



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

Name of designated centre:	No 3 Seaholly
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	11 December 2018
Centre ID:	OSV-0005135
Fieldwork ID:	MON-0021957

About the designated centre

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

No 3 Seaholly is located in Cork City suburbs. It is within access to shops, transport and amenities. The service provides full-time residential supports for two adults with moderate/severe intellectual disabilities including autism. Individuals may also require support with behaviours that challenge.

The designated centre is a bungalow which comprises of two self-contained apartments. Both have been adapted to meet the individual needs of the residents. Each apartment also has a separate secure outdoor area, designed to meet each individuals' needs. One of the areas has an all-weather surface which enables the individual to access the area all year round as they choose. The designated centre also has a staff office and staff bedroom.

The centre has an integrated day service for the residents. The centre's focus is on meeting the individual needs of each person, by creating a homely environment.

Individuals are supported to participate in household, social and leisure activities. The residents are supported by social care staff during the day with one waking staff and one sleep over staff by night. A team of support workers provide support to the residents with planned activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

To prepare for this inspection the inspector or 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 December 2018	09:15hrs to 16:30hrs	Elaine McKeown	Lead
11 December 2018	09:15hrs to 16:30hrs	Anna Delany	Support

Views of people who use the service

The inspectors had the opportunity to meet with both residents living in the centre. While both residents did not wish to interact with the inspectors during the inspection, inspectors observed that the residents were supported by all staff present in a professional and respectful manner. There was a consistent approach by all staff when communicating with the residents and supporting them with activities in the centre during the inspection. Throughout the centre there were photographs of family members of both residents, inspectors reviewed documented evidence that showed both residents had on-going family interactions.

Inspectors had the opportunity to review residents' satisfaction questionnaires which had been completed with the support of their key workers. Residents and their families were happy with the centre and with the support they received from staff. One resident enjoyed their outdoor area which had been renovated since the last inspection. The other resident enjoyed having their own transport and being supported to access community activities when they chose to do so.

Capacity and capability

This was a good service and throughout the inspection the provider demonstrated their capacity and capability to deliver a safe, effective and quality service to residents. There was a clear governance structure and effective operational management systems in place. Overall, the inspectors found that the centre was adequately resourced to meet the needs of the residents. In addition, inspectors found that the provider had addressed the actions from the previous inspection.

The person in charge works full time in the role, he currently has remit over four designated centres, three of which are within close proximity to each other. The person in charge was supported in this designated centre by a social care team leader. This person has been in the role in an acting capacity for eighteen months at the time of inspection. Both persons were very knowledgeable of their roles and responsibilities. There were systems in place, such as audits, staff supervision and management meetings, to ensure that the service was provided in line with the residents' needs.

The number, skill mix and qualifications of the staff members on duty in the designated centre was found to be appropriate to the number and assessed needs of the residents. There was a planned and an actual staff rota in place that showed continuity and consistency of staff was maintained by a core staff team. Staffing allocation was based on assessed individual needs and at night time staffing included one waking staff and one sleep over staff. A sample of staff files were

reviewed and found to contain all the information required in Schedule 2 of the regulations.

The directory of residents did not include all the information required under the regulations however; inspectors saw this information was available elsewhere in residents' files.

A statement of purpose was in place and there was evidence that it was implemented in practice. However, some information required by registration regulation five was not in place and other information was not accurate. Details of the conditions of registration were not contained in the document. While the statement of purpose included a description, both in narrative and floor plan, of the rooms in the designated centre, this was not accurate. In addition, the information with regard to staffing compliment was not reflective of waking and sleep-over staff numbers. The provider has been actively engaging with the inspector to ensure this document meets the regulatory requirements.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation, required for the renewal of the designated centre's registration, was submitted. The provider has also reviewed the documentation following the inspection to ensure the application meets the regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The actions from the previous inspection had been addressed. The role of the person in charge was full time and the person who filed this role had the required qualifications and experience. He was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff

working at this centre was appropriate to the assessed needs of the residents.
Judgment: Compliant
Regulation 16: Training and staff development
The actions from the previous inspection had been completed. The provider had effective procedures in place to ensure all staff had access to appropriate training including refresher training. All staff were appropriately supervised.
Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents was maintained by the registered provider. However not all of the information required by the regulations was included in this directory, for example nursing and medical care provided to the residents and details of on-going medical assessments.
Judgment: Not compliant
Regulation 21: Records
Records relating to Schedule 2, 3 and 4 of the regulations were maintained appropriately and met the requirements of the regulations. These records were records are accurate and up to date.
Judgment: Compliant
Regulation 22: Insurance
The centre is insured against accidents or injury to residents.
Judgment: Compliant

Regulation 23: Governance and management

The actions from the previous inspection had been addressed. There were effective governance, leadership and management arrangements to govern the centre. A registered provider nominee visited the centre twice in 2018 and produced reports on the safety and quality of care and support provided in the centre. There were systems in place, such as audits, staff supervision and regular staff meetings, to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Appropriate contracts for care were in place for the residents. These included details of the fees being charged to the residents'. Inspectors examined one contract and saw that it had been appropriately signed by the residents' relatives and by the registered provider and was dated.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the centre. While it had most of the information required under the regulations, it did not include information contained with the certificate of registration. While the statement of purpose included a description, both in narrative and floor plan, of the rooms in the designated centre, however this was not accurate. In addition, the information with regard to staffing compliment was not reflective of waking and sleep-over staff numbers..

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the designated centre is maintained. Timely notifications were submitted to the Chief Inspector. Notifications received correlated with the incidents recorded in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

An appropriate complaints procedure was in place and inspectors saw evidence that this was being implemented. There was evidence that complaints were well-managed and bring about changes when required. There is a culture of continuous improvement where complaints are used to plan, deliver and review services. An independent nominated person is available to residents to ensure all complaints are responded to appropriately and that the records are maintained, as required and that there is independent monitoring of complaints. The complaints process is user-friendly, accessible to all residents and displayed prominently.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had all of the written policies and procedures required under Schedule 5 in place. These were reviewed every 3 years at a minimum.

Judgment: Compliant

Quality and safety

During the course of the inspection, inspectors found that residents were happy and supported to both maintain and develop their level of independence in line with their assessed needs. Practices in the centre ensured residents were safe from harm.

Residents were assisted and supported to communicate in accordance with their needs and wishes. Staff were aware of the different communication needs and supports of residents and ensured these needs were being met. The registered provider facilitated residents to visit their families regularly and to receive visitors in

the centre where there were appropriate communal areas.

The person in charge made efforts to ensure that, as far as reasonably practicable, each resident had access to and retained control over their property. Residents were supported to manage their finances and to spend their money in accordance with their wishes. While money being spent was countersigned by staff, money being received was not.

Residents are consulted and participate in how the centre is planned and run and they were informed of the daily arrangements in the centre. Residents exercised choice and control in their daily life. However, one of the resident's did not have access to day services. There was evidence that the registered provider was making efforts to arrange such day services and were hopeful that they would be in place in early 2019.

Residents' personal planning arrangements were comprehensive and reflected both staff knowledge and practices on how to support each resident with their assessed needs. The personal plans were up to date and the information was effectively communicated to staff to ensure consistency in the support provided to the residents. The consistency of the core team has also positively impacted on one resident achieving a developmental milestone which has a direct impact on this resident's quality of life with continued positive benefits. The team are actively supporting this individual to identify and attain further goals going forward.

Residents' healthcare needs were responded to as required. One resident is currently being supported for an on-going medical issue and inspectors were informed of the planned review by a consultant specialist in early 2019.

The inspectors found the centre was clean and well furnished during the inspection and the actions from the previous inspection had been completed. The person in charge informed inspectors of the progress being made in reducing the amount of support required by one resident in their bedroom and other areas in their apartment. However, as discussed with the person in charge during the inspection some general maintenance issues needed to be addressed. The lighting and flooring in the staff office, a review of peep holes present in two internal doors that are no longer being used and a review of the gable wall where paint was peeling.

Inspectors found a consistent approach in the management of incidents that have occurred. The use of restrictive practices have been reviewed in line with the provider's policy and procedures. There is good oversight by the provider to ensure the least restrictive methods are used with clear guidance for staff while ensuring the rights of the residents are maintained.

Regulation 10: Communication

Residents were assisted and supported to communicate in accordance with their needs and wishes. Staff were aware of the different communication needs and

supports of residents and ensure that these needs are met. Individual communication requirements were documented in residents' personal plans and reflected in practice

Residents had access to televisions and their choice of television programme. They also had access to appropriate media. There was a telephone available in the centre and one resident had their own mobile phone.

Judgment: Compliant

Regulation 11: Visits

There was evidence that the registered provider facilitated the residents to receive visitors in accordance with their wishes. There were suitable communal facilities and private areas for the residents to receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge made efforts to ensure that, as far as reasonably practicable, each resident had access to and retained control over their property. Residents were supported to manage their finances and to spend their money in accordance with their wishes. While money being spent was countersigned by staff, money being received was not.

Residents' linen and clothes are laundered regularly and returned to the correct resident. There was enough space for each resident to store and maintain clothes and other possessions.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The registered provider ensured that the residents received appropriate care and support having regard to the residents' assessed needs and abilities.

Judgment: Compliant

Regulation 17: Premises

The actions from the previous inspection had been completed. The centre reflected the residents' personal choices and interests. The design and layout of the centre was suitable for its stated purpose and met the residents' individual needs. The centre was clean and well furnished. However, some areas of general maintenance required attention by the provider.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was adequate provision for the storage of food in hygienic conditions. The kitchen areas were also warm and inviting spaces to dine. There was evidence that there was a varied menu of wholesome and nutritious available to residents. In addition, there was evidence that snacks and other refreshments were available to residents. Both residents had particular dietary requirements and there was evidence that the food provided was consistent with these dietary needs.

Judgment: Compliant

Regulation 20: Information for residents

The resident's guide was maintained by the registered provider and included all of the required information.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management policy includes all required information. The registered provider ensured there were systems in place in the designated centre for the assessment, management and on-going review of risk. The provider is using an electronic risk management system which enables the person in charge to have greater oversight on the risks identified in the centre and the management of identified risks. However, the most recent medication audit did not identify a medication error that had occurred in the centre. On review of documentation the inspector also found no actions documented following another medication error that

had occurred.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The actions from the previous inspection had been addressed. The registered provider had ensured that effective fire safety management systems were in place which included regular fire drills, fire equipment checks, up-to-date staff training, containment measures and detection systems.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The actions from the previous inspection had been completed. The person in charge ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medications.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The action plans that were reviewed were comprehensive and reflected the residents' needs and staff knowledge. Residents' participated in their annual personal plan review meetings and their personal goals were being progressed.
Judgment: Compliant
Regulation 6: Health care
The health needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices in the centre were fully assessed to ensure they were in line with positive behaviour supports and organisational policies and procedures. Residents were supported with behaviours that challenge, the provider had ensured that behaviour management plans were in place which supported each individual. Staff were knowledgeable on the residents' behaviour support plans and had received up-to-date training to ensure the support provided was in accordance with current practice developments.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff and ensure that the residents were safe from harm.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors saw staff treating residents in a respectful and dignified manner and there was evidence that staff had developed positive relationships with the residents.

Residents are consulted and participate in how the centre is planned and run and they were informed of the daily arrangements in the centre. Residents exercised choice and control in their daily life, for example residents decided not to go to day services, chose not to eat meals and chose which television programmes to watch. The families of the residents were appropriately included in planning for the residents care. Details with regard to available advocacy services had been provided to the families of residents. Personal care practices respected the residents' privacy and dignity. Residents have access to advocacy services. Residents can have private contact with family and significant others.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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	Compliant
Regulation 19: Directory of residents	Not compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially 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 3 Seaholly OSV-0005135

Inspection ID: MON-0021957

Date of inspection: 11/12/2018

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 19: Directory of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Directory of Residents will be updated by 31 January 2019 to include the information in Schedule 3 - 3(a) to 3(e) inclusive and Schedule 4 Paragraph 7-9 inclusive as set out in the Authority's Guidance on Directory of Residents.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been amended to include the conditions as set out in the certificate of registration, update narrative on the layout of the Centre and floor plans and further explanation on complement of staff at night. [18 December 2018]	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: All entries for money received will be double signed by staff from the 11/12/18	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Checks have taken place to identify the source of water marks on one wall that had been recently painted. Remedial works will be carried out and the wall will be repainted.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Medication incident forms were reviewed and any learning including actions have been recorded on the documentation, 05/01/2019.	

The medication audits will include a review of the incident log of the centre to ensure completeness of the review of errors. The audit will report on the appropriateness of the actions taken as per these error reports.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	11/12/2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Red	31/01/2019

Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	05/01/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	18/12/2018