



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

## Issued by the Chief Inspector

Name of designated centre:	Honeysuckle Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	21 October 2020
Centre ID:	OSV-0004469
Fieldwork ID:	MON-0030776

## About the designated centre

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

Honeysuckle services can provides full-time residential care and support for up to two adults with a disability. The designated centre comprises of one house in a town in Co. Roscommon beside all local amenities. The house comprises of a hallway, dining room/sitting room and kitchen area downstairs. Upstairs comprises of two bedrooms and a bathroom. There is ample on-street parking to the front of the property and a private back garden/yard area. The centre is staffed on a 24/7 basis by a person in charge, a team leader, a social care worker and a team of support assistants. Systems are in place to meet the assessed health, social and emotional care needs of the residents and as required access to a range of allied healthcare professionals forms part of the service provided. The centre also has access to its own private transport.

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

Number of residents on the date of inspection:	1
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 21 October 2020	10:30hrs to 16:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

There was only one resident living in this service at the time of this inspection. The resident in question reported that they were generally satisfied with the service however, may experience significant levels of anxiety and because of this, only spoke with the inspector for a ten minute period. The inspector also reviewed a sample of written feedback from the resident about their home.

Overall, the resident reported that they liked the house, had their own bedroom and liked to go to the shops and for drives. They also liked to visit their elderly mother however, there were some restrictions in place at this time due to COVID-19. The resident explained to the inspector that they can experience significant levels of anxiety from time to time and were anxious around new situations and new staff working in their home. However, they also reported that they had weekly support sessions with a senior social worker to discuss and explore these issues. They also reported that outside of the staff team, they can speak with this social worker about any concern they may have. Written feedback on the service from the resident reported that they were satisfied with the house and with the level of community access offered. They also spoke about trips to Knock that they very much enjoyed and other such social outing which they liked to avail of.

The inspector spoke with one staff member as part of this inspection process and it was observed that they knew the resident's needs very well. They were able to describe how best to support the resident in line with their healthcare and positive behavioural support plans. Staff spoke about the resident in a dignified, positive, professional and person centred manner. They also reported that the person in charge and team leader were both very approachable and provided on-going support as required.

Systems were in place to ensure the resident had access allied to healthcare services (to include GP services) as required. Ongoing access to emotional and therapeutic support was also provided for.

## Capacity and capability

This was a specialised service provided to meet the complex and individual needs of one resident. The resident in question reported that they were generally satisfied with the service and the provider had put systems in place to ensure it remained responsive to their assessed needs.

The centre had a management structure in place which was responsive to resident's needs and feedback. There was a clearly defined management structure which

consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by a full time and experienced team leader.

The person in charge was a qualified healthcare professional and provided good leadership and support to their team. They ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a caring, responsive and effective service to the resident. For example, the one resident living in this house experienced significant anxiety issues (especially around new staff commencing work in the centre and/or new situations). The person in charge had made provisions for the resident to attend weekly support sessions from a senior social worker so as to support them in managing this issue and ensured other therapeutic supports such as counselling and positive behavioural support were also provided for.

Of the staff spoken with, the inspector was assured that they had the skills, experience and knowledge to support the resident in a safe and effective way. They were knowledgeable on the assessed needs of the resident and able to explain to the inspector how best to support them in managing anxiety levels and behavioural issues. From a small sample of files viewed the inspector saw that staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire training, infection control and positive behavioural support. This meant they had the skills necessary to respond to the needs of the resident in a consistent and capable manner.

The person in charge and team leader ensured the centre was monitored and audited as required by the regulations. An annual review of the quality and safety of care had been completed along with a number of six-monthly audits and unannounced visits. This process was ensuring the service remained responsive to the needs of the resident. For example, the auditing process identified that some documentation required review, a restrictive practice required review and parts of the external building required painting. These issues had been addressed (or were in the process of being addressed) at the time of this inspection.

Overall, the resident met with by the inspector reported that while they were satisfied with the service provided, they experienced a lot of anxiety (especially around new staff commencing work in the centre and/or new situations). However, management had provided the resident with weekly support sessions from a senior social worker so as to support them in managing their anxiety levels and other therapeutic supports such as counselling and positive behavioural support were also provided for.

## Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified healthcare professional significant experience of working in and managing

services for people with disabilities.

They were also aware of his remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

### Regulation 15: Staffing

Of the staff spoken with, the inspector was assured that they had the skills, experience and knowledge to support the resident in a safe and effective way. They were knowledgeable on the assessed needs of the resident and able to explain to the inspector how best to support them in managing anxiety levels and behavioural issues. There was also 1:1 staff support available to the resident as required.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the resident was being monitored and evaluated on an ongoing basis. The centre was also being monitored and audited appropriately so as to ensure the service remained responsive to the assessed needs of the resident. There were clear lines of authority and accountability in the service.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to the resident. It accurately described the service that was provided in the centre and the person in charge were aware of their legal to keep it under regular review as required by the regulations.

Judgment: Compliant

## Quality and safety

This service was provided to support and meet the resident's complex and individual assessed needs and in line with their expressed wishes. The quality and safety of care was also being monitored as required by the regulations. However, the risk management process required review so as to ensure it accurately reflected all risks in the centre and the control measures in place to mitigate such risk.

The individual social care needs of the resident were being supported and encouraged. From viewing the resident's file, the inspector saw that the resident was being supported to achieve personal and social goals and to maintain positive links with their family. However, the service was very much delivered on the terms of the resident and due to issues related to anxiety, some social activities may not happen or could be postponed. Notwithstanding, the resident had made friends with a nearby neighbour, was known in their local shops and liked to go on social outings to places such as Knock and other nearby towns.

The resident was being supported with their health care needs as required and access to GP services was provided for. The inspector saw that the resident had an annual medical review and had as required access to other allied healthcare professionals such as dentist and chiropodist. At times, the resident may refuse a treatment however, this was recorded and a new appointment was offered to the resident at a later date. Care plans were also in place to guide staff in supporting the resident achieve best possible health.

The resident was also supported to enjoy best possible emotional health and well being. As already detailed in section 1 of this report Capacity and Capability: the resident living in this house experienced significant anxiety issues (especially around new staff commencing work in the centre and/or new situations). The person in charge had made provisions for the resident to attend weekly support sessions from a senior social worker so as to support them in managing this issue and ensured other therapeutic supports such as counselling and positive behavioural support were also provided for. Where required, the resident also had access to a mental health support team and had a positive behavioural support plan in place. Staff had training in positive behavioural support techniques so as they had the skills required to support the resident in a professional and calm manner and in line with recommendation from the multi-disciplinary team. It was observed that there was one restrictive practice in place however, it was kept under regular review with a plan of action in place to limit and decrease the need to use implement this restrictive practice.

Systems were in place to safeguard the resident. Of the staff spoken with, the inspector was assured they had the knowledge to respond accordingly to any concern if they had one and from a sample of files viewed, staff had training in safeguarding of vulnerable adults. The resident also had weekly support meetings with a senior social worker where they had the opportunity to discuss any



concerns or issues they may have.

While there were systems in place to manage and mitigate risk in the centre, the process of risk management and risk assessment required review. For example, it was observed that the resident could stay on their own in the house for short periods of time throughout the day. However, this had not been formally risk assessed and there were no control measures identified that mitigated any possible risk to the resident. It was also observed that staff worked alone in the house with the resident, to include overnights. However, the risk assessment around lone working did not identify all the control measures in place that mitigated any possible risk to either the resident or staff members.

The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to the resident and staff working in the centre. The inspector spent minimal time in the actual house however, was informed that there was sufficient access to hand sanitising gels and hand-washing facilities and all staff had adequate access to a range of personal protective equipment (PPE) as required. From a small sample of files viewed, staff also had training in infection control/hand hygiene and breaking the chain of infection. The resident also informed the inspector that they wore their mask when out and about in the local shops.

Overall, the resident reported that they were satisfied with the service provided however, they had significant issues with anxiety and any form of change in the centre. In order to support the resident, weekly sessions were provided for with a senior social worker and regular input from behavioural support/mental health was also available.

### Regulation 26: Risk management procedures

While there were systems in place to manage and mitigate risk in the centre, the process of risk management and risk assessment required review.

Judgment: Not compliant

### Regulation 27: Protection against infection

The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to the resident and staff working in the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The individual social care needs of the resident were being supported and encouraged. However, the service was very much delivered on the terms of the resident and due to issues related to anxiety, some social activities may not happen or could be postponed. Notwithstanding, the resident had made friends with a nearby neighbour, was known in their local shops and liked to go on social outings.

Judgment: Compliant

## Regulation 6: Health care

The resident was being supported with their health care needs as required and access to GP services was provided for. The inspector saw that the resident had an annual medical review and had as required access to other allied healthcare professionals such as dentist and chiropodist as required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The resident was supported to enjoy best possible emotional health and well being and where required had access to behavioural support/mental health support. They also had a positive behavioural support plan in place and from a small sample of files viewed, staff had training in positive behavioural support techniques so as they had the skills required to support the resident in a professional and calm manner.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard the resident. Of the staff spoken with, the inspector was assured they had the knowledge to respond accordingly to any concern if they had one and from a sample of files viewed, staff had training in safeguarding of vulnerable adults. The resident also had weekly support meetings with a senior social worker where they had the opportunity to discuss any concerns or issues they may have.

Judgment: Compliant

### Regulation 9: Residents' rights

The service was very much delivered on the terms of the resident and their choices with regard to their daily routine were respected. Where they refused to attend an appointment, this was also respected and a new appointment was made and offered to the resident at a later stage.

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 - 2015 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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	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 Honeysuckle Services OSV-0004469

Inspection ID: MON-0030776

Date of inspection: 21/10/2020

## 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 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The process of risk management and risk assessment is being reviewed in this centre. All risk assessments have been reviewed with all control measures in place now documented. There is now a formal risk assessment in place for when the person stays in their home alone with control measures identified and documented.</p> <p>The risk management system is also being reviewed in conjunction with the Quality Enhancement and Training department with further training of staff on risk management systems planned.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/01/2021