



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

Issued by the Chief Inspector

Name of designated centre:	No.1 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	25 November 2024
Centre ID:	OSV-0005120
Fieldwork ID:	MON-0045530

About the designated centre

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

The designated centre provides full-time residential supports for a maximum of five male adults aged over 18 years in County Cork. It provides support for persons with moderate to severe intellectual disability, including those with autism. The residents may have multiple/complex support needs and may require support with behaviours that challenge. The property is a large detached dormer bungalow which has been decorated with the full involvement of the people living in the house. The house includes six large bedrooms, a dining room, a kitchen, two sitting rooms, two bathrooms, one toilet and a garage. The centre is managed locally by a Social Care Leader supported by the person in charge. The core staffing is 2/3 staff on duty with one staff on sleepover duties and 1 staff night awake. Additional staff may be assigned to support particular activities during evenings and weekends, in line with priorities identified in individual resident plans.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 25 November 2024	09:40hrs to 16:20hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an unannounced adult safeguarding inspection completed in No. 1 Stonecrop. Five residents were living in the centre on the day of the inspection and there were no vacancies. All residents met with the inspector during the day. On arrival at the centre four of the residents had left for their day service and the fifth resident was leaving the house as they were being collected by the day service.

This inspection was a part of the Chief Inspector's adult safeguarding inspection. A walk around of the centre shortly after the inspector arrived was carried out. The inspector was shown areas of the centre that supported residents to have their own space when they chose too. A gym was available to residents which was new edition for the residents. One resident in particular found having access to the gym equipment very beneficial. Two sitting rooms were available with televisions where residents were able to watch programmes of their choosing. Residents' bedrooms that the inspector saw were personalised and residents appeared to be happy with them.

There was notice board in the dining area to show which staff were working on the centre that day. This was important to one resident as they would arrange the pictures of the staff when they returned from their day centre. The inspector gave staff in the centre a document to share with residents to explain why the inspector was there. The inspector introduced themselves to the residents and spoke with the residents briefly. The residents undertook their preferred evening activities when they returned to the residence. Residents were seen to be offered choice when they returned to the centre. Recommendations from the resident's positive behaviour support plans were seen to be implemented by staff also when the residents returned. Residents were relaxing when they returned to the centre and acknowledged the inspector briefly, all residents appeared to be content.

One of the residents spoke with the inspector and told them of what they did for the day. They told the inspector that they had a busy weekend attending local activities. The centre had access to transport when the residents returned from day service and at weekends. Residents were going on an activity on the transport when the inspection was finished.

Residents spoke with staff in the dining area and kitchen area when they returned from day centre. The interaction between staff and residents was kind and respectful. Staff were assisting residents with their daily routine at this time.

The premises had recently been improved and upgraded. A new bathroom had been fitted and a new laundry area had been created, which meant lower levels of noise in the kitchen/dining area of the centre. Staff in the centre reported that new flooring had been fitted and painting had taken place throughout the centre.

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

Overall, this inspection found that residents were in receipt of care and support from a dedicated staff team. There was evidence of oversight and monitoring within the designated centre. Positive work was undertaken to ensure the safeguarding of residents in the centre. This inspection had good compliance levels which was in keeping with the previous inspection undertaken on the 17th of August 2022.

The person in charge, who was supported by an area manager and social care leader, were familiar with the residents needs and ensured the staff had knowledge of roles and responsibilities in relation to safeguarding. Residents were supported by a core staff team which were comprised of social care workers and care assistants. Staff supporting the residents during the inspection knew them well. The registered provider had ensured the number and skill mix of staff was appropriate for the residents' needs in the centre. The staffing levels were in line with the centre's statement of purpose and a planned and actual staff roster was maintained.

The provider maintained good oversight of the service. The provider had completed the annual and six monthly unannounced review of the quality and safety of care and support in the centre were undertaken in a timely manner and the latest review had been completed in the previous three weeks and the report was provided to the inspector on the day of inspection. Action was underway to address the improvements sought in the review. Staff had all received training on safeguarding and staff present on the day were knowledgeable regarding this.

Regulation 15: Staffing

The inspector reviewed documents including the statement of purpose and the actual and planned rosters of the centre. Three staff files were viewed in relation to Schedule 2 of the regulations and they contained the required information. It was evident that the registered provider had ensured there was appropriate amount of staff with the skill mix to support the residents and meet their needs. There was a team of relief staff that worked regularly in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training and refresher training as required. Training records for relief staff were not initially available to the inspector but these were provided to the inspector during the inspection.

Formal staff supervision was being completed in line with organisations policy and evidence of this was provided on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge of the centre was also a sector manager within the organisation. The centre had a team leader in place and an area manager for support. The three people in these positions made themselves available during the inspection. The management team knew the residents well and this was evident in their interaction with the residents during the day of inspection.

The registered provider's six monthly unannounced visits were occurring with the latest visit taking place in the same month as the inspection. The previous visit was May 2024 which is in line with the visits taking place every six months. An action plan for the November 2024 visit was viewed and evidence was available that the person in charge was working towards resolving these actions. One such action that was completed on the day was an update to the SOP to contain the correct information in relation to the management of the centre. This was completed on the day of the inspection.

Staff meetings took place regularly and safeguarding was discussed at these meetings. Staff in the centre were knowledgeable of the designated officer and complaints officer of the centre when the inspector spoke with them. Regular residents' meetings took place where residents could voice their concerns.

Judgment: Compliant

Quality and safety

The registered provider was providing a service in No. 1 Stonecrop which was safe and in line with the needs and wishes of the residents. Residents appeared content

in the centre with staff striving to uphold their rights. The centre was well maintained and appropriate in size and layout for the residents.

Staff communicated well with residents and their communication needs were well documented in their personal plans. Staff were seen to implement these during this inspection.

Personal plans for residents contained achievable goals, which the staff team was working towards. The plans contained information on the assessed needs of the residents.

Positive behaviour plans were available for residents with staff implementing these on the day. Residents were protected from financial harm with the systems in place in the centre. Staff had the knowledge to maintain the safety of the residents. Residents' rights in the centre were promoted and staff strove to improve outcomes in relation to the quality of life of the residents.

Regulation 10: Communication

The residents' personal plans in the centre had a clear section on how to communicate with them. Residents had different methods of communicating and this was captured in their personal plans. Staff members spoken with on the day of inspection were able to describe residents communication needs and knew these well.

Residents had access to telephone and television services in the centre. Two residents returned from their day centre and were able to watch their television programmes of choice as there was two televisions available in two different sitting rooms for them to use.

Visual aids were used for residents and were very important to one resident, in particular, who spent time arranging the visual aids when they returned from their day centre.

Judgment: Compliant

Regulation 17: Premises

The premises for the residents was homely and well maintained. A new area had been created for the residents to use as a gym area for residents along with an area for outdoor activities which one resident particularly enjoyed. The laundry area of the centre had been moved out of the communal/kitchen dining area which meant there was less noise in the area for residents. A bathroom in the centre had been recently renovated. There was sufficient communal space, bathroom and storage

space for the residents living in the centre. All residents had their own bedrooms. Residents were able to keep their personal items in their bedrooms.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had personal plans in place. They identified the health, personal and social care needs of the residents and provided guidance on these needs. Three of the residents care plans were viewed during the inspection. These personal plans provided good guidance to staff on how to support and meet the residents' needs. The personal plans contained evidence of multi-disciplinary supports for the residents. Person centred goals had been created for the residents with evidence of these goals being completed and achieved.

Judgment: Compliant

Regulation 7: Positive behavioural support

Support plans were available to staff to ensure they were aware of how to encourage residents' positive behaviour. This was evident from actions taken by staff on the day of the inspection, which was observed by the inspector. Training in the area of positive behaviour supports had been completed by all staff working in the centre. Staff spoken with on the day of the inspection were able to discuss the positive behaviour support plans applicable to the residents. Review of restrictive practices in the centre was evident during the inspection. Residents had free access to all areas of the centre during the inspection with no environmental restrictions observed.

Judgment: Compliant

Regulation 8: Protection

A rights review committee was in place by the provider with a safeguarding policy that had been reviewed. Residents had intimate care plans in place. Safeguarding plans were audited and safeguarding concerns were reported to the statutory safeguarding team. Staff were aware of who the designated officer was and were aware of the safeguarding needs of the residents. Evidence of all staff working in

the centre provided with safeguarding training was provided on the day of the inspection.

Residents' finances were managed in a transparent manner. Finances in the centre were audited regularly and double signatures were used to safeguard residents' finances.

Residents were provided information on how to make complaints and also in relation to advocacy information.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had positive interaction with the residents during the inspection. Residents had a house meeting every month where issues relevant to the residents was discussed. Residents met weekly to decide the food menu for the week and decide the choices available to them.

Residents had access to day service each day and no resident was in house during the day of inspection. Areas of the centre had been set up for residents specific activities of choice such as a gym area for one residents

There was sufficient communal and private space in the centre for residents. Bedrooms belonging to the residents that the inspector saw had been personalised in accordance with residents wishes.

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	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant