



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

Issued by the Chief Inspector

Name of designated centre:	No.1 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	01 October 2019
Centre ID:	OSV-0004578
Fieldwork ID:	MON-0022574

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of four residents with low support needs in the context of mild to moderate disability. The provider aims to support residents to live ordinary lives as valued citizens in their community while remaining connected to family and friends. The provider strives to provide each resident with quality support that meets their assessed needs and personal choices and to live in an environment that supports and respects individual rights, responsibilities and safe risk taking.

The centre is located in a mature residential setting in walking distance of all of the amenities offered by the busy town and services operated by the provider and utilised by the residents. The premises are a detached two-storey property with an established private garden to the rear.

The model of care is social and given the level of support needed from staff there is ordinarily one staff on duty at anytime. The staff team is comprised of care assistants and social care workers; supervision and day-to-day general oversight is provided by the team leader under the direction and supervision of the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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
01 October 2019	09:15hrs to 16:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

The centre is home to four residents; the inspector met two residents as two residents were on a trip abroad and were due to return late on the day of inspection. Residents were aware of the inspection as it was planned and had been discussed with them during their weekly meetings with staff. Residents welcomed the inspector into their home and engaged as they continued with their morning routine. What the inspector observed and what residents discussed reflected normal routines of daily living and ordinary but full lives lived as members of an inclusive and supportive local community. Residents were seen to go about their home and their routines with confidence and independence with some minimal guidance from staff, for example allowing a little extra time in the microwave for a food item. Residents were clearly proud of the independence that they enjoyed in their lives and that was supported and facilitated by the ethos of the centre. For example, residents showed the inspector the keys they had to their own rooms and to the house and reiterated that they were well capable of organising themselves for the day. What was discussed reflected full and meaningful lives lived as equitable participants in their local community such as access to the experience of work and paid work, positive peer, family and community networks and relationships; opportunities for social engagement and foreign travel of their choosing. Residents did not see anything unusual or extraordinary in this; this was simply how they lived their lives. The general atmosphere of the house was added to and reflected in the relaxed and content demeanour of the much loved resident cat.

Because this inspection was planned residents also had the opportunity to complete HIQA (Health Information and Quality Authority) questionnaires designed to ascertain their views of their life in the centre. All four residents completed a questionnaire; their feedback was consistently positive as to the capacity of the staff team, the support received from them and their overall experience of living in the centre.

Capacity and capability

The inspector concluded that this was a well managed service, the objective of which was to provide residents with a safe, quality service that was appropriate to their needs, wishes and level of ability. This objective was delivered on and a high level of regulatory compliance was found. Residents were consulted with; their views, wishes and abilities were respected while a solid understanding of risk and its management supported resident independence and autonomy. The provider had effective procedures for monitoring the consistency, quality and safety of the

support and services provided to the residents. The centre was adequately resourced to deliver on its objective.

There had been changes to the governance structure, for example the person in charge was recently appointed, but it was operating effectively. The governance structure was understood and operated as intended by the provider; the team leader met frontline staff daily and also convened regular staff meetings. The team leader was an experienced staff member who maintained day to day operational oversight while communicating and escalating appropriately to the person in charge. The person in charge had responsibility for four designated centres but was confident that this was manageable with this team leader supporting structure. The person in charge and the provider had systems for overseeing the appropriateness, quality and safety of the service. These systems included the daily communication mentioned above, calling to the house, seeking formal feedback from residents, their representatives and staff, multi-disciplinary (MDT) oversight, audits such as of medicines management practice and the annual review and the six monthly unannounced reviews required by the regulations.

The inspector reviewed the records associated with these systems of oversight and found that different stakeholders contributed but their views and findings were similar and consistent and each review reflected a safe, quality, person centred service. These findings would concur with these and past HIQA inspection findings and support the conclusion of effective and consistent governance.

Individually and collectively residents enjoyed good independence in their routines and in many of their activities of daily living such as personal grooming and this was reflected in the staffing levels. Ordinarily there was one staff on duty at any one time and the night-time arrangement was a sleepover staff. The inspector was satisfied that each resident had the staff support that they needed and that independence rather than dependence was promoted; this reflected resident wishes and ability and was informed by the assessment of needs and risk.

Training records seen indicated that staff had access to the training that they needed so as to competently fulfil their role and duties; staff attendance at baseline and refresher training was monitored and no deficits in staff attendance at for example fire safety, medicines management and safeguarding training were noted. The provider was implementing its formal staff supervision procedures and these were viewed as positive and productive. Staff spoken with had the knowledge, skills and attitude needed for them to perform their role and to provide residents with the care and support that they needed. For example staff spoke of the positive benefit of internal reviews and HIQA inspections in giving them feedback on how they were doing and how they could improve.

However, the provider could not demonstrate to the inspector how it ensured that persons providing a service to residents but not directly employed by the provider were adequately and appropriately vetted. This assurance was submitted to HIQA following this inspection. The provider was requested to put procedures in place to ensure that the providers adherence to its responsibilities in this area could at all

times be evaluated.

The provider had accessible procedures for receiving and dealing with complaints; the inspector saw an easy to read complaints procedure in the living room, how to complain was discussed with residents, residents said they would tell staff if they were not happy. There were no recently recorded complaints and no evidence of dissatisfaction was noted in for example questionnaires completed by families, records of staff meetings and records of weekly house meetings with residents.

Registration Regulation 5: Application for registration or renewal of registration

Prior to the inspection a complete and valid application for the renewal of registration of the centre was submitted by the provider to the (HIQA).

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 was aware of their role and responsibilities under 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

Staffing levels and arrangements were appropriate to the assessed needs of the residents. Residents received continuity of care and supports from a team of regular staff.

A planned and actual staff rota was maintained. Staff were seen to have information at hand that supported them to work within regulatory requirements.

Nursing advice and care was available as needed from the person in charge, the community nursing resource, the day service and other sources such as the practice nurse.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with the training required to provide a safe and effective service. Staff had training in safeguarding of adults, safe administration of medication, behavioural support and fire safety.

Attendance at refresher training was monitored, scheduled and planned.

Supervision to support staff in their work was understood and implemented informally and formally.

Judgment: Compliant

Regulation 21: Records

The inspector found that any of the 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 in place. The records were well maintained.

Judgment: Compliant

Regulation 22: Insurance

There was documentary evidence that the provider was insured against injury to residents and against other risks in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Effective management systems were in place to support and promote the delivery of safe, quality care and services.

The centre was monitored and audited appropriately so as to bring about improvement where needed and to ensure the service provided was consistent, safe and appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information; for example a statement as to the aims and objectives of the centre and the facilities and services to be provided to residents; it accurately described the service provided. The record was seen to be readily available in the centre.

Judgment: Compliant

Regulation 30: Volunteers

The provider could not demonstrate to the inspector how it ensured that persons providing a service to residents but not directly employed by the provider were adequately and appropriately vetted. Assurance in this regard was however submitted to HIQA following this inspection. The provider was requested to put procedures in place to ensure that the providers adherence to its responsibilities in this area could at all times be evaluated.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed records of accidents and incidents that had occurred in the centre. From these records the inspector concluded that the overall incidence was low, there were adequate arrangements for responding to such events and for ensuring that any required notice was submitted to HIQA.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had accessible and appropriate policy and procedures on the receipt and management of complaints.

Judgment: Compliant

Quality and safety

The inspector found that residents received an individualised safe, quality service where they were supported to live ordinary lives in their home and in the community. Residents told the inspector that they were happy; records seen and the support observed indicated that residents had the choice, control, independence and support that they needed. The provider achieved a good balance between resident rights, autonomy, resident safety and regulatory requirements.

The provision of support and care commenced with the assessment of each residents needs, abilities, wishes and preferences. This information was then set out in the personal plan; the plans seen by the inspector were detailed and personalised and presented a clear picture of each resident, their daily life, their hopes and goals. Residents and their representatives were consulted with and participated in decisions about the care and support to be provided. The services and supports provided to each resident and their effectiveness were the subject of annual review by the MDT; there was evidence of open discussion and questioning in the interests of the resident; recommendations made and their implementation or not and why not was tracked. Discussions held with staff reflected the content of the plans; this provided assurance that the plans of support were active records that guided daily practice.

The personal plan included the process for agreeing and pursuing each resident's personal goals and objectives, the POMS. The inspector's discussions with residents and records seen clearly evidenced the residents had ongoing meaningful opportunities in line with their ability and wishes to experience engaged and fulfilling lives with access to paid employment, community integration, travel locally and abroad, opportunities to pursue and expand personal interests such as music, club membership or simply socialising together in favoured local venues.

There was strong evidence of community inclusion and participation and of maintaining and developing friendships and relationships in a very ordinary way. For example residents' accessed community based services and amenities on an almost daily basis and were well informed. Residents had ongoing access to family and home and good support from family. Staff described the immediate and wider local area as welcoming, inclusive, respectful and protective of the residents.

Residents were consulted with in a meaningful way and had access to the information that they needed to live their lives as independently as they did and to make good and informed decisions. For example the inspector saw that core policies

such as how to complain were readily available, staff maintained a visual rota and information white board in the kitchen because residents liked it. MDT recommendations were discussed with residents as were health related matters such as invites to participate in national screening programmes. Residents voted as they wished and walked to mass in the local church if this was important to them. Residents were very active in the provider's advocacy forum and were looking forward to attending the upcoming national conference. Internet access was available but staff reported that residents had little use for it and enjoyed other forms of media or being out and about in the community.

Generally residents enjoyed good health but they did have some health related issues that required monitoring and management to ensure that they continued to enjoy good health and independence. Staff had the information that they needed; staff assessed and monitored resident well-being and took action such as seeking medical review when necessary. The personal plan included any care needed to promote good health such as specific dietary requirements. Residents had, based on records seen access to the healthcare services that they needed such as their General Practitioner (GP), psychology, occupational therapy, nursing care, dental and optical care.

Residents were offered choice and an assessment was completed to establish resident capacity to safely manage their own medicines; based on a combination of personal choice and assessment two residents were self-administering their prescribed medicines. Overall the evidence was of practice that promoted and protected resident safety and well-being. Staff had completed training, medicines were supplied by a local community based pharmacy; the provider and the pharmacist audited medicines management practice with both reporting satisfactory findings.

Residents were described as a compatible group. Records seen indicated that the service was person centred and individualised but residents also lived and socialised well together. One resident had recently come to live in the house and was still transitioning. The transition plan considered compatibility and both the existing residents and the new resident were regularly consulted with to establish the success of the living arrangements. The evidence was that the placement was going well for both groups because the provider had considered compatibility.

Given the independence that residents enjoyed safeguarding, staying safe, road safety, relationships and personal boundaries were topics regularly discussed with residents in the residential and day service. Residents presented as relaxed and content in their home and with staff; residents said that they would say if they were not happy. Staff were also attuned to and described cues that would indicate to them if a resident was upset or anxious about something. Staff had completed training that reflected national safeguarding policy; staff were aware of how to contact the designated safeguarding officer.

The provider had effective fire safety procedures. For example the inspector saw the provision of measures to contain fire and its products such as fire resistant door-sets and the construction of corridors to prevent the creation of inner rooms. Staff had

completed fire safety training and all staff and residents participated in regular simulated evacuation drills. These drills simulated different scenarios and good evacuation times were recorded. Each resident had a PEEP (personal emergency evacuation plan) and these reflected the findings of the drills; for example the diligence that residents demonstrated in responding to the alarm. Certificates seen by the inspector attested to the inspection, testing and maintenance of fire safety equipment at the prescribed intervals. However, the inspector did note some inappropriate storage in the space underneath the main stairwell; staff committed to remove this once the inspection was complete.

Given the level of independence and autonomy that residents enjoyed solid risk identification and management practice was fundamental to ensuring that this was safely and appropriately facilitated. Staff spoken with clearly understood the purpose of risk identification and management; the register of risk assessments seen and the individual risk assessments reviewed in the personal plan were work, centre and resident specific. Changes and events informed the risk register such as an incident or prior to an admission; controls required to manage risk were implemented. For example staff had requested an occupational therapy review of the environment further to an identified possible risk of falls. The inspector saw that recommended handrails and grab-rails had been provided. Staff had identified and escalated the risk of falls presented by an uneven floor surface; there was documentary evidence that the remedial work was imminently scheduled. Resident specific risk management plans reflected how residents lived their lives, identified potential hazards and the controls to manage actual or potential risks. For example each resident participated in a formal assessment of the skills they needed so that residents could safely stay in the house for short periods of time without staff supervision; the assessment established each residents' awareness of risk and danger, their ability to respond appropriately, their fire safety and telephone skills.

Regulation 10: Communication

Staff advised that there was no identified requirement for any particular or individual communication supports. Staff were aware however of the role of good and appropriate communication in avoiding concern and anxiety for residents. Residents had access to the range of media that they preferred. Residents had regular and consistent community access; staff also provided residents with information that was relevant to them and their lives.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were facilitated to develop and maintain personal relationships in accordance with their wishes. The provider was proactive in identifying and facilitating for residents initiatives for participation in the wider community. Each resident had opportunity for new experiences including travel abroad, social participation, recreation, education, training and meaningful employment. Access was determined by individual needs, abilities, interests and choices.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the premises and the facilities provided were suited to the individual and collective requirements of the residents. The premises was well maintained.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector saw that the provider supported both existing and prospective residents as residents transitioned into the service; transition and admission practices considered compatibility, choice, consultation and time.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management policies and procedures and risk assessments were in place for dealing with situations where resident and/or staff safety may have been compromised. Risks and their management were regularly reviewed; incidents and change informed this review. The approach to risk management was individualised and supported responsible risk and resident autonomy while keeping residents safe from harm. Action was taken to reduce potential risk identified by the process of risk assessment.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that it had effective fire safety management systems in place 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 their medicines. The safety of medicines management practice was assured by regular oversight.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs, abilities and wishes and outlined the supports required to maximise their safety, well-being, personal development and quality of life. The plan was developed and reviewed in consultation with the resident and their representative as appropriate. The inspector was satisfied that the plan guided daily practice and was reviewed and updated as needed.

Judgment: Compliant

Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs so that residents continued to enjoy good health. Each resident had access to the range of

healthcare services that they required. Staff practice was seen to be guided by healthcare specific plans informed and developed by advice and recommendations from relevant healthcare personnel. In addition to prescribed interventions staff encouraged residents to make good and healthy lifestyle decisions such as dietary choices, regular exercise and socialisation.

Judgment: Compliant

Regulation 7: Positive behavioural support

In the context of the assessed needs of the residents there was no requirement for specific behaviour management strategies. Staff had however undertaken relevant training and residents had access as needed to support from psychology and psychiatry to assist them in coping with life's challenges. Staff spoken with were aware of triggers to be avoided so as to prevent unnecessary worry or anxiety for residents.

There were no identified restrictive practices in use in the centre.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and supporting procedures for ensuring that residents were protected from all forms of abuse. Residents were assisted and supported through regular discussion to develop knowledge, self-awareness, and understanding of self-care and protection. While there were no identified safeguarding concerns, there were no reported obstacles to reporting such concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was satisfied that practice in this centre respected the rights, dignity, privacy and individuality of each resident. Residents were consulted with and provided with information of relevance. Residents had the support and independence that they needed or desired. Residents could exercise their religious beliefs and political interests if they wished to do so. Residents regularly engaged in

the advocacy forum and clearly understood the role of advocacy in progressing their rights and choices. Residents had control over their own personal space in the house and in their daily routines 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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	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