



Office of the Chief Inspector

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

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| Name of designated centre: | Boherduff Adult Services |
| Name of provider: | Brothers of Charity Services Ireland |
| Address of centre: | Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 02 April 2019 |
| Centre ID: | OSV-0005071 |
| Fieldwork ID: | MON-0025493 |

About the designated centre

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

Boherduff Adult Services consists of two units providing residential care. One of these is a bungalow located on the outskirts of a urban area while the other unit is a purpose build bungalow located just outside the same area. Both units provide for both genders and those with moderate to profound intellectual disabilities and/or Autism Spectrum Disorder. One unit provides for young adults while the other provides for an older group of residents. Both units are open overnight 365 days of the year and are open on a 24 hour basis at weekends. Each resident has their own bedroom and other facilities throughout the centre include sitting rooms, kitchens, bathroom facilities and staff rooms. Staff support is provided by nursing staff, social care workers and care assistants.

The following information outlines some additional data on this centre.

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| Current registration end date: | 30/04/2020 |
| Number of residents on the date of inspection: | 9 |

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 |
|---------------|----------------------|---------------|------|
| 02 April 2019 | 09:00hrs to 17:30hrs | Conor Dennehy | Lead |

Views of people who use the service

Residents were not present in this designated centre for a large part of this inspection. However, the inspector did meet with seven of the residents who were living in this centre during the course of the inspection. These residents had limited verbal communication abilities. As such it was not possible for the inspector to directly obtain residents' views of the quality and safety of care and support that they received while living in the centre.

However, the inspector did have the opportunity to briefly observe these residents in their environments and in their interactions with staff. All residents met appeared comfortable with staff members present with three residents seen to be very happy as they interacted with staff. During the inspection staff members present were observed engaging with residents in a warm and positive manner with appropriate support seen to be provided where required.

Capacity and capability

This inspection found that this was a well-managed centre and the provider had taken adequate measures to respond to previous areas of non-compliance. As a result this inspection found evidence of a service that was suited to the needs of residents. It was noted though that some staff required refresher training while the statement of purpose did not clearly reflect the intended age range of residents.

This designated centre had last been inspected in January 2017 where good areas of practice were found. However, some improvement was noted to be required in relation to the provision of healthcare which was impacted by the provision of nursing staff in one unit of the centre and the person in charge arrangements. In the current inspection it was found that these areas had been satisfactorily addressed by the registered provider which resulted in an improved level of compliance across the regulations reviewed.

During the current inspection, it was found the centre's allotted nursing staff was in place which was ensuring nursing oversight in both units of this centre. This was a positive development but the provision of nursing staff would need to be kept under review particularly given the resident profile in the larger unit of the centre. It was noted though that overall satisfactory staffing arrangements were in place to support residents including increased availability of staff to provide one-to-one support to residents while a continuity of staff was also in place. Such a continuity is important to ensure consistency in the care provided and to help maintain

relationships.

Staff members met on the day of inspection demonstrated a good understanding of residents and how to support them. The inspector also observed staff interacting with residents in a caring and warm manner. Records reviewed indicated that staff had been provided with a wide range of training in areas such as medicines, first aid, manual handling and fire safety although some staff were overdue some refresher training. However, it was noted that staff had been provided with specific training in response to the particular needs of one resident. This assured the inspector that the provider was committed to ensuring that staff were equipped with the necessary knowledge and skills to adequately support residents' needs.

The staff team that was in place was overseen by the person in charge who was responsible for this designated centre only. The person in charge demonstrated a good understanding of the regulations, the operations of both units of the centre and was able to discuss, in depth with the inspector, the specific needs of individual residents. A well-established management structure was in place for this centre which supported the person in charge in performing their role.

This management structure provided for clear lines of accountability and responsibility. In keeping with this the provider had ensured that management systems were in place to review the quality and safety of care and support that was provided to residents. These included internal audits and regulatory requirements such as unannounced visits by the provider and annual reviews. Where any issues were identified by such systems, evidence was seen that they were acted upon.

Overall the inspector was satisfied that the operations and services provided by this designated centre were in keeping with the centre's statement of purpose. This is a key governance document which describes the service to be provided. This document contained most of the required information such as details of the staffing complement for the centre and the arrangements made for consultation with residents. It was noted though the age range of intended residents for the centre was not clearly set out while a previous admission, done in response to specific circumstances, was not in keeping with the statement of purpose.

Regulation 14: Persons in charge

A suitably skilled, experienced and qualified person in charge was in place who demonstrated a good understanding of residents' needs and the person in charge's responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place at the time of this inspection which included the provision of additional nursing staff. A continuity of staffing was provided for. Rosters were maintained in the centre. Staff files were not reviewed during the course of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a wide range of training in areas such as fire safety, safeguarding, medicines, manual handling and first aid although some staff were overdue refresher training in some of these areas. Staff team meetings were taking place while arrangements were in place for staff to receive supervision.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place which contained all of the required information such as details of residents' next-of-kin

Judgment: Compliant

Regulation 23: Governance and management

A clear organisational structure was in place for this centre. Based on the findings of this inspection and the improved compliance levels, the provider was making effective use of their available resources. The provider was also carrying out their own audits and regulatory requirements such as annual reviews and unannounced visits.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

During the inspection it was noted that one admission to the designated centre since the previous HIQA inspection in January 2017 was not carried out in accordance

with the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place which contained most of the required information but did not clearly set out the intended age range for residents whom it was intended that the centre would provide for.

Judgment: Substantially compliant

Quality and safety

The inspector was satisfied that the service provided was focused on the individual needs of residents living in the centre at the time of this inspection. This helped to ensure that the residents were appropriately supported as evident by a good level of compliance with the regulations inspected against.

Throughout the inspection, the residents were seen to be treated in a respectful manner by staff members. Efforts were also being made to consult the residents in relation to the running of the centre through regular resident meetings. During such meetings, residents were given information in areas such as residents' rights, complaints, activities, and advocacy. It was also noted that residents were supported to exercise their right to vote where they expressed an interest in doing so.

Overall the inspector was satisfied that arrangements were in place to meet the needs of residents at the time of this inspection. This was evident in a number of ways. For example, in the improved staffing arrangements that were in place and the good transport access that facilitated regular outings. The level of support that was provided to residents to meet their needs was in keeping with the directions outlined in residents' individual personal plans. These are important in identifying the health, personal and social needs of residents while outlining the supports to be provided for these.

The inspector reviewed a sample of such plans and noted that they had been informed by relevant assessments, had been developed with the input of residents, and were subject to multidisciplinary review as required under the regulations. It was observed, from this sample, that the plans in place provided clear and detailed guidance for staff on how to support residents in a range of areas such as communication, facilitating external activities, intimate personal care and manual handling. Personal plans also contained guidance for staff on how to support

residents engage in positive behaviour although it was observed that some of this guidance required review to ensure clarity and ease of retrieval of key information.

However, it was noted that staff members spoken to during inspection demonstrated a good understanding of how to support residents engage in positive behaviour. Staff members were also observed to provide appropriate support to residents where required and to follow the guidance provided by residents' individual personal plans. For example, a staff member demonstrated a good understanding of how to communicate with residents and was seen to communicate appropriately with one resident in keeping with the information contained in the resident's personal plan.

It was also seen residents were being supported to enjoy the best possible health. This was supported by the improved provision of nursing staff in the centre. As part of this residents' healthcare needs were set out in their personal plans while there was regular monitoring of their healthcare. It was also seen that residents were supported to access key healthcare assessments while residents were also facilitated to attend a range of allied healthcare professionals where necessary.

To ensure the health and safety of residents, the provider had clearly defined risk management practices in operation along with the provision of fire safety systems. Such systems included fire alarms, fire extinguishers, emergency lighting and fire containment measures such as fire doors. Fire doors were seen to be present throughout the larger unit of the centre but on the day of inspection it was seen that a manual latch was in use for one door which prevented it from operating as intended. In the other unit it was seen that fire doors were not present throughout.

To support the fire safety measures that were in place in both units, the provider had ensured that the majority of staff had undergone fire safety training but records reviewed indicated that some staff had yet to receive such training. Fire drills were also being carried out at regular intervals at varying times of the day while the procedures for evacuating were on display in both units of the centre. It was noted that emergency plans were in place for both units, providing direction for staff on what to do in the event of a particular emergency such as fire or loss of power. Such plans were noted to have been recently reviewed.

Regulation 10: Communication

Residents had communication plans in place where necessary. Staff members demonstrated a good understanding of these plans and one staff member was observed to communicate appropriately with a resident.

Judgment: Compliant

Regulation 17: Premises

The premises was generally presented in a homely, clean and well maintained manner but some maintenance work was observed to be required in the larger unit such as painting of the exterior.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems to monitor and review risk in the designated centre were in use in accordance with the provider's risk management policy. As part of this a risk register was in place while individual residents had specific risk management plans in place. Emergency plans were in place for both units of the centre covering issues such as fire and loss of power.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems including fire alarms, fire extinguishers, emergency lighting and fire containment measures were in place in both units of the centre. In one unit though it was seen that a manual latch was in use for one door which prevented it from operating as intended. In the other fire doors were not present throughout. The majority of staff had undergone fire safety training but records reviewed indicated that some staff had yet to receive such training. Fire drills were being carried out at regular intervals.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had individual personal plans in place setting out their health, personal and social needs. These had been informed by relevant assessments, were subject to multidisciplinary review and were developed with the input of residents or their families to ensure that plans were person centred. Based on the overall findings of this inspection, arrangements were in place to meet the needs of residents.

Judgment: Compliant

Regulation 6: Health care

Guidance on how to support residents' healthcare needs was contained in residents' individual personal plans. There was regular monitoring of residents' healthcare needs. Access to a wide range of allied healthcare professionals, such as general practitioners and psychiatrists, was facilitated. Residents were also supported to undergo key healthcare assessments.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff training records indicated that most staff had been provided with training in de-escalation and intervention but some staff had yet to receive this training. Behaviour support plans were in place for residents where required but it was noted that some plans required review to ensure clarity and ease of retrieval of key information. Systems were in place for the assessment and ongoing review of any restrictive practice in use.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were observed to be comfortable in the presence of staff during this inspection. Staff present on inspection demonstrated a good understanding of any safeguarding issues present in the centre and how to respond to these. All staff had been provided with relevant safeguarding training. Guidance for staff on how to support residents' intimate personal care was contained within the residents' personal plans.

Judgment: Compliant

Regulation 9: Residents' rights

Regular resident meetings were taking place in both units of the centre where residents were provided with information on complaints, rights, advocacy, meals and

activities. Residents were seen to be treated in a respectful manner throughout inspection. Residents were also supported to exercise their right to vote.

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 |
|--|-------------------------|
| Views of people who use the service | |
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Boherduff Adult Services OSV-0005071

Inspection ID: MON-0025493

Date of inspection: 02/04/2019

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff requiring refresher training have been scheduled for same and this will be completed by end of July 2019.</p> | |
| Regulation 24: Admissions and contract for the provision of services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The statement of purpose has been reviewed to reflect admissions to the Service.</p> | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been reviewed to clearly set out the intended age range of</p> | |

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| residents in the designated centre. | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: Quotations for the required maintenance work have been received and this work has been scheduled for completion by end of July 2019. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: Quotations have been sought for the outstanding fire door and same will be scheduled for installation by end of July 2019. All outstanding fire safety training for staff will be completed by end of July 2019. In the interim rostering arrangements will remain in place to ensure appropriately trained staff on every shift. The manual latch has been removed from fire door. | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Behaviour Support Plans will be reviewed to ensure clarity and ease of retrieval of key information for frontline support staff. | |

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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 31/07/2019 |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow | 31/07/2019 |
| Regulation 24(1)(a) | The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of | Substantially Compliant | Yellow | 01/05/2019 |

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| | transparent criteria in accordance with the statement of purpose. | | | |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 31/07/2019 |
| 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 | 31/07/2019 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1. | Substantially Compliant | Yellow | 01/05/2019 |
| Regulation 07(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents | Substantially Compliant | Yellow | 31/07/2019 |

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| | to manage their behaviour. | | | |
| Regulation 07(2) | The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques. | Substantially Compliant | Yellow | 31/07/2019 |