Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Boherduff Services Clonmel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	21 February 2022
Centre ID:	OSV-0005363
Fieldwork ID:	MON-0035998

About the designated centre

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

Boherduff Services Clonmel is run by Brothers of Charity Services Ireland. The centre can provide residential care for up to nine male residents, who are over the age of 18 years and who have an intellectual disability. The centre is located in a town in Co.Tipperary and comprises of two single storey dwellings and a self contained apartment. All residents have their own bedroom, some en-suite facilities, shared bathrooms, sitting room, kitchen and garden area. Staff are on duty both day and night to support the residents who live here. Residents are supported by a social care leader, social care workers, staff nurse and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 (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
Monday 21 February 2022	12:30hrs to 18:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with five of the six residents that lived in the designated centre. This designated centre comprised of two buildings. At the time of this inspection, five residents were supported in one house, while one resident was supported in the second house. Both houses were located nearby, in an urban area.

This centre was previously inspected in November 2021, where significant levels of non-compliance with the regulations were found. The registered providers compliance plan response had not been accepted. As a result, the chief inspector could not make a decision on the designated centre's application to renew registration. This risk based inspection was completed with two clear objectives, to identify if the registered provider had taken appropriate action to come into compliance with the regulations, and to make a decision on the designated centre's application to renew it's registration. As this inspection was completed during the COVID-19 pandemic, the inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

The inspector met the five residents living in one of the houses on their return from day service. Residents could not verbally communicate their views to the inspector. Therefore, the inspector observed residents' physical prompts, gestures and interactions with staff members and their physical environment. The inspector also spoke with staff members and observed the supports they provided to residents in their home.

Overall, the inspector found a lack of appropriate staffing resources negatively impacted the quality of care and support that residents received in their home. The registered provider acknowledged that as a result of inadequate staffing levels, residents may be subject to undue harm, as staff members could not supervise all residents appropriately. It was observed during the inspection that residents were provided with support to meet their basic needs including feeding and intimate care, however there was little meaningful engagement or one to one person centred support provided to residents.

Residents were provided with supports in a kind, caring and respectful manner by staff members. In this house, residents required full support from staff members to meet their personal hygiene needs, to eat and drink and to ensure their safety. Staff members spoken with told the inspector that providing such supports to residents was difficult due to the level of support residents required, and the staffing ratio in the centre. The five residents were supported by two staff each day. On weekends, a third staff member worked for an additional 10 hours. One staff member completed a waking night duty.

Residents were observed standing beside staff members and following them as staff attempted to complete their work duties. Staff members had to repeatedly redirect multiple residents at the same time due to residents' lack of safety awareness. This included kitchen hazards such as the oven and hob and also food items in the kitchen due to residents' risk of grabbing food or fluids that were not in line with the consistency outlined in their swallow care plan. On one occasion the inspector observed a resident who required thickened fluids grab a drink of water that was unthickened and take a drink. At this time, the staff member in the vicinity was attempting to redirect another resident from the oven.

The inspector observed staff members standing as they fed residents who were sitting down, so that they could repeatedly look down the hallway to observe a resident who was at risk of absconding from the centre. Staff members were also observed supporting multiple residents to have a drink at the same time.

Staff members noted that they could not leave the centre to provide residents with meaningful activities including walks or trips on the bus when there was only two staff members on duty. It was also difficult to provide them with meaningful in-house activities other than watching television and the use of sensory items. The inspector observed little interaction or engagement with residents, other than to redirect them from hazards or to provide their basic care and support needs.

The inspector did not have an opportunity during this inspection to meet with the resident who received an individualised service. This was because the resident had plans to meet with a family member after they had attended their day service. The inspector did speak with the staff member on duty who provided support to this resident. It was evident that they knew the resident well, and were involved in multi-disciplinary discussions regarding the resident and their support needs. It was evident from discussions with management that there were plans being made to provide this resident with a permanent home that would meet their needs.

In summary, a lack of appropriate staffing negatively impacted on the quality of care and support residents received. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

It was evident that one of the designated centre’s houses, where five residents lived, was not effectively resourced to meet their individual care and support needs. This was found to impact heavily on the residents living there in terms of their everyday lived experience.

Staffing levels have been highlighted by HIQA as a concern in this centre since 2017. This had a direct and negative impact on the quality of care and support

provided to these residents, which resulted in incidents that put residents at risk of harm on occasion. This included an incident where a resident left the designated unobserved by staff members, despite them requiring staff supervision at all times. Whilst this resident was thankfully found in the locality safe and the provider implemented further control measures following the incident (in the form of restrictive practices - door/gate locks) it ultimately highlighted the risk associated with the inadequate supervision levels in the centre.

The inspector also observed incidences where residents with no safety awareness required repeated redirection from hazards, and little meaningful engagement or activities being provided.

Clear lines of authority and accountability were not provided in this designated centre. There were different reporting structures in the two houses which meant that the person in charge had not being involved in the oversight and management of one of the houses, despite them being the appointed person in charge. At the time of this inspection, the person in charge was absent from the designated centre. The person responsible in the interim period was not involved in the management and oversight of one of the houses. It was also noted that the remit of this individual's role was too large to provide assurances that they would be able to ensure the effective oversight and monitoring of the designated centre, until a new person in charge was recruited.

Regulation 14: Persons in charge

A person in charge had been appointed to the centre in December 2021. At the time of their appointment to the role, the registered provider had not submitted appropriate information and documentation including evidence of the qualifications required to fulfil the role.

The person in charge was absent at the time of this inspection and the inspector was informed they would not be returning. Recruitment of a person in charge was going through due process at the time of the inspection. While an individual had been appointed to cover the person in charge absence whilst a permanent person in charge was recruited, this individual was responsible for the management and oversight of four day services and seven residential services. The inspector was not satisfied that they could ensure effective governance, operational management and administration of this designated centre due to their remit.

Judgment: Not compliant

Regulation 15: Staffing

The registered provider had not ensured that the number of staff on duty was appropriate to the number and assessed needs of the residents. This had a negative impact on the residents' quality of life, and it had resulted in incidents which placed residents at risk of harm.

An analysis of an incident where a resident left the designated centre unobserved by staff members was reviewed as part of this inspection. It was identified that the resident, who had no awareness of dangers and safety, including road safety, left the designated centre and was missing for a period of 10 minutes. Staff members had found the resident unharmed walking 1.2 kilometres away from the designated centre, in a busy urban area. The inspector reviewed the resident's positive behaviour support plan, which pre-dated this incident. This plan stated that the resident required staff supervision at all times due to their lack of safety awareness. It was evident that this level of supervision was not in place at the time of the incident.

A risk assessment had been completed by the registered provider due to the inappropriate staffing levels in the centre. The risks associated included inadequate supervision of residents, restricted activities, tiered personal care (residents having to wait until staff could support them to meet their personal hygiene needs) and staggered meal-times. It also referred to inappropriate provision of night-time support and supervision. For example, it stated that night time safety checks for other residents may be impacted if the one staff member on duty at night needed to support a resident with fluctuating mental health concerns. It was also noted that this resident's personal plan stated that they regularly required 1.1 staff support at night, which could not be provided given the night-time staffing levels in the centre. Although staff members could seek an additional waking night staff if this resident was displaying signs of fluctuating mental health, it was not always possible to locate a staff members to complete the waking night shift on short notice.

The registered provider had sought funding to increase the day-time and night-time staffing levels in the centre, however there was no evidence of a commitment or assurance to improve/address this resource issue. It was evident that it was difficult for staff members to provide anything other than residents' basic care and support needs including personal hygiene, intimate care and feeding eating and drinking.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not demonstrated compliance with governance and management on all inspections completed by HIQA since 2018. This did not provide assurances that the registered provider would take satisfactory actions to come into compliance with the regulations.

Management structures and lines of authority and accountability were not consistent in the two houses that were part of this designated centre. As outlined in the designated centre's statement of purpose, staff members in one of the houses ordinarily reported directly to the person in charge. Due to the absence of a person in charge, staff reported directly to the acting services manager. Staff members working in the second house reported directly to a different services manager. The staff members in this house had not reported to the person in charge when they were in the role. Therefore, the person in charge did not have authority or responsibility regarding the management and oversight of this house, despite them having been the appointed person in charge of the designated centre at that time.

At the time of this inspection, the person responsible while a new person in charge was recruited, was not involved in the oversight or management of this house. This did not ensure consistent and effective oversight of the centre.

The inspector requested documentation relating to any audits or reviews carried out in the house where residents were not provided with appropriate staffing. The inspector was advised that an unannounced six monthly visit had been carried out, however this report was not available for the inspector to review. The inspector was also advised that the registered provider representative had recently visited the centre to review staffing. There was no further evidence of audits or reviews in the centre, since the HIQA inspection completed in November 2021. This did not demonstrate that management systems were in place to ensure the service provided to residents was safe and effectively monitored.

Judgment: Not compliant

Quality and safety

Whilst residents appeared content in their home, it was evident that the quality of care they received had not improved sufficiently since the previous inspection. Staff members working in the centre were very aware that the staffing levels were not appropriate. Staff spoken with were aware of the residents' assessed needs. It was evident that staff members were disheartened that despite their best efforts, it was difficult to ensure the continued safety of all residents and to ensure that their basic needs were met.

The registered provider had not ensured that the management of risk in the centre protected residents from harm and potential injury. In the first instance, the lack of inappropriate staffing placed residents in unsafe situations. For example, one resident was observed drinking unthickened fluids, as the staff member could not respond in a timely manner. Furthermore, it was noted that the controls in place to mitigate the risks associated with lone-working, fire evacuation and responding to emergencies were not effective in the long-term. Although it was evident that these risk assessments had been reviewed since the inspection in November 2021, no

additional controls or actions had been taken to reduce the risk to residents. There was evidence however that restrictive practices regarding the use of a gate lock and locks to the front door had been reviewed as a result of an incident where a resident absconded from the centre.

Four of the residents living in the designated centre had behaviour support plans. These were all reviewed by the inspector. It was evident that staff members supporting the resident who lived alone were confident that they could support them to manage behaviour that is challenging. Staff spoken with were involved in multi-disciplinary discussions and the development of strategies to support this resident. This ensured the provision of person centred support for the resident, in line with their needs.

It was identified that the other three residents' behaviour support plans noted that they required the provision of activities and engagement as a proactive strategy to manage behaviour that is challenging. During the inspection, the inspector observed little engagement with residents with respect to activities and person centred supports, as outlined in their behaviour support plans. Staff spoken with were aware that they could not provide an appropriate level of support to ensure that they proactively managed behaviour that is challenging. This increased the risk of residents displaying anxiety and self-injurious behaviour in line with their assessed needs.

Reactive strategies for one resident noted that they required community walks and 1.1 staff support at times that they may begin to display challenging behaviour. Staff members noted that they could not provide the level of supports outlined in the residents' behaviour support plans. That this may cause further distress to the resident.

Regulation 26: Risk management procedures

The registered provider had not ensured that there were appropriate systems in place for the management and ongoing review of risk in the designated centre. This put residents at risk of harm. The inspector observed residents with no safety awareness approach hazards that may cause undue harm. For example, the inspector reviewed a resident drink fluids that were not in line with the consistency of their swallow care plan.

As identified in November 2021, controls in place to mitigate the risks of lone-working, fire evacuation and responding to emergencies were not effective in the long term. It was evident that a number of these high rated risks were as a result of inadequate staffing levels in the designated centre. There was no commitment to address/improve this resource issue. Systems and protocols to respond in the event of an emergency were reliant on the ability of off-duty staff who lived nearby, or staff from neighbouring designated centres to attend the centre.

These areas of risk, which had been noted of being of serious concern in November 2021 had not been addressed which demonstrated the providers failure to manage risk in the centre.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans to support them to manage anxiety and self-injurious behaviour. When residents' behaviour necessitated intervention as outlined in their positive behaviour support plan, efforts to alleviate the cause of residents' challenging behaviour were not always possible. This was because staff members could not adhere to the proactive and reactive strategies outlined in residents' behaviour support plans. This increased the risk of residents displaying increased anxiety and self-injurious behaviour.

There were noted improvements in the use of chemical restraint in the designated centre since the inspection completed in November 2021. However, restrictive practices including door locks and kitchen locks were put in place to promote residents' safety as a direct result of a lack of sufficient staffing. There was no documented evidence of the duration or frequency that these restrictions were in place. This did not ensure that restrictive practices were the least restrictive for the shortest duration necessary.

Judgment: Not 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 7: Positive behavioural support	Not compliant

Compliance Plan for Boherduff Services Clonmel OSV-0005363

Inspection ID: MON-0035998

Date of inspection: 21/02/2022

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: Recruitment for a new Person in Charge is reaching completion with a new post-holder expected to take up post in the coming weeks. In the interim additional management time has been allocated to the centre to ensure adequate oversight and governance.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider continues to escalate the need for funding for additional staffing to meet the assessed needs of the residents and the risks associated with not providing this to its funder the HSE. The Provider continues to provide temporary additional staffing into the residence at times where a named individual is unwell. **The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations**.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Recruitment for a new Person in Charge is reaching completion with a new post-holder expected to take up post in the coming weeks. On taking up post this individual will hold responsibility for the entirety of the designated centre which comprises two locations and will have clear lines of reporting and accountability.

Reports in relation to the two unannounced six monthly visits for 2021 are now to hand in the designated centre and planning for such visits for 2022 is in hand.

The Registered Provider continues to escalate the need for funding for additional staffing to meet the assessed needs of the residents and the risks associated with not providing this to its funder the HSE. The Provider continues to provide temporary additional staffing into the residence at times where a named individual is unwell.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Registered Provider continues to escalate the need for funding for additional staffing to meet the assessed needs of the residents and the risks associated with not providing this to its funder the HSE. The Provider continues to provide temporary additional staffing into the residence at times where a named individual is unwell.

The management team continues to monitor and review the risks presenting in the designated centre and escalates these both internally and to the HSE accordingly.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The Registered Provider continues to escalate the need for funding for additional staffing to meet the assessed needs of the residents and the risks associated with not providing this to its funder the HSE. The Provider continues to provide temporary additional staffing into the residence at times where a named individual is unwell.

At a Team Meeting on 16th March 2022 arrangements were put in place to ensure the recording and oversight of the duration and frequency of restrictions to ensure that the least restrictive practice was in place for the shortest duration necessary.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

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 14(5)	The registered provider shall ensure that he or she has obtained, in respect of the person in charge, the information and documents specified in Schedule 2.	Not Compliant	Orange	30/04/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	03/05/2022
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre	Not Compliant	Orange	30/04/2022

	that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/04/2022
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Substantially Compliant	Yellow	07/03/2022
Regulation 26(2)	The registered provider shall	Not Compliant	Orange	22/02/2022

	ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	16/03/2022
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	16/03/2022