



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

## Issued by the Chief Inspector

Name of designated centre:	Saoirse
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	12 August 2020
Centre ID:	OSV-0004767
Fieldwork ID:	MON-0030182

## About the designated centre

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

The provider is required by regulation to produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which "makes every effort to provide each resident with a safe, homely environment which promotes independence and quality care based on the individual needs and requirements of each person". The mission of the Brothers of Charity, as set out in its statement of purpose, is "to support and promote the well-being and dignity of each individual in its service". It aims to achieve this by "person centred planning that supports life choices of service users". Accommodation is in bungalow type, single storey houses. Between one and seven residents occupy each house or apartment. Each house/apartment has a sitting room, kitchen, single occupancy bedrooms, sanitary facilities and laundry facilities. The centre is part of a congregated campus setting for people with intellectual disabilities. The campus consists of 15 bungalow style houses. The 15 houses are grouped under three separate centres and each centre had a person in charge. The service is available to both male and female residents. Residents could avail of the on-site services such as day services, swimming pool, gym, church and multidisciplinary team support.

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

Number of residents on the date of inspection:	26
------------------------------------------------	----

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 12 August 2020	09:30hrs to 16:00hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

The inspector met with one resident who lived on their own in an individualised apartment in one of the houses. The resident told the inspector that they liked their home and were happy with where they lived. The resident told the inspector that they got on well with the staff members that supported them and that the staff were good to them. It was evident that the resident was aware of the infection control measures that had been put in place in response to the COVID-19 pandemic. For example, the resident was aware that they could not shake the inspector's hand. The resident indicated a hello by waving at the inspector. The resident told the inspector that they had started to attend activities in the community again, which they were enjoying. The resident told the inspector that when they go out in the community that they use the alcohol hand gels provided and that they wear their mask. The resident was aware of social distancing and adhered to this when meeting with the inspector. The resident told the inspector that they liked to go for walks around the campus setting in which they lived, colouring and jigsaws.

The inspector also had the opportunity to meet with five residents who lived in one of the other houses. These residents were non-verbal communicators and therefore they could not tell the inspector their views. It was observed that the residents appeared comfortable as they sat and watched television. Residents did not appear to interact with each other when the inspector was present. It was also noted that one resident was vocalising loudly for the duration of the inspectors visit. Staff members were getting ready to bring the resident for a walk when the inspector was leaving the house.

## Capacity and capability

The intention of this inspection was to complete a site visit, following the receipt of an application to reconfigure the designated centre from nine houses to three houses. During the inspection, an urgent risk was identified. Therefore, the inspection was changed to a risk based inspection under the existing designated centre, as the provider could not demonstrate that the service provided to residents was safe. It is important to note that due to this, the information reviewed and evidence demonstrated as part of this risk based inspection relates only to the three houses that the provider had applied to reconfigure.

There was a clearly defined management structure in the designated centre. However, the inspector found that effective governance and management systems were not in place to ensure that the services provided to residents living in the designated centre was safe. The buildings in the designated centre were dated while some had no fire containment measures in place. In addition, it was noted that in

one of the houses that did not have adequate fire containment, the provider could not provide assurances that all residents living in this house could be safely evacuated in the event of a fire. Therefore an urgent action was issued on the day of the inspection. This will be further discussed under Regulation 28, Fire Precautions.

The inspector reviewed the actual and planned roster in place in the designated centre. On the dates reviewed by the inspector, it was evident that the staffing levels and skill mix in place were in line with the designated centre's statement of purpose. Staff members had received appropriate training in relation to infection control, safeguarding residents and the prevention, detection and response to abuse.

A complaints procedure was available to residents in an easy read and a plain English format. A complaints officer had been put in place to manage and deal with complaints. There was clear guidance for staff members to support residents to make a complaint, if they wished. There were no open complaints in the three houses at the time of the inspection.

### Regulation 15: Staffing

The person in charge had an actual and planned rota which was in line with the statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had not ensured that effective management systems were in place in the designated centre to ensure that the service provided to residents was safe.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The registered provider had provided an effective complaints procedure for residents which was in an accessible format.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of the care and supports provided to residents living in the designated centre and found that urgent action was required to ensure that the service provided to residents was safe.

The registered provider had not made adequate arrangements for evacuating, where necessary in the event of a fire, all persons living in the designated centre and bringing them to safe locations. While the provider had conducted regular fire drills, the recorded evacuation drills did not provide sufficient assurance that all residents could be safely and promptly evacuated from the designated centre in the event of a fire. The records of fire drills completed in one of the houses consistently reported that one resident was not evacuated. It did not reference which resident was not evacuated or the rationale for why they had not been evacuated. Issues in evacuating residents were not documented in the personal emergency evacuation plan for any of the five residents living in this house. This house, and one of the other houses that are referenced in this report did not have adequate containment measures, in the event of a fire. Due to the nature of these findings, an urgent action was issued verbally to the registered provider on the day of the inspection and followed up in writing the day after the inspection. Assurances that the Provider could safely evacuate all residents was not provided on the date specified by the Health Information and Quality Authority (HIQA) in the urgent action. Therefore, HIQA sought further clarification on this issue after the inspection.

The premises of the designated centre required upgrade to ensure it met the assessed needs of the residents who lived there. For example, a number of doors required widening and a residents' bedroom and bathroom required works in line with the mobility needs of the resident. There were plans to update the premises to ensure that it met the changing needs of this resident. Staff members spoken with told the inspector that the heating system in two of the houses was not fit for purpose and required maintenance. It was noted that the provider was awaiting an update on when works to improve the heating system could begin. On the day of the inspection, the inspector had the opportunity to visit one of the houses in the designated centre. It was noted that a number of areas required painting, and that

there was limited space in the house. General wear and tear had been observed in both communal areas, residents' bedroom areas and the garden. It was evident that significant upgrades were required to ensure the designated centre was homely in nature.

As a response to COVID-19, the provider had taken a number of actions to protect residents. The registered provider had developed a policy, outlining the procedures to be adopted, in line with public health guidance. This included temperature checks and the use of personal protective equipment (PPE). When the inspector met with one resident, it was evident that they were aware of social distancing and the importance of hand hygiene.

The inspector reviewed a sample of residents' safeguarding plans, and discussed the implementation of these plans with staff members. It was evident that staff members were aware of the safeguarding measures in place to protect residents, and that these were reviewed regularly.

Residents' meetings were held with residents once a week. Records of the meetings included discussions about the activities carried out over the previous week and menu choices. Staff members spoken with identified that the process of consultation with residents was an area that required improvement. Staff members had sought multidisciplinary supports to improve the process of communication with residents, to support them to make choices and participate in the organisation of the designated centre. This action was ongoing at the time of the inspection. It was noted that residents' health and medical information was discussed during the residents' meeting, when other residents were present.

### Regulation 17: Premises

The premises of the designated centre required upgrade and updating to ensure that there was sufficient space for residents, and that it was kept in a good state of repair.

Judgment: Not compliant

### Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of infection were protected by adopting procedures consistent with the standards for infection prevention and control.



Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had not made adequate arrangements for evacuating, where necessary in the event of a fire, all persons in the designated centre and bringing them to safe locations. While the provider had conducted regular fire drills, the recorded evacuation drills did not provide sufficient assurance that all residents could be safely and promptly evacuated from the designated centre in the event of a fire. The designated centre did not have adequate containment measures in the event of a fire.

Judgment: Not compliant

### Regulation 8: Protection

The registered provider had ensured that all residents were protected from all forms of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had not ensured that residents' privacy and dignity was respected in relation to residents' personal information. Improvements were required to ensure that residents were consulted and participated in the organisation of the designated centre.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Saoirse OSV-0004767

Inspection ID: MON-0030182

Date of inspection: 12/08/2020

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Fire safety remains a high priority within this designated centre.</li> <li>• A detailed plan setting out a timeline for fire safety compliance has been submitted to HIQA on 21st September 2020.</li> <li>• In the meantime, a strategy of fire safety prevention, as recommended by a fire safety engineer has continued to be followed.</li> <li>• Additional fire safety training for first responders at night time has been scheduled for 6th October 2020.</li> <li>• Residents in one bungalow have transferred temporarily to a fire compliant house in the community so that necessary upgrade works can take place.</li> <li>• There is a proposal to change the current management structure for this designated centre in order to reduce the number of residents and houses in the designated centre. The application to register the additional designated centres has commenced.</li> <li>• This will enable the Person in Charge to have improved governance and management of the designated centre.</li> <li>• Upgrades to premises in the designated centre will take place as part of this plan. While this will largely relate to fire safety compliance it will facilitate the repainting of bungalows and some other infrastructural upgrades.</li> </ul>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The capital project, as set out in the Fire Safety and Decongregation plan submitted HSE in November 2019 was approved on 21st September 2020. This work will commence</li> </ul>	

30th November 2020

- The capital upgrade programme is a significant logistical project involving the movement of residents in the majority of bungalows, in order to facilitate the building upgrade in the context of fire safety. Every effort will be made to upgrade the premises through the use of project management skills, to deliver on this project in a timely and efficient manner
- The detail of this plan is included in the letter submitted to HIQA on 21st September 2020.
- Upgrades to premises in the designated centre will take place as part of this plan. While this will largely relate to fire safety compliance it will facilitate the repainting of bungalows and some other infrastructural upgrades.
- There is a system in place for addressing maintenance issues as they arise. These are prioritized by the person in charge and are scheduled in consultation with facilities management.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire safety remains a high priority within this designated centre.
- One bungalow in the designated centre is fully fire complaint as part of a progressive plan to work towards fire compliance over time as resources become available.
- In the meantime, the strategy of fire safety prevention, as recommended by a fire safety engineer has continued to be followed which includes fire checks at night.
- Additional fire safety training for first responders has been scheduled for 6th October 2020. This will reduce the evacuation times in bungalows at night.
- Fire drills at night took place on 12th October following training of first responders and fire evacuation times were returned to HIQA to evidence a significant reduction (all evacuation times were less than 3 minutes).
- Residents in one bungalow have transferred, as per an agreed plan, temporarily on 15th September to a fire compliant house in the community. This upgrade work includes necessary upgrade works in respect of fire safety.
- The capital project, as set out in the Fire Safety and Decongregation plan submitted HSE in November 2019 was approved by the HSE on 21st September 2020.
- The capital upgrade programme is a significant logistical project involving the movement of residents in the majority of bungalows, in order to facilitate the building upgrade in the context of fire safety. Every effort will be made to upgrade the premises through the use of project management skills, to deliver on this project in a timely and efficient manner
- The detail of this plan is included in the letter submitted to HIQA on 21st September 2020.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ul style="list-style-type: none"><li>• The format for the bungalow meetings with staff to discuss residents will be reviewed to ensure that the privacy and dignity of personal information is protected.</li></ul>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	14/10/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	14/10/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	14/10/2022

Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	13/10/2020
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	30/09/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/09/2020