



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

Issued by the Chief Inspector

Name of designated centre:	Poppy Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	02 September 2020
Centre ID:	OSV-0004472
Fieldwork ID:	MON-0030237

About the designated centre

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

Poppy Services is run by Brothers of Charity Services, Ireland. The service comprises of three premises, which are located in three different locations close to Roscommon town. The premises supports three residents in one house, two residents in another and one resident in the third. The centre can provide care to for up to six male and female adults who have a moderate to severe intellectual disability and autism. One of the houses operates as shared care arrangement with family for part of the week. The centre is managed by a qualified nurse and social care staff are available at all times to support the residents. The residents avail of a wrap-around day service with is operated from the individual houses.

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
Wednesday 2 September 2020	09:30hrs to 16:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

As part of the inspection, the inspector met with three of the five residents in two of the houses which comprise the centre at various times during the day. Some residents were unable to directly share their views of the service but indicated their satisfaction in their lives and their home by using signs and allowed observation of some of their routines and activities. Staff supported the residents to communicate with the inspector and acted as advocates on their behalf. The residents were observed to be in good spirits, engaging in the activities they wished to, having their meals when they wished and engaging easily with the staff. Their personal care was attended to quietly and with dignity.

One resident told the inspector about his hobbies and interests and was glad to be getting out more with the easing of restrictions. He explained that risk of COVID-19 was serious and they had to be careful.

During the day residents participated in their preferred activities, using the computer and tablet computer and enjoying staff company while the meals were being made. They indicated their preferred activities during the day and staff facilitated this.

The premises were comfortable and suitable for purpose with good private and communal space, which allowed the residents to move about easily and without restrictions. The environments in the houses were low arousal and calm which suited their needs.

Capacity and capability

This risk inspection was undertaken to ascertain the providers continued compliance with the regulations and the provider's planning and management of the COVID-19 pandemic. The last full inspection of the centre took place in November 2018. The provider had taken a number of initiatives at that time, which involved the temporary relocation of some residents in order to complete a significant refurbishments of the premises, fire safety management systems in the premises and setting up a single occupancy house. These were reviewed via a site visit in February 2019 prior to the residents moving back in.

This inspection found that this was a well-managed centre with good systems and levels of oversight evident to ensure the residents' needs and wellbeing was prioritised. The person in charge was suitably qualified and experienced and was fully engaged in the management of the centre. The person in charge was responsible for two designated centres. However, on this inspection this was not

found to have a negative impact on the residents.

There were good reporting and quality assurance systems in place, which supported the residents' quality of life and safety and was responsive to changing needs. These included the provider's unannounced visits to the centre, and audits undertaken on a range of relevant issues including medicines management and errors, incidents and accidents, risks to the residents, and health and safety issues. Where issues were identified in these audits, suitable actions were taken to prevent re-occurrences. These systems had continued safely during the pandemic. The provider had made changes to the arrangements for respite or shared care to support the residents with due regard to their vulnerabilities during the pandemic. This was done in consultation with their families.

There were effective systems also for the oversight of the management of residents' finances, who all required support, and evidence that the provider responded appropriately to any concerns or complaints made by or on behalf of the residents. Consultation and good communication with the residents and their families, which was appropriate in this instance, was also evident.

The annual report for 2019 was available and the views of the residents and their representatives are actively elicited.

The staff ratio and skill mix was suitable to the needs of the residents, overseen by the person in charge, who was a qualified nurse. The rosters were seen to be flexible to the residents' needs, routines and activities, with some residents having 1:1 support. There was a contingency plan available in the event of staff shortages during the pandemic, and some day service staff had been assigned to provide additional supports.

The provider ensured that staff had the training and skills to support the residents with any gaps noted due to COVID-19 rescheduled. Staff spoken with demonstrated that they knew the individual residents very well and how to support them. There were effective systems for communication, with evidence of good handovers. Team meetings had recently resumed and the records seen were of good quality and focused on the residents. Formal staff supervision systems had not been fully implemented but there was evidence of oversight and monitoring.

From a review of the accident and incident records, the inspector noted that all of the required notifications had been forwarded to the Chief Inspector with appropriate actions taken in response to any incidents. The actions arising following the previous inspection were related to the consent /consultation for the use of any restrictions for the residents and the addition of the lone working arrangement on the risk register. Both had been addressed. However, having reviewed the policy on lone working, while detailed in the health and safety aspects for staff, with emergency alert systems and a "buddy system" with a second house within the centre, it does not outline systems to protect the vulnerability of the resident in this circumstance.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and was fully engaged in the management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff ratio and skill mix were suitable to the needs of the residents, overseen by the person in charge, who was a qualified nurse. The rosters were seen to be flexible to the residents' needs, routines and activities, with some residents having 1:1 support.

From a review of a small sample of personal files, the provider had sought the necessary An Garda Síochána vetting and appropriate references and the other required documentation prior to the employment of the staff.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff had the training and skills to support the residents with any gaps noted due to COVID 19- rescheduled.

Formal staff supervision systems had not been consistently implemented however.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre was well-managed with good systems and levels of oversight in place to ensure the residents' needs and wellbeing was prioritised.

Judgment: Compliant

Regulation 31: Notification of incidents
From a review of the accident and incident records, the inspector noted that all of the required notifications had been forwarded to the Chief Inspector with appropriate actions taken in response to any incidents.
Judgment: Compliant
Regulation 34: Complaints procedure
There were systems in place to respond to any complaints or concerns raised by, or on behalf of, the residents.
Judgment: Compliant
Regulation 4: Written policies and procedures
While all of the required policies were implemented, the policy on lone working required review to ensure it included systems for oversight and protection of the residents in cases where they are supported by only one staff, and were not in a position to express any concerns.
Judgment: Substantially compliant
Quality and safety
The inspector found that the resident's quality and safety of life was prioritised. They had very good access to a range of relevant multidisciplinary assessments and interventions including physiotherapy, speech and language, dietitians, occupational therapy and neurology. All clinical assessments, treatment and reviews had continued during this period via a number of different formats. These assessments informed the plans implemented by the staff to support the residents. The residents care was reviewed frequently and both they, and their representatives, were consulted with and involved in decisions regarding their care. These systems ensured that their needs were known, and responded to, in a timely manner. Their social care needs, hobbies and developmental needs were actively promoted so as

to ensure a meaningful life for the residents

While their access to external activities and the community had been impacted on by the COVID-19 pandemic, there was evidence that the residents had been supported by a number of strategies to understand the reasons for the restrictions, and suitable visual information was used to assist them. The provider had initiated a programme of ongoing advice and trials of activities which helped the residents during this time. Alternatives routines were devised, which included doing cookery, gardening in the centre, taking photographs, using technology and continuing as much as possible with her own hobbies. The residents were assisted to develop life and personal care skills to assist them in being more independent. The residents' personal goals, in relation to their activities, skill building, such as managing money, were identified in consultation with them, with step by step plans to ensure these were achieved. Their progress was monitored. This system resulted in positive outcomes for the residents' lives. In the normal course of events, the residents participated in a wrap around day service, tailored to their preferences. These included, horse-riding, pitch and putt, going shopping and Special Olympics training. The routines were individualised for each person.

However, the documentation used for the purposes of planning, day-to-day supports and review was cumbersome and not easily retrieved. Nonetheless, from other records, speaking with staff and observation the inspector was assured that the care was provided in accordance with the assessed needs of the residents. This was discussed with the area manager and person in charge at the close of the inspection who agreed to review the documentation.

Safe external activities, family, and home visits were being reintroduced slowly, with due regard to the residents vulnerabilities and public health advice. All efforts had been made to reduce the impact of the restrictions including contact with families via technology. Where families had opted to have a resident at home during the pandemic, day support service had continued from the centre.

The residents' healthcare needs, some of which were complex, were very well monitored, with evidence of regular review. Their dietary needs were monitored and very well known by the staff. Significant works had been undertaken to assist the residents understanding and relieve anxiety so as to ensure they could receive the necessary medical care. For example, modelling having bloods or weight taken so that they were not unduly stressed by the experience.

The residents were supported to communicate in their preferred manner and had communication plans in place, some devised by speech and language therapists. Staff used sign language, and pictorial images to assist the residents. It was apparent from observation that the staff and the residents communicated well and warmly.

There were a number of systems used to promote the resident rights. These included residents meetings, but primarily individual key working meetings where they were consulted regarding their routines and staff used both pictorial images and signing to assist them. Their individual preferences regarding their activities,

training and routines in the house were actively sought to ensure they were involved and consulted. A number of the residents were registered to vote.

There were effective systems, policies and procedures in place to protect residents from abuse and these were implemented when necessary. The inspector found that that the provider acted promptly and appropriately to any such concerns. Each resident had an intimate care plan which took account of the resident's preferences for this support and their privacy and dignity were respected in this. These had also been amended to reflect the COVID-19 requirements for the use of personal protective equipment.

There were good systems evident to support residents with behaviours that challenged, some of which was complex and enduring, and to reduce the impact of the behaviour, thereby improving the quality of life for the residents. These plans were seen to be carefully monitored, staff were supported, not only by training, but by the frequent intervention and direction of the specialists involved. This could be seen to have had to have a positive impact on the resident's day-to-day life. From a review of the incident reports and speaking with staff the inspector was assured that staff were familiar with the individual plans for the residents and the low arousal environment supported them.

The use of restrictive practices was minimal, implemented for the residents own safety, assessed appropriately, reviewed, monitored and removed, when no longer necessary.

Risk management systems were effective, centre-specific and proportionate to the issues. There was a detailed centre-specific risk register which identified all of the environmental and clinical risks for the individual residents. Identified risks were responded to promptly, for example, the risk of a resident leaving the centre, or being injured. The response however, was balanced, and the need for any strategies implemented was reviewed, so as not to unduly impact on the residents life or activities.

Fire safety management systems were in place and appropriate fire drills were held with the residents. Fire alarms and equipment were in place, serviced and monitored as required.

Medicine management and administration systems were safe. Medicines were frequently reviewed and their impact on the resident monitored. Any medicine errors noted, which were minimal, were promptly responded to and systems implemented to prevent re-occurrences.

The policy and procedures for the prevention and management of infection had been revised and reviewed to reflect the increased risks and challenges of COVID-19 and to protect the residents. A number of strategies were deployed; these included: restrictions on any visitors to the centre; increased sanitising processes during the day, protocols for staff coming on and leaving duty, the use of and availability of suitable PPE when necessary, and staff teams were deployed in a manner so as to reduce unnecessary crossover.

Staff and residents were monitored frequently for symptoms. The inspector saw that the residents were supported with this and staff used to appropriate equipment personal protective equipment when required. The risk register had been reviewed to reflect the gradual easing of restrictions, activities and visits.

These systems were being monitored. The provider had sought guidance from the relevant agencies and appointed a lead staff to offer direction and updated guidance. The premises are suitably large with some en suite facilities , space to allow social distancing and low numbers of residents in each house which also helped in the prevention of infection. The premises were noticeable clean on the day of the inspection.

Regulation 10: Communication

The residents were supported to communicate in their preferred manner and had communication plans in place, some devised by speech and language therapists. Staff used sign language, and pictorial images to assist the residents. It was apparent from observation that the staff and the residents communicated well and warmly.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was a detailed hospital passport available in the event that residents required transfer to acute care services.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were effective, centre-specific and proportionate to the issues. There was a detailed centre specific risk register which identified all of the environmental and clinical risks with detailed individualised risk management plans for each resident. Identified risks were responded to promptly to ensure the residents safety.

Judgment: Compliant

Regulation 27: Protection against infection

The policy and procedures for the prevention and management of infection had been revised to reflect the increased risks and challenges of COVID-19 and to protect the residents.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety management systems were in place and appropriate fire drills were held with the residents. Fire alarms and equipment were in place, serviced and monitored as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable and safe systems for the management and administration of resident's medicines. Medicines were frequently reviewed and their impact on the resident monitored. Any medicine errors noted, which were minimal, were promptly responded to and systems implemented to prevent re-occurrences.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had very good access to a range of relevant multidisciplinary assessments a

Support plans were implemented by the staff to support the residents. There was evidence of good review and follow up for all the residents identified care needs. The residents care was reviewed frequently and both they, and their representatives, were consulted with and involved in decisions regarding their care.

Their social care needs, hobbies and developmental needs were actively promoted

so as to ensure a meaningful life for the residents

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs, some of which were complex, were very well monitored, with evidence of regular review which had continued during the pandemic.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good systems evident to support residents with behaviours that challenged, some of which was complex, and reduce the impact of the behaviour, thereby improving the quality of life for the residents. These plans were seen to be carefully monitored, and this could be seen to have had to have a very positive impact on the resident's day-to-day life.

The use of restrictive practices was minimal, implemented for the residents own safety, assessed appropriately, reviewed, monitored and removed when no longer necessary.

Judgment: Compliant

Regulation 8: Protection

There were effective systems, policies and procedures in place to protect residents from abuse and these were implemented when necessary. The inspector found that that the provider acted promptly and appropriately to any such concerns.

Judgment: Compliant

Regulation 9: Residents' rights

There were a number of systems used to promote the resident rights. These included residents' meetings, but primarily individual key working meetings where

they were consulted regarding their routines. Staff used both pictorial images and signing to assist them in making their feelings known and understanding decisions. There were systems to protect their finances. There was evidence of good consultation regarding all decisions with their families and representatives to assist the residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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 Poppy Services OSV-0004472

Inspection ID: MON-0030237

Date of inspection: 02/09/2020

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A plan is in place with a schedule for the Manager/ PIC to hold formal staff, support and supervision with all staff in the service.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Lone Working Policy will be reviewed to ensure it includes systems for oversight and protection of the people supported in cases where they are supported by only one staff, and are not in a position to express any concerns.	

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/01/2021