

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

Issued by the Chief Inspector

Name of designated centre:	Duffcarrig Services Cherry Blossom
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	26 June 2024
Centre ID:	OSV-0008632
Fieldwork ID:	MON-0042182

About the designated centre

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

Duffcarrig Services Cherry Blossom consists of two residential units located in a rural community setting, that can offer a home for a maximum of nine residents. The centre provides for residents of both genders over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Each resident has their own bedroom and other facilities throughout the two units that make up this designated centre include kitchen/dining areas, living rooms, cloak rooms, utility rooms and bathroom facilities. Residents are supported by a staff team that comprises social care leaders, staff nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 26 June 2024	09:30hrs to 16:40hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This inspection was the first completed following registration of this designated centre. Overall findings were, that the centre was providing a good quality of care and support to residents. Residents reported they liked living in the centre and felt happy there. A number of areas were found to require some improvement to come into compliance including staffing, maintenance of premises and fire safety however, these had been identified by the provider and improvement plans were in place. Systems of oversight and monitoring were in place and while there were some gaps due to the establishment of consistent management structures these were starting to be consistently utilised.

This centre comprises two large houses close to one another on a rural site, one is home to four residents and the other home to five residents. The centre is registered for nine residents and is currently at full capacity. The inspector had the opportunity to meet with six residents in total over the course of the day. The inspector also had the opportunity to meet with members of the staff team, the management team and to review documents over the course of the day, in addition to observations in all aspects of the premises.

Residents who were present welcomed the inspector to their homes, some residents remembered meeting the inspector previously and talked about seeing them before. Residents had known in advance that the inspector would be present and were prepared for the visit. One resident asked the inspector could they read the report about their home and they were happy to have explained how they can access these. They walked with the inspector through their home and around the site. The resident stated they were very happy in their home and liked living with their peers. Another resident explained that their pet cat was asleep on their bed and asked the inspector to be quiet so they did not disturb them. Residents showed the inspector items that were important to them and talked about places they liked to visit. Residents also spoke of family members that were important to them.

Residents were observed to engage in household routines if they wished to, such as, putting clothes in the wash, setting items on the table or placing crockery in the dishwasher. The staff spoke of the importance of facilitating residents to participate in activities their home as they wished and of the supports they put in place to ensure this happened such as consistency in verbal guidance.

The inspector observed staff supporting residents to get up at a time and pace that suited them in the morning. Over the course of the day the residents were observed having snacks or meals also at times and a pace that suited them. Some residents were out for planned activities and told the inspector about things they liked to do including horse riding, visiting the local town, going to the active retirement group or out for coffee. Residents supported by staff or on their own were seen to walk throughout the rural site where their homes are located. The inspector observed that residents had preferred locations within their home to spend time and the staff

had ensured that these areas were furnished in a manner that reflected the residents' wishes. A comfortable sofa for example was in one living room where two residents liked to sit and watch television together. In another house bespoke comfort chairs were arranged side by side with armchairs in the living room or dining room as per individual preferences. Some residents showed the inspector their bedrooms and pointed out the items that were personal to them and indicated that they liked their rooms.

Over the course of this inspection the inspector observed staff supporting the residents in a professional, person-centred and caring manner. They were attentive to the needs of the residents and individuals were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents. One resident for instance was asleep in bed for long periods throughout the inspection day and while the staff checked and supported the resident and offered the choice of whether they wished to get up they also respected their decision and ensured the environment remained quiet. Another resident whose needs had changed recently used complex non-verbal communication cues and staff demonstrated an awareness of what these indicated and supported the resident for instance, to change position or to have a favourite fizzy drink.

As stated the provider was aware of the areas where improvements were required in relation to the centre. Feedback from residents and relatives on the quality of care provided in the centre was positive. In summary, residents were keeping busy and had things to look forward to. The next two sections of the report outline 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 care provided to the residents.

Capacity and capability

Overall, the inspector found that the provider now had suitable governance and management arrangements in place to monitor and oversee the quality and safety of care and support of residents in the centre. Residents appeared happy and content in their homes and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge who had recently taken on the post and who was supported by two team leaders who were in newly established positions. The provider was adapting the staffing levels to meet the changing needs of residents and a number of new staff had been recruited and had started in their role. Staff who were spoken with had a good knowledge of residents' individual care plans.

The provider had systems in place to monitor and audit the service. Notwithstanding

the centre having been operational only for a few months the provider had completed a six monthly unannounced oversight visit and had a robust quality improvement plan in place.

Regulation 15: Staffing

The provider had responded to challenges, such as changing needs of residents, including onset of acute medical needs, by reviewing and adapting centre staffing levels as required. There was evidence of the provider meeting with the funder of their service and also of ongoing correspondence with their funder and ongoing recruitment campaigns.

While the provider endeavoured to ensure that the centre was fully resourced this had been possible only through the use of a large number of agency staff over the last number of months and via the movement of nursing staff from other centres operated by the provider. These moves had been completed in order to meet some residents' complex changing needs. The inspector reviewed the current and previous rosters in place since the centre was registered and found that maintaining consistency in the staff team has been a challenge for the provider. The inspector acknowledges that the provider had identified this and has worked to establish a core team which was on the day of inspection more consistently in place.

The inspector met with staff members who had recently taken up some of the vacant positions and staff who were new to this centre's roster. It was apparent that the provider had ensured sufficient numbers of staff were present to meet the assessed needs of residents. In addition there was the necessary skill mix of staff in place to meet residents' needs. The provider had made some improvement in the continuity of staffing although this required continued improvement.

Judgment: Substantially compliant

Regulation 23: Governance and management

There had been a number of changes in the management team for this centre since it had been registered. The provider had a person in charge in place who was new to this position and they were supported by the appointment of two team leaders both of whom were new to their role. The person in charge was also supported by a senior manager who held the role of person participating in management for the centre. These recent changes had ensured that there were lines of authority and accountability in place.

Some gaps in the auditing and oversight of the service provided had been apparent

in previous months, however, since the implementation of the new management positions the provider's systems were starting to be more consistently utilised. The inspector found that the systems of oversight and monitoring including regular audits were now completed in line with the provider's time lines. The person in charge and team leaders had an action plan arising from these audits completed and progress against these actions was starting to be more consistently reviewed and monitored.

The provider was aware of the requirement to monitor the centre in line with the Regulation and while this centre had not yet been registered for six months the provider had already completed an unannounced visit and a quality enhancement plan had been developed in line with the findings of this process. Staff meetings had not been held in line with the provider's policy due to the challenges in staffing and the changes in the management structure however, some were now occurring and were resident focused.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

The residents who lived in this centre were being supported to live their lives based on their individual preferences and in accordance with their assessed needs. Their health and social care needs were detailed in their personal plans and from the files reviewed they were supported and encouraged to participate in activities of their choosing.

Residents were being supported with their healthcare-related needs and had as required access to a range of health and social care professionals to include GP services and where required, mental health supports. Residents were also supported to communicate in accordance with their assessed needs and preferences.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre.

Regulation 17: Premises

This centre comprises two large houses located walking distance apart on a rural site. Within each house there are areas that have been configured to provide individualised apartments and a main house for a number of other residents. Four individuals live in one home and five in the other. All residents have their own bedrooms which are decorated to meet personal preference.

The provider has completed a number of comprehensive premises audits and there are identified actions for completion in addition to ongoing maintenance. These include replacement of external pathways, the creation of ramped exit points in one home and external painting among other identified needs. While some actions had been assessed and quoted for they had not yet been completed on the day of inspection however, others such as fitting of new gutters and fascia had been completed.

Internally a number of works had also been completed that supported the homely feel, these included fitting of new kitchens, new flooring and painting. Some bathrooms had new flooring fitted and tiling had been repaired or replaced. The provider's audits of infection prevention and control identified other premises areas for review in utility and/or laundry areas.

For one resident their changing assessed needs and changes to their health had resulted in a requirement for additional health related equipment and accommodating this within the confines of the current premises was being prioritised. However on the day of inspection this remained a difficulty for staff working to support the resident.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and a risk register detailing the overall risks in the centre and control measures to mitigate those risks. Additionally, each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being. There was evidence that risks were reviewed on an ongoing basis and amended to reflect current circumstances as needed.

For example where a resident had changing mobility the risk of using a hoist to support moving from one location to another had been completed and this was updated as changes in the use of the sling or as assessed needs further changed. For another resident who spent time independently in their community the risk of this was regularly reviewed and there were clear protocols for staff to follow in place. This risk assessment was reviewed and amended should the procedure change such as if the resident used a bicycle and did not remember to notify staff until they had begun their journey.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire extinguishers and emergency lighting. The provider had engaged an external specialist contractor to review and replace fire doors as required throughout the centre. While this work was complete the follow up and review of compliance had not yet concluded. Equipment was being serviced as required by the Regulations and had been correctly installed when the centre was first registered.

The inspector found that the emergency lighting system and fire alarm system was being serviced on a quarterly basis each year. Staff were to complete as required, checks on all fire equipment in the centre and daily checks of evacuation routes. From a review of a sample of records these had not consistently been completed as required.

Fire drills were being conducted and each resident where required, had an up-to-date personal emergency evacuation plan in place. In one house however, there were significant challenges in completion of fire drills for all residents due to the changing mobility and health needs. There were for example no ramped exits from the house for wheelchair use and some doors were recorded as being narrow and impeding evacuation when mobility equipment was used. The provider had obtained quotations to have a door with a ramped exit created from a resident bedroom however this work had not been started and a time line for conclusion was not available.

In the other house the staff team were clear on the evacuation processes and the drills were occurring on a regular basis. Some clarity was required on how to access residents rooms from the outside should the need arise as these were locked and not all keys were taken out by staff as part of the evacuation process.

Judgment: Not compliant

Regulation 6: Health care

Residents were supported with their healthcare-related needs and had access to a range of health and social care professionals as required. Residents had comprehensive annual medical checks and records were maintained of all health related appointments. Residents were also supported to attend hospital appointments and clinics where indicated. Support and advice was also provided to residents from clinical nurse specialists as required.

Where residents had complex and changing health needs there was nursing care available at all times within the centre and specialist advice was summarised and available for staff to guide their practice. From a review of a sample of resident health records changes in presentation were promptly responded to and followed up, for instance one resident had a changing eating and drinking presentation and was reviewed by appropriate health and social care professionals. Changes to care plans and guidance for staff were now in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were being provided with appropriate care and support in accordance with their assessed needs and expressed wishes. Residents' plans were reflective of their likes, dislikes and preferences. The inspector found that when consistency in staffing levels had been challenging for the provider that residents had been supported to use the complaints system if they had for instance missed an activity. Discussions had been held with residents with regard to the impact on them. For one resident, where the environment was not suitable for their current needs as stated earlier in the report, this had been identified and outlined in their personal plan as an action for the provider.

Residents were also supported to maintain their independent living skills, maintain links with their family and friends and maintain links with their community in accordance with their wishes. Each week in the centre there was a resident meeting where individuals were supported to learn about their rights and to make decisions about their home and how it was run.

Residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication attempts. They were

observed being offered choices in a manner that was accessible for them.
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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Duffcarrig Services Cherry Blossom OSV-0008632

Inspection ID: MON-0042182

Date of inspection: 26/06/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">• The PIC is continuing to work with the HR department to recruit for vacant posts within the designated centre.• In the interim the management of the centre continue to ensure where possible continuity in the locum relief and agency staff being used.• A new person in charge has been successfully recruited and is due to commence on the 06.08.2024.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• A new full-time person in charge has been successfully recruited and is due to commence on the 06.08.2024.• A Team Leader checklist will be completed by the PIC on a weekly basis to ensure oversight within the centre and that all actions are followed up on in a timely manner.• The Service Manager will complete monthly meeting's with the Team Leader to review actions on quality enhancements plans currently in place.• Electronic handover system in place within the designated centre which the Service Manager, Team Leader and PPIM receive on a daily basis.• Regular team meeting's are now scheduled in advance by the PIC and reoccurring every 6-8 weeks in line with policy.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Quotes have been sourced for external painting works. • Work has been completed to install a ramped exit point to support one resident to exit effectively in the event of a fire. • Replacement of external pathways has now been completed around one house in the centre. • An overhead hoist has been sourced and is scheduled to be installed into one resident's bedroom which will allow for additional floor space to be utilized within the room. Works around this will be completed in the coming weeks. • Quotes received and supplier is nominated for works to be completed on changing window to door, in one resident's bedroom and adding additional concrete outside to evacuate hospital bed in the event of a fire. Works are due to commence on the 4th of September 2024. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Weekly checklist to be completed by the Team Leader with oversight from the PIC around the oversight of fire checklists within the centre. • Review of compliance around new fire doors and works will be completed by a fire specialist. • Quotes received and supplier is nominated for works to be completed on changing window to door, in one resident's bedroom and adding additional concrete outside to evacuate hospital bed in the event of a fire. Works are due to commence on the 4th of September 2024. • Works were completed to an external door in one house to change the handle and locking mechanism and a key box has been installed outside of this door to allow access in the event of a fire. • Work has been carried out to install a ramped exit point to support one resident to exit effectively in the event of a fire as an interim measure until works are carried out on the door. 	

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/12/2024
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	31/12/2024
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in	Substantially Compliant	Yellow	30/09/2024

	achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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.	Substantially Compliant	Yellow	31/10/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/09/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/09/2024