



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

## Issued by the Chief Inspector

Name of designated centre:	Goldfinch 3
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	21 October 2020
Centre ID:	OSV-0004830
Fieldwork ID:	MON-0030597

## About the designated centre

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

Goldfinch No 3 is a residential service providing full time care for adult men and women, with intellectual disabilities. The centre comprises of three residences located in the environs of a large town. The three houses are located in residential areas with access to local shops and amenities. The houses are two-storey with gardens at the rear of each house. The houses have been adapted to suit the needs of the current residents. One resident lives in one house with staff support. Three residents live in another house with the support and space required for their assessed needs. The third house supports four residents and has a self-contained area downstairs to support the needs of one resident. Residents have access to transport and the service is provided through a social care model of support. All residents regularly attend day services outside of the designated centre. Residents are not usually present in the centre between 9am – 4pm Monday to Friday. Residents are supported by social care staff during the day, with a sleep over staff at night time in each of the houses. The multi - disciplinary team are available to support the needs of the residents. Individuals are supported to access other services such as GP, consultant services and chiropody as required.

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

Number of residents on the date of inspection:

9

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 15:20hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with one of the residents living in this designated centre. In an effort to minimise movement as a result of the COVID-19 pandemic, the inspector was located in the staff office in one house during the inspection. The inspector did not visit the other two houses during this inspection, but had met residents from these houses during the last inspection in December 2018. In advance of this inspection, the inspector offered to speak with the residents located in the other houses by phone or video call. One resident availed of this opportunity on the day of the inspection.

The inspector met one resident when they returned to the designated centre after attending a hairdressing appointment. They were very happy to have been able to attend their appointment as increased government restrictions were due to come into effect the next day and they would not have been able to attend the hairdressers for at least another six weeks. The resident spoke of how they enjoyed being able to go out for walks in the evening with staff. They proudly showed the inspector their photo album for 2019 which the resident had compiled to display all the different activities and locations they had visited during the year. For example, the resident had pictures of themselves attending an agricultural show and going away on holidays. Staff supported the resident to explain to the inspector how they had gone to a local church to light candles during the morning and the resident told the inspector where they were planning to go to have their lunch; they had even decided what they were going to order.

The inspector spoke with another resident over the phone during the inspection. This resident spoke of how they liked to get their nails done, but also enjoyed putting on different coloured nail polish themselves when they couldn't go to a nail salon. The resident talked about how they liked their new mobile phone and enjoyed using it to talk to family and friends. The resident explained how they missed meeting their friends and peers from their day service. They were happy that they had been able to go back into one of their favourite shops in a local town when the government restrictions had lifted in the few weeks prior to this inspection, however the resident was aware that this shop was due to close again the following day.

The inspector was informed that one resident had decided to remain at home with family members since March 2020 at the beginning of the lockdown restrictions. The staff had maintained regular calls with the resident to ensure they were well and had everything they needed. The inspector was informed that this resident had also been supported to return to their day service every second week to ensure they were able to meet some of their peers.

The inspector observed a number of interactions between staff members and the residents which were respectful in nature. It was evident residents were familiar with the staff supporting them. Staff were also aware of the individual preferences

and routines of each of the residents.

## Capacity and capability

This risk based inspection was undertaken to provide assurance that actions identified during the last inspection in December 2018 had been completed prior to the renewal of the registration of this designated centre. Overall, there was evidence of a good service and a competent workforce that responded to the identified needs of the residents. Effective leadership arrangements were in place to ensure good management and oversight so that residents were in receipt of a person-centred and meaningful service. The provider had addressed all but one action from the last inspection, this will be outlined in the report under regulation 28: Fire precautions.

The provider had ensured the person in charge of the designated centre had the required skills and qualifications to carry out the role in this designated centre. They were supported in the role by persons participating in management. The person in charge clearly demonstrated their knowledge and oversight of the centre during the inspection. Throughout discussions with the person in charge, it was evident that they had a good knowledge of the support needs of residents living in the designated centre. In addition, their interaction with the residents during the inspection over the phone and in person was observed to be respectful and reflective of a supportive role while answering any questions that residents had during the day.

The residents were supported through a social model of care. The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the residents and the statement of purpose. The inspector reviewed the actual and planned staff rota which indicated continuity of care from a core staff team. Staff from the day services which some of the residents had been attending prior to the pandemic had been redeployed to work in the houses to support residents. In addition, the provider had increased staff support for one resident in their home since March 2020 to support them through the government restrictions. The person in charge facilitated regular monthly house meetings with staff and the handover between staff was completed over the phone to reduce risk of possible infection among the staff team. The inspector was also informed that the provider was also actively recruiting additional staff to support community houses in the area as part of a staffing contingency planning process.

The provider had a system to ensure a comprehensive training programme was in place for staff working in the designated centre. Staff were supported to complete training on-line where possible such as safeguarding. Training in relation to COVID-19 had been completed by all staff working in the designated centre. However, during a review of the staff training records it was noted four day service staff, who are currently supporting residents in the designated centre had not completed

refresher training in fire safety, this will be referred to in more detail under regulation 28 in the next section of this report. The inspector was informed that the provider was scheduling to recommence face to face training where required, such as training in medication management and managing behaviours that challenge, in small groups, in line with public health guidance. This is to ensure all scheduled refresher training would to be completed by the end of December 2020.

An annual review and unannounced six monthly inspections had been completed by the registered provider to ensure oversight of the designated centre. It was evident that the registered provider had management systems in place to ensure that the service provided to residents was safe, appropriate to residents' needs, consistent and effectively monitored. The registered provider had ensured the appointment of a person in charge who held the necessary skills and qualifications to carry out the role. At the time of the inspection, the person in charge had remit over this designated centre only. Clear lines of authority and accountability were evident in the designated centre.

The inspector reviewed the complaints log for the designated centre. There was evidence of residents being supported to make a complaint and issues being resolved in a timely manner to the satisfaction of the resident's concerned. There was one open complaint at the time of the inspection and there was documented evidence of the provider responding and discussing the issue with the complainant while keeping them informed of the outcome. The inspector was shown evidence that the provider was continuing to actively pursue a resolution to the complaint on behalf of the resident.

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

The provider had submitted the application for the renewal of the registration of the designated centre as required by the regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured the number, skill mix and qualifications of staff was appropriate to the number and assessed needs of the residents in the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had systems in place to ensure that the centre was adequately resourced, the quality and safety of care delivered to residents was regularly monitored.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of adverse events as required by the regulations.



Judgment: Compliant

### Regulation 34: Complaints procedure

Residents were aware of their right to make a complaint and the provider had ensured that all received complaints were recorded and investigated.

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 improvements had been made since the last inspection. The person in charge ensured that the focus of care was person-centred and specific to the identified needs of the residents. Prior to this inspection, the inspector was aware the provider had not carried out the final phase of their fire safety upgrade works in this designated centre. These works required the compartmentalisation and installation of fire doors in the designated centre.

The inspector reviewed the measures in place to reduce the risk of fire in the designated centre. All checklists had been completed as required by the provider which included daily, weekly, monthly and annual checks. Faults were identified and rectified in a timely manner. Emergency lighting and a fire alarm system were in place and checked regularly. Measures outlined in a fire safety assessment complied by an independent person competent in fire safety and submitted to the Health Information and Quality Authority, HIQA following the previous inspection in December 2018 were being adhered to apart from one. Not all staff working in the designated centre had up-to-date fire safety training, this was outlined as being a measure of the fire safety procedures in the designated centre while the fire safety upgrade works remained outstanding. While all the core staff team had attended refresher training in fire safety, four day service staff who had been redeployed to the designated centre had not yet completed training in this area. However, the person in charge had ensured that these staff had completed a fire drill in the designated centre. Fire drills had been completed regularly with all residents including a minimal staffing drill. The person in charge ensured all staff participated in a fire drill at least annually in the designated centre. The provider had also recently revised the fire drill template to ensure all the required information was located in one document. All residents had a personal emergency egress plan, PEEP, which had been subject to regular review and updated as required.

The inspector was informed that the provider had supported residents to have access to WiFi in March 2020, this was an action from the previous inspection. Residents also had access to smart televisions and additional communication devices

to support them during the pandemic lockdown restrictions. Regular contact with family members was supported as per the residents wishes. Residents were supported to talk with staff about any concerns; for example, accessing a local shopping centre. Some of the residents missed being able to go to their favourite chain store shop when the pandemic restrictions were in place. Once this shop opened again staff in the designated centre worked with the residents to find a solution while keeping the residents safe. Previously residents would have used public transport to get to the shopping centre. The staff arranged for the residents to go to the shop at quieter times of the week rather than at the weekend as they had previously done and staff provided transport to and from the shopping centre. In addition, staff remained in the shopping centre to provide any additional support if needed as the centre had implemented a one way system in the shops in line with public health guidelines and staff ensured residents were aware and able to follow these changes while shopping.

The person in charge outlined how staff supported residents to return to activities they enjoyed once the restrictions had been relaxed by the government. Staff pre-booked bowling lanes, golf driving range courses and tables at favourite restaurants at times that were off peak. This facilitated residents to return to community activities while adhering to public health guidelines and reducing the risk of infection. Residents were also supported to engage in on-line yoga and meditation in the houses at times when community activities were busy.

Personal care plans were in place and reflected clear information about residents. The plans reviewed by the inspector showed evidence that the goals identified were meaningful and had been developed in consultation with the resident. There was evidence of regular multi-disciplinary, MDT, review and updates to reflect residents' changing needs and circumstances. Some goals could not be achieved due to the lockdown restrictions, such as going on holidays or enjoying afternoon tea in a hotel. However, there was documented evidence of goals being re-adjusted and reviewed in light of the current situation; for example, one resident was able to go to a hotel for beauty treatments when the restrictions had been lifted during the summer. Other residents were supported with the safe use of smart phones.

Residents' healthcare needs were well met in the designated centre. Residents had regular access to a general practitioner and were supported to attend allied health care professionals and specialists as required. For example, the person in charge had ensured that one resident was able to continue to avail of essential chiropody appointments during the lockdown.

Positive behaviour support plans were in place for residents where required. The staff team were familiar with these plans and had the support of a clinical nurse specialist in behavioural support. There was also evidence of regular input from the MDT. There were proactive interventions and evidence of how staff supported residents to cope with difficult situations, such as being in strange environments. While there were a number of restrictive practices in place for some residents, these were documented as being the least restrictive and in the best interests of the individual's health. In addition, these restrictions had the consent of the residents involved, had been subject to regular review and had been notified to HIQA as

required by the regulations.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. The person in charge ensured a COVID-19 folder was available in each of the houses in the designated centre with updated information and guidance. Easy-to-read information for residents was also available. There was evidence of regular temperature checks being taken for both staff and residents. Staff members working in the designated centre wore personal protective equipment, PPE in line with public health and the provider's guidelines. In addition, staff were knowledgeable of procedures in place regarding infection control measures. On return to the designated centre in the afternoon a resident was observed to be wearing a face mask and did not require any prompting from staff to use hand sanitiser. The designated centre had a regular routine and record log of additional cleaning applied to regularly touched areas. Cleaning checklists had documented evidence of being completed by staff and reviewed by the person in charge. At the time of the inspection the provider and person in charge were in the process of reviewing the assurance framework and completing the self-assessment questionnaire recently issued by HIQA in relation to infection prevention and control.

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. The provider had updated the risk policy to include risks associated with COVID-19. The risk register for the designated centre had evidence of regular review by the person in charge and had been updated to include the risk from COVID-19. Detailed individual risk assessments had been completed for all residents which included risks associated with residents engaging in activities of individual choice such as going shopping or visiting relatives with controls and review documented.

Residents were actively supported by staff to avail of advocacy services when required. Residents had access to an advocacy council within the organisation and the inspector was informed that it was this council that supported the residents when they were seeking internet facilities within the designated centre. Residents actively participated in regular house meetings and the residents that spoke with the inspector were happy with the ongoing support given to them by the staff team.

## Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had opportunities to participate in activities in accordance with their interests and were supported to maintain links with the wider community.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19 and a process for escalating risk where required. Detailed individual and centre wide risk assessments were in place with evidence of regular review.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the health protection and surveillance centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place. However, upgrade fire safety works had not yet commenced and not all staff had received up-to-date training in fire safety.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an

appropriate health care professional of the health, personal and social care needs of residents was carried out.

Judgment: Compliant

### Regulation 6: Health care

The health and well-being of the residents was promoted in the designated centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents had positive behaviour support plans to guide staff practice and to promote positive behaviour amongst residents. This ensured consistency in the care and support given to residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that residents' privacy and dignity was respected and the services provided were in accordance with the residents' wishes.

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>	
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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Goldfinch 3 OSV-0004830

Inspection ID: MON-0030597

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 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• L1 fire panel and emergency lighting in place and quarterly checks will continue to be carried out.</li> <li>• Phase 1 has been completed and Phase 2 fire safety upgrade is included in the maintenance plan for 202. This will be supervised by a fire safety engineer.</li> <li>• Staff booked into fire safety training for 18/11/2020.</li> <li>• Fire register in place and signed by all staff working in the centre. Fire panel in place in the centre.</li> <li>• Daily, weekly &amp; quarterly checks are carried out by staff when on duty.</li> <li>• Fire extinguishers are in place across the centre (Inspected quarterly by maintenance). Checked weekly for damage by staff on duty.</li> <li>• PEEPs in place for all residents they will continue to be reviewed on a regular basis with consisted information regarding each resident outlining how staff will need to evacuate each resident out of their home in the event of a fire.</li> <li>• Quarterly night drills will be continued. Fire Evacuation completed by all staff working in the centre with all residents.</li> <li>• Scheduled quarterly drills completed and logged and all staff will continue same.</li> <li>• Going forward new staff will participate in fire drills during shadowing period of Induction.</li> <li>• Fire Drill template updated to include staff and residents initials to reflect the participants of who are in attendance in the fire drill.</li> <li>• We will discuss the importance with residents of plugging out their appliances in their bedrooms before they go to sleep each night cognisant of the resident's right to privacy. This will be added to the agenda of the weekly house meetings with the all residents of the centre.</li> <li>• We will ensure the electrical equipment is cleaned on a regular basis e.g. extractor hood, toaster etc. - This will be included as check by staff in the Fire Register.</li> <li>• Fire safety risk in place for the Risk register of the designated centre to ensure the safety of residence in the designated centre and will be monitored quarterly.</li> <li>• Emergency break glass key boxes in place at all exits (Checked weekly by staff on duty and recorded).</li> </ul>	



- Daily visual inspection of fire exits by staff on duty/ Tumble dryer checks daily by staff.
- Inventory of fire extinguishers in place.
- Annual safety Checklist completed by Person in Charge
- Emergency assembly point identified across all centres.
- Discussion of fire safety in house meetings will be discussed with staff.

In Goldfinch 3.

## 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 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/12/2022
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	18/11/2020