



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:	Announced
Date of inspection:	23 November 2021
Centre ID:	OSV-0005363
Fieldwork ID:	MON-0027007

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
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 23 November 2021	11:00hrs to 18:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met five of the six residents that lived in the designated centre. 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.

Overall the inspector found that although residents were supported by a consistent and dedicated staff team, a lack of appropriate staffing resources had a negative impact on the care and support provided to residents. This was a reoccurring area of non-compliance on all inspections carried out by the Health Information and Quality Authority (HIQA) since 2016. There were further areas of repeated non-compliance which included risk management procedures and positive behavioural support. However, residents did present as happy and comfortable on the day of the inspection.

This inspection was carried out as the designated centre was nearing the end of their current registration cycle. The registered provider had applied to renew the designated centre's registration. This centre was a mixed designated centre, which meant it was registered to provide supports to both adults and children. However, the registered provider was looking to renew the registration of the centre for adults only. At the time of this inspection, no children were provided with supports in the designated centre.

The designated centre comprised of two buildings, which were both inspected in full as part of this inspection. Both premises were noted to be clean, warm and suitably decorated. Photographs were on display throughout the home, and residents' bedrooms reflected their personal style and interests.

Residents living in the centre attended day services. The inspector met the residents living in one of the houses on their return from day service. Staff members were observed supporting the residents to have a preferred hot drink of their choice, which the residents appeared to enjoy. Residents were also supported to go for a drive to see the Christmas lights which had recently been turned on in their local town. While they did so, one resident who had chosen to stay at home was observed having a nap after a busy day in day services.

Residents were unable to verbally communicate their views about what it was like to live in their home. Therefore, the inspector observed residents' body language and non-verbal cues. It was noted that at all times residents appeared comfortable in their environment. Interactions between staff members and residents were observed to be respectful in nature.

The inspector also met with staff members, and spoke to them about the supports they provided to residents in their home. It was evident that residents living in the centre required a high level of support to meet their assessed needs, however there

was not enough staff members on duty to ensure they could be provided with these supports.

The inspector was provided with a questionnaire which had been completed by one resident's representative about the care and supports they received in their home. This resident had recently moved to the centre. It was evident that overall they were happy with the supports the resident received in their home. It was evident from discussions with staff members and the management team that plans were being made to provide this resident with a permanent home that would meet their needs. The inspector did not have an opportunity to meet with this resident on the day of the inspection.

In summary, it was evident that residents appeared comfortable in their home. While staff spoken with were dedicated to their role, they acknowledged that staffing levels were not appropriate. 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

Residents were supported in their home by a consistent and dedicated team of care assistants, social care workers, a social care leader and a staff nurse. Staff members spoke about the duties they are required to complete on each shift, and the assessed needs of residents. Staff spoken with knew the residents well, were aware of the residents' needs and how best to support them. It was evident that staff members were unable to appropriately meet the needs of residents as outlined in their support plans, despite their best efforts. Staff members and the management team spoke about the impact this had on the provision of effective support to residents.

Members of the senior management team were involved in the oversight and management of this designated centre. Auditing and oversight was evident through the designated centre's annual review and unannounced six-monthly visit reports. These reports were comprehensive in nature, and included areas such as medication, risk management and COVID-19. There was evidence of actions being developed following these audits and reviews to ensure continuous improvements were made. It was also evident that these reviews did identify that there were significant staffing issues in the centre. However, there was no evidence of a commitment or assurance to improve/address this issue regarding the provision of appropriate staffing on a consistent basis. The inspector found that repeated non-compliance with regulation 15 staffing, had not been adequately addressed since it was identified as an area for improvement in 2016. This resourcing issue had a negative impact on the provision of care and support to residents living in the centre.

The person in charge was absent from the designated centre at the time of this inspection. A person participating in management was maintaining oversight as the responsible person until a new person in charge was due to start the role in December 2021. It was evident that effective arrangements had been made to ensure they was oversight of the centre. Staff members were aware of who they could report issues to, maintaining clear lines of authority and accountability.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured an application to renew the registration of the designated centre was submitted in a timely manner. However, the statement of purpose that is required to be submitted under Schedule 1 referenced the care and support needs of residents living in a different designated centre within the organisation. This document was due to be submitted after this inspection had taken place.

Judgment: Substantially 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 residents. Appropriate action had not been taken to ensure that residents were provided with a safe service, in line with their assessed needs.

At the time of this inspection, residents attended day service on weekdays. Each weekday evening, two staff provided support to all five residents living in one of the designated centre's houses. A third staff member provided support for an additional ten hours at the weekend. At night, one waking staff member was on duty. Staff members could request additional support on night duty with advance notice when one resident began to display behaviours that challenge or fluctuating mental health. However staff members identified that when this was sanctioned, it was not always possible to secure a staff member to work the night duty shift with short notice.

Staff duties included documentation, management of residents' finances, medication administration and management and preparation of meals. All five residents living in one house required full support to meet their intimate and personal hygiene needs, and supervision when eating and drinking. It was evidenced in fire drill records that residents sometimes required 1.1 support to evacuate in the designated centre. One resident required 1.1 support at night, however this could not be provided every night in line with their personal plan. At night-time, when the lone-worker at night was assisting one resident, other residents would need to wait for support. It was

noted in a risk assessment that residents may present with mental health issues and behaviours that challenge at night.

Judgment: Not compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place did not ensure that the service provided to residents was appropriate, in line with their assessed needs. This had a direct impact on the quality of service that residents received in their home. This included the use of chemical restraint when sufficient staff were not on duty and the long-term management of risks in the centre.

There was evidence of repeated areas of non-compliance with the regulations. This included areas such as staffing, positive behaviour support, risk management and governance and management. Although there was evidence that additional funding had been sought to provide an increase in staffing levels, this had not been successful. There was no evidence of a commitment or assurance to improve/address this resource issue.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

One resident had recently been admitted to the designated centre. This was completed on an emergency basis. It was evident that there were regular meetings about how the resident could be supported during this time. This included the completion of a plan to support their admission to this house.

Consideration had been given to providing consistent staff that the resident knew. It was evident that this arrangement was a short term measure, until a suitable home could be provided to the resident. The registered provider was actively reviewing this.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose. It was identified that this did not contain all of the information specified in Schedule 1 of the regulations. The statement of purpose was amended on the day of the inspection to include all of the required information.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The person in charge was absent for more than 28 days, at the time this inspection took place. This had been notified to the chief inspector when it was evident that the unplanned absence would be for a period of 28 days or more.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

When it was identified that the person in charge would be absent from the designated centre, the registered provider advised the chief inspector of the arrangements in place. A person responsible was appointed to oversee the management of the centre. This individual was an assigned person participating in management, and they facilitated this inspection of the centre.

Recruitment for a person in charge to cover the absence period had been completed. This individual was due to start the role in December 2021. It was evident that these arrangements were satisfactory until the proposed new person in charge commenced the role.

Judgment: Compliant

Quality and safety

Whilst there were some good examples of care and support to residents, overall the

provision of quality and safe care in this centre required improvement.

Residents were assigned a key staff member who supported them to meet their goals. Personal plans had been developed that outlined the supports that residents required in their home. These included guidance for staff on how best to support residents to meet their intimate and personal care needs, and to support them to manage behaviour that challenges.

One resident required 1.1 staffing at night to support them to sleep, in line with their support plan. However, this support was not always provided. This resident was also prescribed a medicine to aid their sleep, which was noted to be a form of chemical restraint.

There was an increased reliance on the administration of chemical restraint when the resident was not provided with 1.1 night-time staffing support. Following a review of the resident's medicines administration records, the inspector identified that this medicine had been administered on 10 occasions from 01 November to 23 November 2021. On review of the roster during these dates, it was identified that this medicine was required on two occasions when the resident was provided with the required 1.1 support at night. However, it was required on eight occasions when they were not in receipt of this. It was therefore not evident that this was the least restrictive measure, or that all alternatives had been considered prior to its administration, as staffing support had not been provided in line with the residents personal plan on a number of these occasions.

There were no safeguarding concerns in the centre. Where one resident may display fluctuating mental health, the impact this may have on other residents was considered. Residents presented as happy and content in the presence of each other.

The registered provider had a risk management policy which included the information required by regulation 26. There was evidence of a number of risk assessments, including those that were specific to the designated centre and individual residents.

It was noted that control measures in areas including lone-working, staffing, fire evacuation and responding to emergencies, were not sufficient to ensure that risks would be mitigated in the long-term. For example, there was a reliance on staff in neighbouring designated centres, or those who lived nearby to respond to emergency events that may occur in the designated centre. Therefore these risks were not being appropriately addressed.

Regulation 17: Premises

The designated centre supported up to 9 residents in two houses. Both houses were located in an urban setting, with close proximity to a variety of local amenities

including shops and restaurants.

One house supported six residents. Five residents lived here at the time of this inspection, and there was a vacancy in a self-contained apartment area adjacent to the house. There were plans to extend the self-contained living area in 2022, and this was in the early stages of planning. A number of works had been carried out in this house since the previous inspection. This included a new roof, flooring and installation of an electric stove. Painting was due to be carried out the week after the inspection. There were also plans to renovate the patio area and garden in 2022.

The second house was registered to support up to 3 residents. At the time of this inspection, one resident was supported following an emergency admission to the centre. Works were planned to take place in this house to replace flooring, and fix some minor premises issues. The management team was in consultation with the landlord to rectify this. The lease of this premises had been secured for the upcoming cycle of registration for the designated centre.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide had been prepared by the registered provider. This include information specified in regulation 20 such as, the complaints procedure and how to access a HIQA inspection report about the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

In response to the findings of the previous HIQA inspection, a number of actions had been taken. An alarm system had been put in place which was monitored by an external company. In the event of an emergency, this system could contact a number of staff who lived close-by, and staff working in two designated centres less than six kilometres away. These staff would then provide support in the event of an emergency.

However, it was noted that the controls in place to mitigate the risks of lone-working, staffing, fire evacuation, and responding to emergencies would not be effective in the long term, given the high level risk ratings applied to these risks. It was evidenced that a number of these high rated risks were a result of the inadequate staffing levels in the designated centre.

Judgment: Not compliant

Regulation 27: Protection against infection

A number of measures had been implemented to protect residents from potential sources of infection including COVID-19. A contingency plan had been developed to include measures to be taken which were specific to the designated centre. This included waste management, donning and doffing areas and how to seek a COVID-19 test if required.

All staff members were observed adhering to protection against infection guidance throughout the inspection. This included the use of surgical face masks, alcohol hand gel and regular temperature checks.

Judgment: Compliant

Regulation 28: Fire precautions

Fire resistant doors, a fire alarm panel and emergency lighting were provided in each of the designated centres houses. Regular fire checks were carried out by staff members on duty to ensure fire escapes were clear, and that fire equipment was maintained in good condition.

In response to the previous inspection, regular fire drills were carried out in the designated centre. A number of these had been completed on minimum staffing levels. On review of fire evacuation drill records, and during discussions with staff members, it was identified that residents could sometimes become uncooperative during evacuation. At these times, residents sometimes required 1.1 support to evacuate. Although action had been taken by the registered provider to ensure residents could be evacuated in a timely manner, their ability to do so safely was not consistent.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents were subject to an assessment of their health, personal and social care needs on an annual basis. Following a resident's admission to the designated centre, a personal plan had been developed within 28 days of admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support to manage behaviours that challenge had a behaviour support plan. These were developed in line with members of the multi-disciplinary team including psychologists and psychiatrists.

One resident had insomnia. Their support plan identified that they required 1.1 staff support to settle to sleep. Without this support, it was documented that they would be unable to sleep. This support could not always be provided, due to staffing levels in the centre.

It was evident that the resident required PRN medicine to aid their sleep on a regular basis. The dose of this medicine had recently been increased, as it had been deemed ineffective on a number of occasions. It was evident that there was increased reliance on the administration of this medicine when the resident was not provided with the supports outlined in their personal plan. Therefore, it was not evident that this was the least restrictive measure, or that all alternatives had been considered prior to its administration, as staffing support had not been provided in line with their personal plan on a number of these occasions.

Judgment: Not compliant

Regulation 8: Protection

Measures had been put in place to protect residents from abuse. Intimate care plans had been developed to outline the supports required for residents to meet their personal hygiene needs.

There was evidence of safeguarding plans which were a proactive measure, due to the fluctuating mental health needs of one resident. Residents appeared comfortable in the presence of each other. Staff members were observed providing supports in a respectful manner.

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	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Boherduff Services Clonmel OSV-0005363

Inspection ID: MON-0027007

Date of inspection: 23/11/2021

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The Statement of Purpose has been amended to correct the identified error and submitted to the Health Information and Quality Authority.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will continue to advocate to its funder, the HSE, for additional staffing resources for this location in order to meet the assessed needs of the residents. In the interim the provider has, and will, continue to provide temporary additional staffing into the residence at times where a named individual is unwell.</p> <p>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.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: As per the response to Regulation 15 the registered provider will continue to advocate to its funder, the HSE, for additional staffing resources for this location in order to meet the assessed needs of the residents and to provide the least restrictive interventions. In the interim the provider has, and will, continue to provide temporary additional staffing into the residence at times where a named individual is unwell.</p>	

<p>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.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: As per the response to Regulation 15 the registered provider will continue to advocate to its funder, the HSE, for additional staffing resources for this location in order to meet the assessed needs of the residents. In the interim the provider has, and will, continue to provide temporary additional staffing into the residence at times where a named individual is unwell.</p> <p>The Person in Charge continues to monitor and review the risk management plans in place and escalates accordingly.</p> <p>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.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills will continue to be carried out on a monthly basis including both day and night time simulations. Fire drill reports will gather more detailed information on individual's presentations during drills and corrective actions identified will be implemented.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: As per the response to Regulation 15 the registered provider will continue to advocate to its funder, the HSE, for additional staffing resources for this location in order to meet the assessed needs of the residents. In the interim the provider has, and will, continue to provide temporary additional staffing into the residence at times where a named individual is unwell.</p> <p>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.</p>	

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	23/12/2021
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	Not Compliant	Orange	30/04/2022

	the designated centre.			
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 26(2)	The registered provider shall 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.	Not Compliant	Orange	30/04/2022
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.	Substantially Compliant	Yellow	31/01/2022
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all	Not Compliant	Orange	30/04/2022

	alternative measures are considered before a restrictive procedure is used.			
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.	Not Compliant	Orange	30/04/2022