



## Office of the Chief Inspector

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

Name of designated centre:	No.2 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	15 May 2019
Centre ID:	OSV-0004576
Fieldwork ID:	MON-0022572

## About the designated centre

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

This service is based in a domestic style two-storey house in a pleasant urban residential area. The house is in close proximity to public transport and a large range of facilities and amenities. A maximum of four residents can live in the house; residents are described as having low support needs in the context of their disability but some support from staff is needed in relation to daily routines such as cooking, personal care, maintaining health and well-being and maintaining general welfare and development needs. Residents are encouraged to function and engage at their highest possible personal level. Residents independently access community based transport and are supported by the community based team in relation to accessing occupational recreational services. Ordinarily there is one staff on duty; the model of care of social. The provider aims to provide as person-centred a service as possible through a process of individualised assessment and planning.

**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

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
15 May 2019	09:15hrs to 18:00hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

Three of the four residents living in the house were present for this inspection; one resident was away with their family. Residents welcomed the inspector to their home, were relaxed with the presence of the inspector, were aware the inspection was taking place as it had been announced and had knowledge of the working of HIQA (Health Information and Quality Authority). Residents engaged throughout the day and were interested in the inspectors views of the service; residents told the inspector that it was a good house with good staff and that they hoped they would get another certificate of registration. Residents spoke of their past life, how they had worked hard and now enjoyed a slower pace of life and engagement of their own choosing. Residents articulated satisfaction with their life which to a degree they each lived independently while living compatibility together; residents were due to go on a planned trip abroad together supported by staff and spoke of past holidays enjoyed particularly a trip to America. Residents knew what they liked and did not like, knew how to complain and on speaking with them they raised no matter of concern to them or anything that they would like to change.

## Capacity and capability

The inspector found that this centre was effectively and consistently managed with the shared objective of providing residents with a safe, quality service that was appropriate to their individual and collective needs. There were many factors that facilitated this effective governance.

For example the centre presented as adequately resourced to deliver on its objectives; the premises was well-maintained internally and externally and additional infrastructural works to enhance fire safety had been completed.

The management structure, roles and reporting relationships were clear. The person in charge had other areas of responsibility but was confident that she had the capacity to manage each area effectively and could raise any concerns she may have in this regard with the provider. Frontline staff reported good access to the person in charge as needed who in turn reported similar access to her line manager.

The provider had effective systems for reviewing the appropriateness, quality and safety of the service. These systems were effective as they self-identified good practice but also areas that needed to improve and the actions necessary to bring about that improvement. Examples of these systems of review were internal audits such as of medicines management and fire safety, monthly meetings between the staff and the person in charge (records indicated comprehensive discussion of each

resident, their needs and supports); monthly meetings between management, the director of services and quality and standards; the person in charge said that these meetings focussed on the sharing of learning, ongoing improvement and regulatory compliance.

The provider was also completing the annual review and the unannounced reviews required by the regulations at a minimum six-monthly. The inspector reviewed reports from these and saw that the reviews were meaningful, focussed on quality and safety and incorporated indicators such as accidents and incidents and complaints received. Each review followed up on the implementation of the previous action plan; this was generally satisfactory; actions primarily related to the review and updating of records. A social care leader post had recently been recruited to assist in the administration of the centre.

The provider had reviewed its complaints policy and procedure in 2018. The inspector saw that it incorporated key regulatory requirements such as appropriate record keeping and management to the point of satisfactory resolution. Residents knew how to complain and did complain at intervals when they were not satisfied. Clear records of these complaints from their receipt to their resolution to the satisfaction of residents were maintained.

The inspector was satisfied that staffing levels and arrangements were based on the assessed needs of residents. Ordinarily there was one staff on duty at any one time; a full-time staffing presence was maintained in the evenings, at night and all-day at weekends. There was a small number of regular experienced staff employed who filled the staff rota between them; this provided continuity, consistency and familiarity for residents. Relief staff had recently been recruited and there was evidence of formal induction procedures. There were times Monday to Friday when the house was not staffed; during this time residents had support if needed from the community based team; this is discussed again in the next section of this report in the context of how these arrangements were informed by risk management.

The inspector reviewed staff training records and saw that all staff including recently recruited staff had completed mandatory, required and desired training; any residual training was imminently scheduled.

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

The provider submitted a complete application for the renewal of registration of this centre.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge facilitated the inspection with ease and had good knowledge of the residents and their needs, of the role and associated responsibilities and of the general operation and administration of the designated centre.

Judgment: Compliant

## Regulation 15: Staffing

Staffing levels, skill-mix and arrangements were appropriate to and reflected the assessed needs and abilities of the residents. Residents received continuity of care and supports from an established and experienced team of staff.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had completed mandatory training within the specified timeframes. Staff also completed training that reflected the needs of residents and supported staff to appropriately meet resident's needs.

The inspector saw that copies of the Act, regulations and standards were readily available and informed the daily operation of the centre.

Judgment: Compliant

## Regulation 21: Records

The inspector found that any requested records as listed in part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) were available. Records were retrieved with ease and were organised and well maintained.

Judgment: Compliant

## Regulation 22: Insurance

There was documentary evidence submitted with the application for renewal of registration that the provider was insured against injury to residents and against other risks in the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that the centre was effectively and consistently governed and adequately resourced so as to ensure and assure the delivery of safe, quality supports and services to residents. The provider had effective systems of review and oversight and utilized the findings of reviews to inform and improve the safety and quality of the service.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider kept the statement of purpose and function under review; the statement contained all of the required information; the inspector saw that it was readily available in the centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

There were procedures for managing incidents involving residents and for ensuring that events that required notification to HIQA were notified, for example management changes or any injuries sustained by resident. Based on the records seen in the centre the inspector was satisfied that this regulatory responsibility was met.

Judgment: Compliant



## Regulation 34: Complaints procedure

The provider had regulatory compliant policy and procedures on the receipt, recording, investigation, learning from and review of complaints. A detailed record of complaints and their management was maintained.

Judgment: Compliant

## Quality and safety

The inspector found that residents were provided with a safe, quality service that was appropriate to their needs and respectful of their choices; residents themselves confirmed this. Residents had needs and did require support from staff but also enjoyed a high level of independence, choice and control over their routines and lives; this was supported and informed by the consistent oversight of residents' needs, consultation with residents and respect for their decision making capacity, and enabling risk management procedures that identified and managed potential and actual risks.

The care and support provided to residents was based on the ongoing assessment of residents needs and abilities, discussion with residents and the review of the effectiveness of each residents personal plan with the resident themselves, by the staff team and by the multi-disciplinary team. The care and support provided sought to encourage residents to use and maximise their skills and abilities and take responsibility for their own care and welfare while ensuring that they also received the support from staff and from the provider that they needed, be that functional or supportive.

The inspector saw that residents to a large degree directed their own daily routine. Residents used public transport, went to mass locally as they choose, participated in an advocacy forum, were registered to vote and were aware of the upcoming elections. Residents were out and about each day in a community where they were well known and that was supportive of them. In general residents lived fairly well together. Where individual choices impacted on peers this was considered; for example when one resident wished to have a pet cat this was discussed and agreed with all residents. Some modification had also been made to the premises to enhance compatible living and residents also had additional external personal space that they had made their own. When issues did arise they were managed through discussion, exploration of issues, understanding, and reinforcement of the importance of respect for one another.

Two residents had chosen not to participate in the providers POMS (personal outcomes measurement system); a system whereby the provider measures the quality of life for individual service users and the quality of the service that supports them in achieving their desired objectives; this decision was facilitated. Residents presented as satisfied with their lives and lived ordinary lives where they accessed local services and facilities of their choosing and preference. The provider did continue to support residents to access for example employment and further education and training and had recently affiliated the centre to a more local community hub operated by the provider and managed by the person in charge. Staff from this community based resource were in the process of establishing links and a programme of engagement with each resident.

Fundamental to the level of choice, control and independence in the house and in the community that residents enjoyed was effective positive risk management practice. Potential hazards relating to how residents lived their lives were identified. The individual risk management plan addressed these hazards and the controls to manage actual or potential risks. For example each resident participated in a formal assessment of the skills they needed to safely stay in the house without staff supervision. This identified for example the person's fire safety skills and telephone skills and general awareness of risk and danger. Overall the inspector found that hazard identification and management was focussed on how residents lived their lives and how the provider supported them to do this safely and with dignity. There was strong recognition on behalf of the provider as to how a change in resident needs could alter how this centre was staffed and operated. However, there was scope for further improvement to ensure that risk identification and management extended to all areas of the centre and all aspects of residents' lives. For example the inspector saw that a risk assessment was needed of the external smoking shelter; also while there was a policy to manage a situation where a resident may be missing from the centre (there was no reported occurrence of this); the likelihood of this happening and any additional controls that may be needed had not been formally assessed.

Residents were supported to manage aspects of their own health and well-being. There were challenges to this at times given the level of self-direction that residents enjoyed. Resident choice, consent or refusal was respected; there was evidence of consultation, discussion, agreement and negotiation so that residents made good decisions. Residents had insight and awareness of their healthcare needs and told the inspector that they felt well. Staff support was needed to maintain well-being and was provided; staff had the necessary information and evidence based plans to guide care. Training was provided to staff on specific aspects of care; nursing advice and support was provided from within the providers own resources. Staff spoken with had sound knowledge of residents needs and the care that they provided. Residents had access to the healthcare services that they needed including access to routine health screening by the General Practitioner (GP) and national screening programmes.

The safety of medicines management practice was monitored by regular audits completed by nursing staff; a recent satisfactory audit had also been completed by the community based pharmacy that supplied medicines to the centre. Staff had

completed relevant training and maintained records to account for the management of medicines including their administration. Residents were facilitated to participate in and self-manage their medicines to the degree that they wished; this was informed by an assessment of capacity, risk and individual preferences.

The provider itself was proactive in ensuring that it had effective fire safety management systems. The house was fitted with emergency lighting and a fire detection system; further infrastructural works to contain smoke and fire had been completed in early 2019. Residents described the workings of the recently installed doors and the safety that they would offer to them in the event of a fire. Residents also described how they practiced simulated evacuations with staff; records of these drills indicated that all residents co-operated and good evacuation times were achieved. There were certificates attesting to the inspection and testing of equipment at the prescribed intervals. The requirement to review the outside smoking designated area is referenced above in the context of risk management.

### Regulation 13: General welfare and development

Each resident had opportunity for new experiences, social participation, recreation, education, training and employment. Access was determined by individual needs, abilities, interests and choices. It was evident to the inspector that residents were enabled to lead their lives as they wished and in as fulfilling a way as possible. Staff were aware of the importance of working with residents to ensure that a good balance was achieved between choice and safety and supporting residents to achieve and maintain their potential.

Judgment: Compliant

### Regulation 17: Premises

The accommodation provided to residents was of a high standard; its location promoted independence and community integration. Residents said that they loved the house and clearly saw it as home. Residents had access to, utilised and enjoyed on a daily basis a private well-presented garden to the rear of the house.

Judgment: Compliant

## Regulation 26: Risk management procedures

There was scope for improvement to ensure that risk identification and management extended to all areas of the centre and all aspects of residents lives. For example the inspector saw that a risk assessment was needed of the external smoking shelter; also while there was a policy to manage a situation where a resident may be missing from the centre, the likelihood of this happening and any additional controls that may be needed had not been formally assessed

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider ensured that it had effective fire safety management systems including arrangements for the safe evacuation of residents.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had systems that sought to ensure that resident health and well-being was promoted and protected by safe medicines management practice. Residents in line with their own preferences and ability were facilitated to manage and-or participate in the management of their medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and abilities, choices and preferences and outlined the supports required to maximise their well-being, safety, personal development and quality of life. The plan was developed based on the findings of an assessment; the plan and its effectiveness was the subject of regular review by staff and the wider clinical team.

Judgment: Compliant

### Regulation 6: Health care

Staff assessed, planned for, provided the necessary intervention and monitored residents healthcare needs. Each resident had access to the range of healthcare services that they required. Residents were facilitated to self-direct aspects of their care; a resident's right to refuse treatment was respected and managed.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were times (infrequent) when residents presented with behaviour that posed a risk to themselves or others. These events were viewed in the context of residents overall well-being and potentially avoidable triggers. Residents were supported to understand and manage such events. Residents had the support that they needed from staff and other clinicians.

Judgment: Compliant

### Regulation 8: Protection

There were policies and procedures for ensuring that residents were protected from abuse and harm. Residents had the capacity and ability to voice concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to safely exercise independence, choice and control. The provider respected resident capacity to make decisions. The privacy, dignity, rights and diversity of each resident was seen to be respected and promoted. Different levels of support were provided in accordance with individual needs and choices.

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 21: Records	Compliant
Regulation 22: Insurance	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 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for No.2 Fuchsia Drive OSV-0004576

Inspection ID: MON-0022572

Date of inspection: 15/05/2019

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge will ensure that staff are residents are supported to identify risks in all areas of the Centre and in all aspects of the residents’ lives as part of the Team and House meetings in the Centre.</p> <p>A risk assessment will be completed in relation to risks of residents smoking in an external smoking shelter ensuring controls re a fire blanket is put in place. Completed on 25/06/2019.</p> <p>Risk assessments have been completed in relation to risk of residents going missing from the designated centre whilst out and about in the community - controls measures involve ICE (Emergency Numbers) will be logged in all their phones. A laminated card will be developed with all emergency phone numbers and any illness etc. All residents will be supported to carry theses on their person by 11/07/2019.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	11/07/2019