in the designated centre and details of the services to be provided for the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing

the information set out in Schedule One.
Judgment: Compliant
Regulation 30: Volunteers
The registered provider did not have volunteers working in the centre.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge ensured that appropriate notifications and quarterly returns had been submitted to the Chief Inspector in line with regulatory requirements.
Judgment: Compliant
Regulation 34: Complaints procedure
There were no open complaints at the centre at the time of inspection. The provider ensured a system was in place for complaints to be made, responded to and managed in the centre.
Judgment: Compliant
Regulation 4: Written policies and procedures
The registered provider had prepared in writing policies and procedures as set out in Schedule 5. At the time of inspection one of the provider's national policy's was under review.
Judgment: Compliant
Quality and safety

Inspectors found that this was a well-managed and safe service and the provider had measures in place to ensure there were robust quality and safety procedures in the designated centre.

Inspectors found that the policies and procedures in place in this centre had ensured that residents' well-being was promoted at all times and that they received a good quality service. Residents' received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

The inspectors found that the assessments of the residents' health and social care needs were completed to a good standard, were effective in meeting the needs of the residents and that the health and well being of the residents was promoted in the centre. Individual personal plans were observed to be person-centred, incorporating the choices and preferences of individual residents.

Throughout the inspection process, staff were observed to interact positively with residents and to provide person centred support. The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse. There were systems in place to support the management of behaviours that challenge however, inconsistencies were evident in the documentation relating to positive behaviour support.

The provider had precautions in place against the risk of fire, including fire detection systems. All staff had received local fire training and outstanding training for staff had been scheduled for the coming weeks by the person in charge. All residents had participated in regular fire drills including drills with minimum staffing. Staff who spoke with inspectors knew how to respond in the event of a fire in the centre. In response, to the outcome of a recent fire drill the provider had a plan in place to address issues identified by staff during this drill.

The provider is in the process of introducing an electronic format of prescriptions for the residents in this centre. Two residents have their prescriptions converted to this format and will be implemented in the coming weeks. The remaining residents will also have their prescriptions converted to the same format. However, on the day of inspection the prescription in use for one resident was not the current prescription, dated 17 January 2018. The team leader was able to show the inspector the correct prescription dated 15 June 2018. There was no change in medications, so no medication errors had occurred. The current prescription had been filed away in error when the electronic version was available and the older version put back in the resident's file. One medication error, (medication not given) was also noted by the inspector on 27 December 2018, this was being followed up by the team leader on the day of inspection. The provider had conducted two medication audits during 2018. Both of these audits highlighted that liquid medication bottles were not being dated as per policy on the day of opening. This was still an issue on the day of inspection where two bottles of the same medication for two different residents did not have a date written on the bottle. The inspector also noted that a label on one of these bottles did not match the name of the resident for whom the medication

was being given.

A listening device was in use at the centre however there was a clear rationale provided for its use. The resident was aware of the device and had the ability to turn it off if they so wished. Staff turned off the listening device when the resident was asleep at night. Access to some food storage was also restricted due to the assessed needs of one resident. All restrictions in the centre had been referred to the organisation's rights committee.

Regulation 10: Communication

Where residents had assessed communication needs, comprehensive plans were in place to guide staff on how to support these residents to communicate. Residents had access to speech and language services, television and assistive technology. While currently residents are not availing of internet services, it is available for residents should they request it.

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 13: General welfare and development

Residents were supported to take part in a range of activities that they enjoyed and which reflected their assessed needs, capabilities and interests. The management team and staff ensured that residents had opportunities to increase their independence by being involved in household responsibilities, accessing activities in the community and by attending training.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met

residents' individual and collective needs. The centre was clean, comfortably furnished and well decorated which reflected the residents' personal interests and tastes.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their own food. Residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the centre and ensured a copy was available to all residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received support as they transitioned between residential services.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management arrangements ensured that risks were identified and effectively managed at the centre and kept the residents safe from harm.

Judgment: Compliant

Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, fire containment doors, internal fire safety checks by staff, fire safety training for staff, completion of fire evacuation drills and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were robust reviews of medication management within the centre. However, an issue of staff not dating medicated liquid bottles on the date of opening, which was identified in the last two medication audits was still an issue on the day of inspection. Also, medication prescribed for one resident was used for another resident who required the same medication.

Judgment: Substantially 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 each resident was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

Regulation 6: Health care

The provider had systems in place to ensure residents' healthcare needs were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that, where a resident's behaviour necessitated intervention, every effort was made to identify and alleviate the cause of the resident's challenging behaviour.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that appropriate measures were in place in the designated centre to protect residents from abuse. Staff were facilitated with training in relation to safeguarding residents.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident in accordance with his or her wishes consented to decisions regarding their care and support. All residents had exercised control and choice over their daily life.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.3 Bilberry OSV-0005148

Inspection ID: MON-0021959

Date of inspection: 08/01/2019

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>All staff receive local fire evacuation training specific to the designated centre. Staff are booked for the identified training and will be completed;</p> <ul style="list-style-type: none"> • Fire safety; core staff trained by 06/02/2019, one relief staff will be trained 04/04/2019. • FEDS; all staff trained by 06/03/2019 • MAPA training; completed by staff 14/02/2019. 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The behaviour support plan and the supporting documentation has been integrated into the personal profile to ensure the current plan is readily identifiable. Records no longer in use will be held in a separate file for archiving under the Services retention policy.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Staff administering medication are trained and assessed in medication management. Actions from medication audits will be brought to the staff meeting. All liquid medication has an date of opening on the bottle [08/01/2019].</p> <p>The Person In Charge will ensure that only medication prescribed for a person will be administered for that person.</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	04/04/2019
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	18/01/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	08/01/2019