



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

Name of designated centre:	No 2 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	10 June 2019
Centre ID:	OSV-0005132
Fieldwork ID:	MON-0022595

About the designated centre

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

The designated centre comprised of two houses in close proximity to each other, in a Cork City suburb. Residential services were provided to adult males with mild intellectual disability or autism. One house comprised of a living-room, a kitchen / dining room, a staff bedroom / office, four bedrooms and two bathrooms. The second house comprised of a living-room, a kitchen / dining room, a staff bedroom, a staff office, five bedrooms, a bathroom and a shower room. Each house had external sheds for storage and utility services and all gardens were well maintained. The staff comprised of qualified social care workers, care assistants and nursing staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
--	---

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
10 June 2019	09:00hrs to 17:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

All eight residents met with the inspector on the day of inspection. All residents were extremely articulate and well able to describe all aspects of their day and life. Many had completed life stories for the inspector to read. All residents expressed happiness and satisfaction with their occupation, recreation and social and sporting activities that they felt helped them achieve greater integration in their community. Residents described life as being very good and they very much enjoyed their home, the staff that supported them and confirmed that they were afforded the freedom to choose and take part in activities that they favored. Residents were observed to be respectful of each other and looked out for each other. Positive risk taking was encouraged and supported by robust risk assessments and comprehensive care planning. All residents were observed to have very busy lives. One resident acknowledged that they would await the inspection report with interest and would access and read it on their mobile phone. Some residents had just returned from a holiday in Portugal which they had enjoyed. Each resident had been supported to complete a HIQA questionnaire which they provided to the inspector.

Capacity and capability

The inspector found that the designated centre was very well managed and resourced to meet the needs of residents with very busy, active and varied lives. Staff were respectful and kind in all interactions observed and residents were afforded quality time to talk about their working day. All staff demonstrated in-depth professional knowledge of residents and care planning was seamless to incorporate models and goals from day services and work placements, ensuring a continuity of care that involved residents in a manner that was completely understood by them. Residents appeared happy, well cared for and safe. The focus of care was person centred. Staff rosters and shift patterns demonstrated putting the needs of the residents first.

The provider had in place a team of qualified social care workers and care staff that were well qualified and the skill mix and experience was appropriate to the assessed needs of the resident's. The skill mix also included qualified nursing staff. The person in charge was qualified in social care and had experience in managing a number of designated centres. They were employed in a full-time capacity and delegated operational authority to a social care leader who was based in the designated centre. The social care leader had many years of experience working within the disability sector. Not all mandatory training was up to date, 3 of 11 staff required updated fire safety training, 3 of 11 staff required safeguarding training and 6 of 11 staff required training in managing behaviours that challenge. The

provider had in place a schedule of proposed training to address the identified gaps. Staff had undertaken additional training to meet the assessed needs of the residents. Staff development was supported through individual supervision with the social care leader.

There was evidence of a well defined and supportive management structure in place. The person participating in management was a qualified intellectual disability nurse and was proactive in ensuring that the service had adequate staff resources to meet residents individual needs. The designated centre was committed to active and regular auditing. Six monthly unannounced audits and the annual review of the service were undertaken and areas for improvement were identified, actioned and completed. Staff felt well supported within their employment and the records of staff meetings demonstrated that staff could bring up a variety of issues or concerns.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The service also provided a number of hours support to a service user who attended the designated centre on their way home from work. This service user did not reside in the designated centre but would on occasion dine with some of the residents. This arrangement had the written consent of residents. Residents stated to the inspector that they enjoyed their friend visiting and liked participating in social outings together. The provider had in place a directory of residents for all residents. All information contained specified information as determined by regulation.

All notifications of incidents arising per regulation 31 were notified to HIQA in a timely manner. Appropriate safeguarding actions were implemented by the provider. There was evidence that all incidents were appropriately investigated by the provider and involved residents, their families, social workers and designated officers.

The provider had in place a complaints and compliments policy and all complaints were well documented in a complaints and compliments log. How to make a complaint was displayed on posters throughout the designated centre and residents had an easy to read version. The information was clear on how an appeals process could be accessed. Residents knew how to initiate a complaint and stated that they would tell the person in charge, the social care leader, any member of staff or their family.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made application to renew the registration of the designated centre in a format prescribed by the Chief Inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge, in a full-time capacity who had the necessary skills and qualifications to manage a designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, skill- mix and qualifications of staff were appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to appropriate training, were properly supervised in their work and had knowledge of the standards required by the 2007 Health Act, however, mandatory training for staff was required in the areas of fire safety, managing behaviours that challenge and safeguarding vulnerable adults.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider established and maintained a directory of residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that there was a clearly defined management structure in place to provide a safe service, appropriate to residents' assessed needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a written statement of purpose that reflected the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was informed of all adverse incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a comprehensive and effective complaints procedure in place, in an easy-to-read format.

Judgment: Compliant

Quality and safety

Overall, the inspector found the designated centre was operating to a high level of compliance with the regulations. The service was observed to be of a very good quality. Residents were observed to be safe and articulated that they felt safe and happy. The needs of residents were central to all planning. Residents independence was supported and fostered and positive risk taking to help residents lead a meaningful life was supported by practical risk assessment. Staff and resident interactions were observed to be considerate, genuine and meaningful.

The premises were warm, bright, clean and well designed to meet the assessed needs of each resident. Residents were afforded individual bedrooms with privacy and there were quiet and communal areas for residents to spend time alone, if they choose. One resident indicated that they liked to dine in their room alone on certain

days of the week and staff facilitated this. The premises were well presented and external gardens, sheds and utility services were well maintained. Staff had identified the need for some painting to be addressed, primarily in kitchen areas and these works were awaited.

The fire and safety systems in place were to a good standard. All fire equipment and detection systems were serviced and all aspects of fire safety were checked by staff on a daily and weekly basis. Fire drill evacuation times were recorded and all residents were able to tell the inspector what they would do in the event of a fire and where they would go. Each resident had a current personal emergency evacuation plan and could evacuate the designated centre independently of staff.

The support of residents' rights was evident through choice of activities, support to go on foreign holidays and travels, choice of food and shopping supplies, choice of time and with whom to engage in activities with. Residents had a monthly service user meeting which accurately reflected and recorded residents input to the day to day running of the designated centre. All communication was observed to be respectful and done in a manner to support the resident. Residents had access to a communal television and individual sets in their bedrooms, if they wished. Residents had access to telephones and internet. Some residents used their phones to keep up to date with news items and personal interests. One resident enjoyed reading HIQA reports on other designated centres. Staff also focused on supporting residents to maintain friendships and relationships as well as trace family members to support residents' life stories. Some residents were environmentally aware and were very diligent in relation to the recycling of materials within the designated centre.

The standards of cleanliness and general hygiene practices were observed to be of a good standard. The inspector observed good hygiene practices in relation to hand washing and food preparation. The registered provider had in place an up-to-date health and safety statement as well as a current risk register. The risk register contained timed actions to named, responsible persons.

Positive behavioural support plans for residents were directly linked to the residents main care plan. Practices were of the least restrictive means to ensure resident safety, and all were properly risk assessed. Resident and family consent was sought and documented. Practices were subject to review. Residents stated they could leave the premises whenever they wished and had their own door keys. Individual bedrooms could be locked if residents so wished, but they did not feel the need to do so.

Each resident had an individual care plan in place and this was subject to appropriate review and revision. All information was current. Families and residents were actively involved in the review process. The goals defined with residents were realistic and supportive and tailored to residents' expressed wishes, likes and interests. Residents' home visits, social activities and involvement in their local community were well recorded. There was good evidence that residents had a meaningful stay. The standard of care to residents was observed to be of a high standard and appropriate to the individual needs of the resident. This care also included a high standard of healthcare. Each resident had an annual health check

up, had a general practitioner of choice and the input of multidisciplinary team members based on the residents specific and identified health needs. General observations were conducted each month and recorded for each individual resident.

Residents informed the inspector that they enjoyed the food in the designated centre. Residents also liked to eat out and attend restaurants. Some residents stated that they preferred staff to cook their meals, especially after they had done a days work. It was evident that there was nutritious food of choice available to residents, without restriction, unless a resident was being supported in regards to weight management.

Each resident had adequate storage for their personal clothing and possessions and were involved in the maintenance and cleaning of individual bedrooms. Residents were assessed and demonstrated an ability to manage their own financial affairs and staff supported all residents appropriately in this regard. All expenditure had receipts in place and items were checked and countersigned by staff.

All medicines-were securely stored by staff who had undergone training in the safe administration of medicines. Resident self administration of medication was assessed by the staff and some residents were administering their own medication with minimal staff support. There was evidence that any resident who had a known allergic reaction to medicines had this information well highlighted within their personal care plan, their healthcare plan and the medicines prescription sheet.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported at times to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident maintained control over their own possessions and finances with staff support.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident was provided with appropriate care and support in relation to their wishes and to facilitate activities and recreation to make each day meaningful.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the designated centre was laid out and designed to meet the needs of the residents, however some areas of the designated centre required painting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that all residents had access to and a choice of nutritious and wholesome food.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had in place a risk management policy and risk register, including a system to respond to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents who may be at risk of healthcare infections were protected by adopting procedures and standards that reduced the risk.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had good practices and procedures in place to reduce the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had in place a suitable system and practices for the safe administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that each resident had a comprehensive care plan in place that was subject to regular review.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that each resident had an appropriate healthcare plan in place and that services were available to each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the informed consent of the resident.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop the knowledge, self awareness, understanding and skills for self care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident participated and consented to decisions about their care and support.

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	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No 2 Bilberry OSV-0005132

Inspection ID: MON-0022595

Date of inspection: 10/06/2019

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge has scheduled all outstanding training for staff and is committed to ensuring the staff training matrix is kept updated to ensure oversight on trainings. Training gaps identified during the inspection in fire safety, managing behaviours that challenge and safeguarding vulnerable adults will be completed by 31 July 2019.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge has arranged for painting of the premises to be completed by 26 July 2019 and to ensure that all future maintenance issues are advanced on a timely basis.	

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	31/07/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	26/07/2019