



Office of the Chief Inspector

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

Name of designated centre:	No.1 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	21 August 2019
Centre ID:	OSV-0005120
Fieldwork ID:	MON-0022611

About the designated centre

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

The designated centre provides full-time residential supports for a maximum of five male adults aged over 18 years in County Cork. It provides support for persons with moderate to severe intellectual disability, including those with autism. The residents may have multiple/complex support needs and may require support with behaviours that challenge. The property is a large detached dormer bungalow which has been decorated with the full involvement of the people living in the house. The house includes six large bedrooms, a dining room, a kitchen, two sitting rooms, two bathrooms, one toilet and a garage. The centre is managed locally by a Social Care Leader supported by the person in charge. The core staffing is 2/3 staff on duty with one staff on sleepover duties and 1 staff night awake. Additional staff may be assigned to support particular activities during evenings and weekends, in line with priorities identified in individual resident plans.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
21 August 2019	08:00hrs to 16:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet and interact with five of the residents residing in the designated centre. The inspector observed residents getting ready for the day ahead, with supports provided by staff members. It was evident that residents were supported to make choices in line with their assessed needs. This included using visuals to decide what they would like to eat for breakfast. Interactions between staff and residents were noted to be respectful in nature.

One resident spoke about a trip they had taken to see a rugby match in Dublin. The resident told the inspector that they had stayed overnight in a hotel, with the support of staff. Staff members told the inspector that another resident had chosen to celebrate their birthday in a local hotel. Although the resident was unable to verbalise their wishes, staff had used alternative communication methods to support the resident to choose the hotel, the food to be provided and a band to play at their party.

One resident showed the inspector their bedroom. The resident showed the inspector family photographs, posters, their keyboard and CD collection. It was evident that the residents bedroom had been decorated in line with their likes and assessed needs. The designated centre had a large garden area which included a vegetable patch, swing set and a work shed which was used by one resident.

Residents and their representatives were provided with the opportunity to complete a questionnaire about the quality of care and support they receive in the designated centre. The inspector received five questionnaires which indicated that overall residents were happy with the quality of supports provided in the designated centre. The findings of the questionnaires were discussed with the person in charge on the day of the inspection.

Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that overall, effective governance systems were in place. The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision.

The designated centre had appointed a person in charge of the designated centre. This individual held the necessary skills, qualifications and experience to fulfil the role. The designated centre had a statement of purpose, which clearly outlined the

care and supports provided to residents. The statement of purpose contained the information required under Schedule 1.

A comprehensive annual review of the quality and safety of care and supports within the designated centre had been completed. This review was completed in consultation with residents' views and the views of their representatives. It also identified areas of good practice and areas which required improvement. The registered provider had also ensured that an unannounced visit to the designated centre was completed every six months.

The inspector viewed an actual and planned roster, and discussed the staffing arrangements in place with staff members for the designated centre. It was identified that the staffing levels in place on a number of dates over the previous six months were not in line with the designated centres statement of purpose. The statement of purpose identified that the centre had at least two staff members on duty at all times. However, on a number of dates there were periods of time where only one staff member had been on duty.

A training matrix was in place in the designated centre, which provided details of the trainings completed by staff members and those that were scheduled. It was noted that all staff had received mandatory training in fire safety, managing behaviour that is challenging and the safeguarding of vulnerable adults.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a person in charge. This person held the necessary skills, qualifications and experience to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had not ensured that the number of staff on duty on a

number of occasions was in line with the designated centre's statement of purpose.

Judgment: Not compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the designated centre on the day of inspection.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care and supports provided in the designated centre and found that they were of a high standard. The premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. The designated centre was clean, warm and suitably decorated. However, the couches in the living area required replacement. It was evident that residents' bedrooms were decorated in line with their individual likes, needs and preferences.

It was evident that residents had been supported to access facilities for recreation in accordance with their interests. The inspector spoke with staff members who discussed trips that residents had taken. These included attending air shows, dog shows, sports games, restaurants and overnight stays.

A comprehensive assessment of the health, personal and social care needs of residents had been completed. An assessment of communication for one resident had identified that staff should use a form of manual signing to support the resident to communicate effectively. An action from the assessment identified that staff members would complete training in the manual signing communication system used by the resident. The inspector also viewed a behavioural assessment report which included a functional assessment of the resident's behaviours. This identified goals for the resident, such as the development of their use of the manual signing communication system. At the time of the inspection, the residents key-worker had received this training. However, there were no current plans for other staff members to complete the training.

A plan of care to support the resident had been developed following the behavioural assessment, which was reviewed on a regular basis. The inspector also spoke with staff members, who were aware of the behavioural supports in place for residents. Staff on duty were aware of the role of the designated officer and the safeguards in place to protect residents from abuse. It was identified that a protocol was in place for one resident due to their history of making allegations. There was evidence of multidisciplinary input to support the resident and staff members, to ensure that all allegations were dealt with in line with the resident's individual protocol and national policy.

The inspector spoke with staff members about the practices in relation to residents' medicines in the designated centre. A blister pack system was in place for all residents. The inspector viewed residents' medicines management systems. It was evident that the designated centre had appropriate and suitable practices relating to

the ordering, receipt, prescribing, storing, disposal and administration of medicines.

The inspector viewed the designated centre's risk register, where 11 centre specific risks had been identified. All identified risks had appropriate control measures in place. The designated centre had an emergency plan in place to provide guidance for staff in the event of a number of emergency situations.

Fire doors were in place in the designated centre however, gaps were noted due to the previous insertion and removal of a lock system in the doors. This was discussed with the person in charge who ensured that the fire doors were repaired on the day of the inspection. This ensured that effective containment of smoke and fire would be provided in the event of a fire. Emergency lights were in place in the designated centre. Fire drills were carried out within the designated centre on a regularly basis.

Regulation 10: Communication

The registered provider had not ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes. A plan was yet to be put in place to provide training for staff in relation to the manual signing communication system used by one resident, in line with their assessed needs.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The registered provider had provided opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. The premises were clean, warm and suitably decorated. However, the couches in the living area required replacement.

Judgment: Substantially compliant

Regulation 20: Information for residents
The registered provider had prepared a guide in respect of the designated centre and ensured that a copy was provided to each resident.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider had ensured that effective systems were in place for the assessment, management and ongoing review of risk.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider had ensured that effective fire management systems were in place.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The registered had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of the resident was carried out.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate health care was provided for each resident, having regard to each individual residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

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

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for 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

Compliance Plan for No.1 Stonecrop OSV-0005120

Inspection ID: MON-0022611

Date of inspection: 21/08/2019

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge will have identified staffing levels on duty as per the Statement of Purpose and Function i.e. a minimum of two staff on duty where there is full occupancy. The Person in Charge will ensure that future roster planning is achieved based on the variation specified in the Statement of Purpose depending on the activities and number of residents and will ensure that future cover required is suitably attained through the relief staff panel.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: The Person in Charge will ensure that the Staff Training Matrix includes site-specific required training and all training will be completed within refresher training times frames. The person in charge has enrolled five of the permanent staff team for full LAMH training. This is due take place on 11th October 2019</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge will ensure that the condition and suitability of the centre will be kept under constant review. The sofas identified as needing replacement in the centre will be replaced with the involvement of the residents in the period October to December 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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	11/10/2019
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/08/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2019