

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

Issued by the Chief Inspector

Name of designated centre:	Duffcarrig Services Orchard View
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	30 July 2024
Centre ID:	OSV-0008633
Fieldwork ID:	MON-0042183

About the designated centre

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

Duffcarrig Services Orchard View consists of two residential units located in a rural community setting, that can offer a home for a maximum of eight 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:	7
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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
Tuesday 30 July 2024	09:30hrs to 18:00hrs	Tanya Brady	Lead
Tuesday 30 July 2024	09:30hrs to 18:00hrs	Linda Dowling	Support

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 fire safety and maintenance of premises. While these had been identified by the provider and improvement plans were in place, resource limitations were delaying completion of identified actions.

This centre comprises two large houses close to one another on a rural site, currently one is home to four residents and the other home to three residents. The centre is registered for eight residents and there is one vacancy. The inspectors had the opportunity to meet with six residents in total over the course of the day. The inspectors 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.

Inspectors observed residents spending time relaxing in their homes, taking part in the upkeep of their homes, and moving freely around their homes and the site during the inspection. Residents told inspectors about activities they enjoyed both at home and in their local community. Examples of these included, walking, horse riding, swimming, shopping, and going to the pub. Inspectors found that there were arts and crafts supplies, board games, books and other supplies available in the houses should residents wish to use them.

Some residents showed inspectors around their homes, including showing them their bedrooms. The homes clearly reflected what was important to them, such as a love of music or animals. Other residents explained that they had specific responsibilities in their home and had for example their own high visibility jackets in their room. These were worn when carrying out duties such as fire door checks. Residents' bedrooms were personalised to suit their tastes and a number of residents talked about how important it was to them to keep their rooms tidy, while others had to work hard to make sure they remembered to clean their rooms. They said staff were there to support them with this, should they need their support.

The inspectors were asked by one resident to wait and look around their home later in the day and this was respected. There was evidence of residents involvement in craft such as basket making or painting displayed in their home. Inspectors met with one resident who was relaxing in their living room and reading a magazine. One resident was having breakfast when the inspectors arrived and they stated that they could prepare some of their own food or snacks. They later showed the inspectors where they had planted vegetable plants outside the window of their room. Another

resident came to find inspectors in the centre office to engage when they returned from a day out.

Residents' meetings were consistently occurring and they were meeting with their keyworkers regularly to discuss their care and support, and their wishes and goals. Residents were choosing to attend day services or not, to attend workshops such as basket making or working in their local community. One resident had gained employment since the last inspection and it was reported by staff that they were really enjoying their new job. This was a new experience for the resident and currently they were at work one afternoon a week.

Overall, inspectors found that residents were involved in the day-to-day running of their home and making decisions in relation to where and how they spent their time. Residents were observed to seek out staff support when they required it and to be supported and encouraged to be as independent as possible by staff members. Residents were keeping in touch with and meeting their family and friends regularly in line with their wishes. There was evidence of oversight and monitoring by the provider, and they were aware of areas where further improvements were required and had plans in place to address these.

The next two sections of the report 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 delivered.

Capacity and capability

Overall, the findings of this inspection was that residents were in receipt of a good quality and safe service. The management systems were ensuring that there was oversight of care and support for residents living in the centre. The staff and members of the management team who spoke with the inspector were motivated to ensure the residents were happy, safe and regularly engaging in activities they enjoyed. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, supervision with their managers, training and opportunities to discuss issues and share learning at team meetings.

The provider was self-identifying areas for improvement and had action plans in place to address these. Not all actions had been completed in line with the provider's timeframes however, nor in line with actions submitted to the Chief Inspector of Social Services following the site visit of the centre. These delays were, inspectors were told, related to a lack of resources in the centre.

Regulation 15: Staffing

The provider had ensured that there was a core staff team in the centre since it was registered. The provider had reviewed the staff mix that was required based on residents' assessed needs and changes were made such as, the move of nursing staff out of this centre. The staff team comprised social care workers and healthcare assistants. There was one whole time equivalent staff member on long term leave and this post was filled by a consistent member of the provider's relief panel. One additional whole time equivalent vacancy had been successfully recruited for and this staff member was scheduled to start shortly after the inspection date.

The provider while recruiting had attempted to ensure continuity of care and support for residents through the use of core regular relief staff or consistent agency staff covering the required shifts.

The inspectors reviewed the centre rosters both the current roster and the preceding three months. These were found to be well maintained and reflective of the staff on duty. The rosters reflected the consistency of staff support for residents and in addition showed that there was flexibility for staff support to be varied when residents were out or required a change in their daily routine.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had ensured that staff access to, and uptake of training and refresher training was high in this centre. Staff were completing training identified as mandatory by the provider, and a number of trainings in line with residents' assessed needs. A training needs analysis had been completed and those who required training or refresher training were alerted to the dates for upcoming trainings, or booked onto them.

Staff in this centre had all completed human rights training, in addition to management of feeding, eating, drinking and swallowing training. The training needs analysis and review by the person in charge indicated a requirement for staff to attend Irish sign language training and this was being sourced.

There were systems in place to ensure that staff were in receipt of regular formal supervision to ensure that they supported and aware of their roles and responsibilities. The inspectors reviewed four staff files and found that all had supervision completed in line with the provider's policy. The person in charge ensured that relief staff in addition to core staff were in receipt of the same systems of oversight and supervision.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified, skilled and experienced person in charge. The quality of care and experience of residents was being monitored and developed on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with inspectors were aware of their roles and responsibilities and how to escalate any concerns they may have. The person in charge was supported by a full time team leader in the centre who was present in both houses everyday and was familiar with all residents' needs and wishes.

The inspectors found that the provider had systems in place to complete audits and reviews. These included systems to ensure that annual and six monthly reviews were completed in relation to residents' care and support. As this was the first inspection of the designated centre following registration, an annual review had not yet been completed. However, one six monthly unannounced visit had been completed in March 2024. The local management team were completing regular audits in key areas of service provision.

As previously mentioned, the provider was self-identifying areas for improvement and the provider's systems were generating action plans which clearly identified who was responsible for completion of the actions, and by when. Inspectors found however, that a number of actions had not progressed as required nor as set out by the provider. These are more fully outlined under Regulations 17 and 28 below but are reflective of the centre remaining under-resourced.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that the quality and safety of care provided for residents was of a good standard. Residents were supported to enjoy a good quality of life. Residents were supported to be aware of their rights and to make choices in their lives.

They were busy and engaging in a number of activities they found meaningful. They were supported by a staff team who they were familiar with, and who were familiar with their care and support needs. Residents appeared happy and content in the

centre and the residents who spoke to the inspectors said they were happy and felt safe living in the centre.

Residents were supported to make decisions about how they wished to live their lives. They were making choices and were enabled and empowered to develop and maintain their independence. Their strengths and talents were celebrated and they were supported and encouraged to hold valued social roles in their local community.

Regulation 13: General welfare and development

The provider had ensured that a number of activities were taking place for residents, in their homes and in the local community. Staff recorded planned activities and whether they had been successful or enjoyed or documented reasons for them not happening or not enjoyed, and these were audited by the team leader or person in charge. Outings which had occurred included going out shopping, going out for meals, attending shows, getting their hair done and visiting family. Residents had in-house activities recorded such as cooking, reading, watching television and arts and crafts.

A review of outings for residents in the two houses indicated that residents were attending training courses and actively supported to do so. There were planned holidays, days out and trips to local areas of interest. The person in charge and staff team prioritised opportunities for residents to link with family and friends and to maintain relationships. As already stated one resident had started working in a local business and residents were supported to engage in training or courses if they requested to do so.

Judgment: Compliant

Regulation 17: Premises

This premises comprises two large houses set a close distance apart on a rural site. The site also contains two other designated centres operated by this provider. Within each of the houses the internal layout had been configured to create an individual apartment for one resident in each location. One apartment contained a kitchen, living room, bathroom and bedroom. The other apartment had no kitchen area and this resident joined their peers in the homes main kitchen for meals. The residents all had their own bedrooms and one resident had a living area off their bedroom. There were large kitchen-dining rooms, bathrooms and living areas. The premises were large and provided ample personal and communal areas for all individuals.

The provider has completed a number of comprehensive premises audits and there were identified actions for completion in addition to ongoing maintenance. The provider had completed a number of works to the premises including some decoration, new bathrooms and flooring in one house, or fire upgrade works that were still underway on the day of the inspection. A maintenance priority list was in place for planned refurbishments and works. This list included the replacement of some windows, the external painting, guttering work, the external pathways and driveway repair or resurfacing, some kitchen and bathroom works among others.

However, some premises actions identified on the provider unannounced audit in March 2024 had not been completed. The inspectors reviewed two complaints made by residents stating they were not happy or worried about the potholes on the drives. Inspectors observed for example, mould on window blinds that had been noted in March by the provider but these not been replaced or cleaned. Windows identified as priority for refurbishment or replacement by the provider were observed to still be in the same poor condition and the provider had stated a lack of resources as the reason for non-completion of the identified premises works. No further update or completion date was noted however, the action plan stated that repair would be prioritised and this was observed not to be completed.

Judgment: Not 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. This work was being completed however, it was not concluded and as yet signed off as functioning. 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 been completed as required for some areas however, no checks on previous containment measures or doors had been carried out and no checks on new doors was happening either. The door check records stated that the checks were 'not applicable' as there were no doors registered. This was reviewed on the day of inspection by the person in charge and team leader.

The inspectors found that the emergency lighting system, fire extinguishers and fire alarm system were being serviced on a quarterly basis each year.

Fire drills were being conducted and each resident where required, had an up-to-date personal emergency evacuation plan in place. Each resident had a personal emergency evacuation plan in place. The centre evacuation plan and emergency plan had been reviewed in June 2024, this required a minor amendment to match the personal plan details but was comprehensive.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Since registration of this centre all residents had an assessment of need in place and reviewed, with input from them, their family or representatives and the relevant health and social care professionals. This assessment and the residents' corresponding plans were regularly reviewed by the multidisciplinary team.

Plans reviewed by the inspectors noted that residents had clear goals identified which were reviewed with residents and their keyworkers each month. Keyworking records included direct quotes from residents which ensured their voice and opinion was accurately captured. There was some photographic evidence of residents engaging in preferred activities and in achieving their goals. Inspectors reviewed multi-disciplinary team meeting minutes that outlined changes to supports that may be required in order for residents to continue engaging in favourite activities. This was important in particular following changing needs or following a period of ill-health.

The inspectors reviewed four personal plans and found that residents were supported to engage in activities in their home such as making their bed, going shopping, preparing food or emptying bins. In addition residents had set goals for their time in the community such as keeping contact with family members, trips abroad or 'staycation' breaks in Ireland, going bowling, to the cinema or to the local pub.

Judgment: Compliant

Regulation 8: Protection

The provider had a number of policies in place to protect residents from abuse. Staff had completed mandatory training and residents were supported to develop awareness of abuse in residents' meetings. Residents had also been supported to attend training courses on 'safeguarding awareness'.

Personal and intimate care plans were up-to-date and suitably detailed to guide staff practice and documented how best to maintain each residents' dignity and privacy in line with their assessed needs and expressed preferences. All residents had financial assessments completed which detailed the level of support they may require. Residents finance management plans included support on learning to budget, review and oversight systems that were required and contained accurate lists of residents' personal possessions.

Where formal safeguarding plans had been required they had been developed, reviewed and closed in line with National guidance and the providers' policy. The provider and person in charge completed regular reviews of all incidents that occurred in the centre. These were assessed and followed up in a prompt manner as required to ensure all allegations of suspected or confirmed abuse were reviewed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could freely access information in relation to their rights, safeguarding, and accessing advocacy services in each of the houses. These topics were also regularly discussed at residents' meetings. A number of residents had accessed independent advocates to support them in line with their wishes.

Residents told inspectors about how they were supported to exercise choice and control over their day-to-day life. They talked about their involvement in the running of their home and about their opportunities to engage in activities in line with their interests. One residents' apartment had been decorated to meet their personal taste and the provider had respected all their choices including paint colour and storage of important items.

Residents were supported to use the provider's complaints system to raise items that were important to them such as those outlined under Regulation 17. Residents were supported to apply for supports that were appropriate for them such as a bus pass. They were also supported to gain confidence and skills in using public transport.

Where one resident had expressed over the last number of months that they may feel happier living elsewhere the provider had fully supported them in exploring options. The inspectors reviewed meeting minutes, records of engagement with housing authorities, the Health Service Executive and other relevant bodies. The resident received support from the provider, national advocacy services and social workers. It was respected that the resident had the right to choose where they lived and inspectors found that the resident had chosen to remain in this centre following consideration of all options.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Duffcarrig Services Orchard View OSV-0008633

Inspection ID: MON-0042183

Date of inspection: 30/07/2024

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 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">• The provider will ensure adequate follow up in relation to previous identified actions which had not been progressed.• The provider will ensure going forward that timeframes outlined in quality improvement plans will be realistic in their scope.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Identified works will be carried out in relation to window repairs.• New blinds will be purchased to replace existing stained blinds.• Paint work will be completed externally in both houses.• Further correspondence will be made with relevant stakeholders in accessing funding to repair pathways.	

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"> • Evacuation plans have been reviewed and now reflects current practice in line with PEEPS. • Review of fire door documentation has been carried out- all staff are aware of the importance of checking fire doors and the documentation of same. • Fire doors in place at the centre are now functioning and under regular review internally and by external specialists. 	

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 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.	Not Compliant	Orange	30/08/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/03/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/12/2024
Regulation 28(2)(b)(ii)	The registered provider shall	Not Compliant	Orange	30/08/2025

	make adequate arrangements for reviewing fire precautions.			
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