



Office of the Chief Inspector

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

Name of designated centre:	No.1 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	11 June 2019
Centre ID:	OSV-0005128
Fieldwork ID:	MON-0023775

About the designated centre

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

No. 1 Bilberry provides residential supports to a maximum of two female adults in the mild/ moderate range of intellectual disability. The support service operates on a Monday to Friday morning basis. All residents must be able to live independently as staff supports are not rostered on at certain times during the day. At present, staff return to the centre at approx. 21.30 and are available to the residents until 09.30 on a sleepover support roster. No. 1 Bilberry provides staff support on this basis for five nights per week. No 1. Bilberry is an end of terrace semi-detached house. It is situated in a town centre, in a suburb of Cork. It is a three storey modern house. The general layout of the house is a sitting room leading to the dining room and an open plan kitchen. There is a small patio to the back of the house. On entering the house there is a hall way with a stairs leading to the first floor. The first floor consists of two resident bedrooms and a bathroom. The third floor has one staff sleepover bedroom with en-suite and a small adjacent office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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
11 June 2019	09:00hrs to 17:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet a resident currently residing in the designated centre. The resident was welcoming of the inspector and informed them of their plans for the day ahead. The resident told the inspector about their interests, including their job at a local Café, cooking and painting. The resident showed the inspector a number of paintings they had completed, which were displayed within the designated centre. The resident showed the inspector their bedroom. It was evident that it was decorated in line with their likes and preferences.

The resident told the inspector about attending the local community independently. It was evident that the resident was supported to live independently, in line with their wishes and assessed needs. The resident was aware that they could make a complaint if they were unhappy with the supports provided. The resident told the inspector that they had choice and control over their daily life and that they were supported to access a range of activities.

The resident informed the inspector that they were happy in their home and with the support they received from staff members. The inspector observed interactions between the resident and staff and noted them to be respectful and sociable in nature. Residents were also aware of the procedures relating to fire.

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. A comprehensive annual review of the quality and safety of care and supports in 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 ensured that an unannounced visit to the designated centre was completed every six months.

Improvements were required to ensure that the statement of purpose included all the information set out in Schedule 1.

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to meet the assessed needs of the resident. It was evident

that this promoted the resident to live an independent life, in line with their assessed needs.

The registered provider had not ensured that staff had access to appropriate training, prior to commencing their role within the designated centre. One newly appointed staff member had not received mandatory training in fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

The registered provider had ensured that, on admission, there was an agreement in writing regarding the terms on which the resident shall reside in the designated centre. However, this agreement did not clearly outline the fees to be charged. The agreement identified that the resident's fee had been deferred as they were making contributions to their daily expenses. The contribution the resident was required to make towards household bills was not clearly outlined.

The registered provider had ensured the provision of an effective complaints procedure for residents which was in an accessible format. A complaints log was maintained within the designated centre. It was evident that the resident was supported to make a complaint if they wished.

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to meet the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had not ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Not 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 24: Admissions and contract for the provision of services

The registered provider had ensured that, on admission, an agreement in writing regarding the terms on which the resident shall reside in the designated centre. However, this agreement did not clearly outline the fees to be charged.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose however, it did not contain all the information set out in Schedule 1.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the chief inspector was provided with notice in writing regarding adverse incidents occurring in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure for residents which was in an accessible format.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured that the policies and procedures referred to in Schedule 5 were reviewed and updated at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

A comprehensive assessment of the health, personal and social care needs of each resident was carried out to inform their personal plan. Individual goals were clearly identifiable and it was evident who was responsible to support residents in achieving their chosen goals. Positive risk taking was observed at the centre ensuring that residents had the opportunity to live life without undue restriction.

The registered provider had provided opportunities for the residents to participate in activities in accordance with their interests, capacities and developmental needs. The resident informed the inspector that they had a paid job in the local café. The resident also spoke with the inspector about their attendance at art classes and participation in a walking group. It was evident that the resident was supported to live an independent life in line with their personal choice and assessed needs.

The registered provider had ensured that the premises were 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.

The registered provider had ensured that effective fire management systems were in place, including the provision of fire-fighting equipment, fire doors and a fire alarm system. On the day of inspection, it was observed that the key required to open the gate at the rear of the centre, in the event of a fire, was stored by the front door. This was highlighted on the day of inspection and was actioned by the staff on duty. A break glass key system was inserted at the gate to ensure the safe evacuation of the resident in the event of a fire.

The person in charge had ensured that following an assessment of the resident's capacity to self medicate, the resident was encouraged to take responsibility for their own medication. The inspector observed evidence that the resident was provided with easy read information regarding their prescribed medications. However, the person in charge had not ensured that the designated centre had appropriate practices relating to the prescribing of medication. It was observed that the resident's medication prescription and administration record did not identify the route of administration required for medications prescribed.

The registered provider ensured that appropriate health care was provided for the resident, having regard to the individual resident's personal plan. It was evident that the resident was supported to attend a medical practitioner of their choice. It was also evident that the resident's right to refuse medical treatment was respected,

documented and discussed with their medical practitioner.

Regulation 11: Visits

The registered provider had ensured the facilitation of visitors for the resident in accordance with their wishes.

Judgment: 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 were 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.

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 person in charge had ensured that following an assessment of capacity, the resident was encouraged to take responsibility for their own medication. However,

the person in charge had not ensured that the designated centre had appropriate practices relating to the prescribing of medication.

Judgment: Substantially 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 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

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not 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
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for No.1 Bilberry OSV-0005128

Inspection ID: MON-0023775

Date of inspection: 11/06/2019

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The newly appointed staff member has completed Safeguarding training on 8/7/2019. Children First HSE land on 12/12/2018 A place has been reserved on the firefighting training on 1/08/2019 and behaviour support on 3/09/2019.</p> <p>The Person in Charge will ensure that the Centre’s training matrix is reviewed in conjunction with the staff rosters and imbed the two together so that the training matrix will be up updated when rosters are agreed.</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 contract of agreement will clearly outline the fees payable under the RSMACC Charges and how the housekeeping will be managed to ensure maximum participation of the residnets in the running of the house.</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 and purpose will be reviewed to include all information as set out in schedule 1. The process of involving residence in the running and day management of the residence will be clearly outlined.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Medication prescription and administration record have now been updated and identifies the route of administration required for medications prescribed completed on 18/06/2019.</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 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.	Not Compliant	Orange	03/09/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/08/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre	Substantially Compliant	Yellow	18/06/2019

	has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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	26/07/2019