



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

Issued by the Chief Inspector

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| Name of designated centre: | No 3 Portsmouth |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Cork |
| Type of inspection: | Announced |
| Date of inspection: | 15 April 2024 |
| Centre ID: | OSV-0008001 |
| Fieldwork ID: | MON-0034201 |

About the designated centre

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

No.3 Portsmouth provides residential supports for up to 8 individuals (male and female) aged over 18 years. It provides support to persons with moderate to severe levels of intellectual disability, including those with autism. The services that are currently provided in the designated centre are full time residential. Residents require full support in activities of daily living and to access local community facilities and events. The centre is comprised of two campus based units, located on the outskirts of a city, within access to local community facilities. Central facilities provided on campus include hydro therapy swimming pool complex, gymnasium, extensive grounds with lawns, trees and safe and scenic pathways, sensory garden, chapel. One unit, a large bungalow, can provide support for up to six residents with high medical needs. The second unit comprises two single-occupancy apartments. The staff team comprises a mix of nurses, social care leaders, social care staff and care assistants. Staff supports are available both by day and night.

The following information outlines some additional data on this centre.

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| 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 |
|----------------------|----------------------|----------------|------|
| Monday 15 April 2024 | 10:00hrs to 18:00hrs | Elaine McKeown | Lead |

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The provider had registered this centre as a new designated centre in September 2021. The two units which comprise No 3 Portsmouth had previously been part of another designated centre on the campus. The reconfigured designated centre had been inspected in May 2021 prior to the new registration being processed. In August 2022 a focused Regulation 27: Infection prevention and control (IPC) inspection was completed. A number of actions identified during that inspection were found by the inspector to have been adequately addressed by the provider. These included cleaning schedules, replacement of damaged flooring and improvements evident in the documentation of IPC guidance for staff regarding the specific care of a resident's percutaneous endoscopic gastrostomy (PEG). There was evidence of increased and improved governance and oversight in recent months in the designated centre. However, oversight by the person in charge/social care leader of night staff reporting directly to them was not evident on the day of this inspection. This will be further discussed in the capacity and capability section of this report.

The inspector met with all six residents at different times during the day which did not adversely impact on their planned routines. On arrival at the first apartment, the inspector was greeted and welcomed by a resident. The resident was observed to be smiling and engaging with the staff team supporting them in their apartment. The space was decorated with personal items such as photos and art work which depicted interests of the resident, such as their preferred hot drink. The resident had requested the easy-to-read document, outlining the purpose of the inspector's visit be placed on a wall in their sitting room in advance of the inspection taking place. The resident read the "nice to meet you" document for the inspector and stated they were happy that the inspector was visiting them. It was observed by the inspector that the resident enjoyed the company of the staff team. They engaged in conversation and outlined different activities that they enjoyed which included trips to scenic locations in the community or meeting acquaintances in the canteen on the campus. The resident proudly showed the inspector their bedroom and new bed which they described as very comfortable. The resident asked a staff member to assist them to show the inspector a photo album that they had compiled about their life story. The resident also read the descriptive information that accompanied many of the photos. As the inspector was leaving this apartment they were introduced to a relative that had called to visit the resident. The resident appeared to be enjoying the conversations and attention from all of the visitors that morning to their home. The resident had been supported to move into the designated centre in January 2023 for a specific purpose. This will be further discussed in the quality and safety section of this report.

The inspector was introduced to the resident living in another self-contained apartment in the same building later in the morning. They were being supported by

their day service and residential staff team at that time. The inspector had been informed before entering the apartment that the resident would indicate non-verbally if they did not wish for the inspector to remain in their home. The resident was observed by the inspector to access all communal areas of their home. They independently got themselves a drink in the kitchen, they enjoyed time in their outdoor secure garden space and was supported to have their lunch in the dining room. Staff were very familiar with the assessed needs of the resident who had been admitted to the designated centre in November 2022 due to changes in their family circumstances. Prior to this time they had been living at home while attending day services on the campus. This resulted in a lot of changes for this resident during this transition period. It was evident the staff team ensured the resident was being supported in an environment that best suited their needs. For example, the inspector was informed that when the grass was being cut in the garden, one section was left a bit longer than the rest so the resident could continue to enjoy the sensation of longer grass on their feet. In addition, the resident had joined a local community swimming facility where staff supported them to go swimming regularly.

The inspector met the four residents living in the other house located in another area of the campus in the afternoon. One resident was introduced before they went to the sensory room in their home. The resident was observed to smile as staff explained how the resident liked to go to the cinema. The resident was observed to respond and laugh when the wrong film was named by staff as the last one that they had gone to see. Staff also spoke of how the resident was an active participant of the Lamh choir and enjoyed going to social places such as markets. The inspector met the resident again on two other occasions during the afternoon. Once while they were enjoying time in the sensory room and later on as they were having their evening meal in the large sitting room. On all occasions staff were observed to be very familiar with the resident's preferences.

The inspector was introduced to two residents in the large sitting room. One resident had just been supported with their personal care. Staff explained how the resident appeared to be more comfortable and have better posture following a recent change to the seat mould of their wheelchair. The inspector observed the seating mould to be covered in a soft material to aid comfort and fitted snugly around the resident's profile. The resident was observed to be listening as staff explained the interests and activities that the resident liked to engage in which included going to the hairdressers as well as going to the cinema with peers. Staff outlined a number of personal goals for this resident to the inspector which included attending beauticians for treatments. Staff also spoke of the recent and ongoing review of the resident's assessed needs by the speech and language therapist. Staff outlined the monitoring in place to ensure the resident's safety, well being and nutritional status was maintained with possible changes in the future being considered.

The second resident was resting on their preferred chair in the corner of the large sitting room. They were listening to music through their headphones. They appeared to be comfortable with a blanket over them and chose not to engage with the inspector at that time. Staff outlined a concern that had been raised by a relative regarding the resident's mobility and muscle strength. This was actively

under review at the time of this inspection. During the inspection staff reported that the resident and familiar staff had attended the gym with the physiotherapist on two occasions. The most recent being the morning of the inspection. The resident had actively participated more in the exercises on the second occasion. Staff spoke of a marked improvement in the strength and endurance displayed by the resident using the equipment. The physiotherapist planned to ensure staff would become familiar with using the equipment so the resident could access the gym as frequently as they wished as part of a regular routine. In addition, input from the occupational therapist had also been sought to install equipment in the designated centre that would assist with strengthening exercises for the resident.

The inspector was introduced to the fourth resident living in the house as they were getting ready to go swimming. The resident greeted the inspector briefly before continuing with their planned activity with a staff member. The resident was observed to engage in vocalisations with staff members who responded to what the resident was communicating to them. Staff spoke of specific measures that were in place for the resident to ensure their ongoing safety both inside their home and outside. These included supervision while accessing the kitchen area and using a wheel chair when outside their home due to a high risk of injury when the resident was mobilising. The staff team ensured measures were in place for the resident to access areas of their home independently which included the dining room, a quiet room and their bedroom. A hand rail had been installed in the communal hallway to assist the resident to safely mobilise. Staff were observed to encourage the resident to put on their shoes and socks before leaving the house as they had been walking in their bare feet, which was their preference when indoors. Staff also outlined measures in place to ensure the resident's dignity in the event of a night time evacuation needing to take place. The inspector noted these measures were clearly documented in the resident's personal evacuation plan (PEEP) which was reviewed later during the inspection.

The inspector completed a walk around of both buildings. It was evident regular cleaning and maintenance took place. Both premises were found to be decorated to reflect the personal preferences of individual residents. For example, one resident had minimal decorations in their apartment and staff were aware of the importance of the resident's preference regarding the daily routine they had relating to their bedding. They enjoyed walking barefoot in their home and garden space, this was observed during the time the inspector was present. The flooring in this resident's bedroom was scheduled to be replaced by the provider due to a small number of gaps evident in the current flooring. The second apartment had a large number of personal photographs on display that were important to the resident. They also had an interest in music and reading newspapers. There were meal planners and food preparation information evident in the kitchen. The inspector observed the internal door design in this apartment had clear viewing panels on one side. This included the resident's bedroom door. The rationale for a clear panel on the bedroom door was discussed with the staff team during the inspection in relation to the resident's privacy. This will be referred to again in the quality and safety section of this report.

The larger building was found to be brightly decorated in the communal areas. This included the dining room space which had been decorated to provide a relaxing

setting for residents to eat their meals if they chose to. The sensory room had equipment such as a water bed, music and lighting to aid residents enjoyment of the space. The large sitting room had ample space for comfortable seating and residents personal wheelchairs. There was also a fish tank with a cleaning schedule outlining who was responsible to keep the tank clean and the fish fed appropriately. In addition, one bedroom had been converted into a quiet room where two of the residents enjoyed spending time. This was a smaller space than the large communal area and preferred by these residents. The space had a comfortable couch and was decorated with sporting memorabilia. The night supervisor for the campus also had their office based in this house. It was kept locked but was accessible to the staff team during the day. This room was also accessed by the inspector on the day of the inspection.

All of the residents bedrooms had been decorated to reflect their different personal preferences and interests. For example, one resident's bedroom had been painted in a colour they liked, with new furniture installed which gave the room a modern look. In another bedroom, personalised cushions with photographs of relatives were decorating the space. Another resident had their bedroom layout and decor similar to their bedroom in their family home. This included a large bed. An additional mattress was observed to be stored on the floor upright against the wall in this bedroom. The inspector was informed this was required for the resident's safety while they were in bed. This was described as a precautionary measure as the resident did not have any restrictions such as a bed rail.

Staff spoken to during the inspection were familiar with residents schedules such as attending day service, activities such as swimming, choir practice and engaging in social activities regularly. Some residents preferred individual activities, this was facilitated by the staff team while two residents in the larger house enjoyed shared social outings at times including going to the cinema. The provider had requested all staff complete on line training modules relating to human rights. This was still in progress at the time of this inspection. However, it was evident the residents voice and expressed wishes were being supported. Residents were provided with easy-to-read documents to aid their understanding of topics such as their rights and complaints. Proactive strategies were implemented to aid the reduction of restrictions that were in place for a number of residents and staff were advocating on behalf of the residents.

The inspector observed many interactions between the staff team and the residents throughout the inspection. All staff were observed to converse and complete activities in a respectful and professional manner while effectively communicating with the residents. For example, staff encouraged one resident to talk about their attendance at a family wedding. This resident had also required increased support during 2023 when they experienced a decline in their health. However, the resident was experiencing improved health status in recent months and actively progressing with achieving their personal goals which included planning their birthday celebrations in a hotel, socialising in the community and improving their independence with some household skills.

The staff team outlined the positive outcomes for the residents in recent months which was assisted by a consistent core staff team supporting the residents. All residents were being supported in line with their expressed wishes to engage in activities in the community, and participate in day service activities. Residents were also supported to enjoy time in their home and participate in household chores if they chose to. Four residents had been supported to complete the HIQA survey - Tell us what it is like to live in your home. The inspector was given these surveys to review which indicated all of the residents were happy with their home environment.

Residents expressed they were supported to make decisions and had familiar staff assisting them to engage in community activities. All residents reported positively about their experiences in their home. A number of issues were documented which included access to internet. The inspector was informed that this matter was in progress for the whole campus and alternative arrangements were in place to assist residents to access their preferred sites. This was consistent with the information contained within the completed questionnaire. The respondent did acknowledge that the resident was able to use a mobile hotspot in the house when needed to watch their preferred programmes on a streaming network. Another comment was reviewed by the inspector made on behalf of a resident regarding consistency in following a physiotherapy programme. This was evident to be in the early stages at the time of this inspection. However, staff spoken too outlined their plan to be supported by the physiotherapist to ensure they were knowledgeable on the use of the equipment required to aid effective implementation of a regular exercise programme to assist the resident. The inspector was also informed there were plans to provide a soft surface area in the garden of the larger building. The requirement for such a space had also been documented in one of the questionnaires.

The staffing complement and skill mix on the day of the inspection was reflective of the resources outlined in the statement of purpose and in line with the assessed needs of the residents in the designated centre. However, the inspector noted that there had only been one staff on duty in the large house supporting four residents with complex medical needs the previous night due to unplanned leave at short notice of another staff member. The inspector acknowledges that the night supervisor for the campus had their office based in the same building and provided support during the night. However, this was not in line with the staffing levels outlined in the statement of purpose and the assessed needs of the residents. There are eight other designated centres on the same campus which the night supervisor was also responsible to maintain oversight of during their shift.

In addition, the inspector also reviewed fire drill records for both buildings. It was documented in a minimal staffing fire drill record of 7 July 2023 that the panic alarm system had not worked resulting in two staff from nearby buildings not responding as required to provide additional support. The fire evacuation plan for the building reviewed by the inspector clearly outlined the number of staffing resources that were to respond from other locations at times of minimal staffing levels. This will be further discussed in the quality and safety section of this report.

Further assurance was requested from the provider following this inspection regarding the nine designated centres located on the campus pertaining to staffing

resources and fire safety systems in place on the campus due to the findings of this inspection. The provider submitted a response that outlined measures in place and actions taken to ensure compliance with the regulations that was accepted.

In summary, residents were being supported by a consistent core staff team who were knowledgeable of the assessed needs of the residents they were supporting. However, staffing resources at night time as outlined in the statement of purpose for this designated centre were not consistently maintained. The provider had not communicated formally with staff regarding functionality issues of the panic alarm system since July 2023. In addition, one resident had been admitted to the designated centre in January 2023 but did not have an updated contract of care to reflect their service being provided in this designated 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 person centred care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of oversight and monitoring in the management systems of this designated centre to ensure the residents received a good quality service. However, further improvements were required to ensure consistent oversight of staffing matters was maintained.

Not all actions outlined in the provider's compliance response following the August 2023 IPC inspection were found to be adequately addressed at the time of this inspection. The provider had outlined in their response at the time that the person in charge was to ensure that all staff, including night staff report directly to the social care leader to ensure full oversight of all staffing matters in respect of the centre. However, this process was not evident on the day of the inspection. The person in charge was unaware that only one staff and the night supervisor had been on duty in the large house on the previous night supporting the complex assessed needs of four residents. This was identified by the inspector when they reviewed the staffing rota during the inspection. The actual roster did reflect correctly that a staff was not after completing their shift as per their roster. However, as outlined in the previous section of this report, this level of staffing at night time was not in line with the resources outlined by the provider in the statement of purpose for this particular house. Additional assurances regarding staffing resources on the campus were sought from the provider following this inspection. These assurances were subsequently submitted to the Chief Inspector by the provider in a timely manner.

Residents were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, during conversations with the inspector some residents were observed to make eye contact and gestures to the staff present to assist them when required to provide additional information or context to the inspector.

In addition, staff took the opportunity to talk with the inspector about residents' interests and how these were being supported. This included going swimming in a local sports facility at times that best suited the resident. The inspector noted staff had been made aware of a revised timetable for the swimming pool.

The person in charge and staff on duty during the inspection were found to be familiar with residents' care and support needs and motivated to ensure residents were happy and felt safe living and staying in the centre. The person in charge was available to residents and staff on site or on the phone during the week, and there was an on call manager available in their absence.

The person in charge ensured an audit schedule for the designated centre for which they were responsible was in place for 2024. All audits apart from the medication audit were completed by the person in charge. Any actions required were followed up by the person in charge.

There were regular staff team meetings taking place attended by the person in charge. Usually every six –eight weeks. The most recent meeting had taken place on 4 April 2024. During these meetings topics discussed included safeguarding, fire safety, updates from the provider, the format of resident meetings and issues relating to premises. If staff were unable to attend the meeting they were required to read and sign the meeting notes. This was observed to have been completed by the staff team at the time of this inspection.

The inspector was aware that one resident had been admitted to the designated centre for a period of assessment in January 2023. This admission had been deemed necessary to provide the resident with a quieter environment to facilitate an assessment being completed. However, the resident's health declined significantly during 2023. This required ongoing support and input from the staff team and allied health care professionals. The inspector was informed that this designated centre was not planned to be the resident's future home. However, the provider had not provided the resident with a written agreement of the terms which they were residing in this designated centre. The written agreement in place was for their previous designated centre which did not accurately outline the charges required to be paid by the resident either. In addition, the provider's internal audit of December 2023 had reviewed Regulation 24: Admissions and the provision of services. It was noted by the auditor that the resident who had been admitted for assessment in January 2023 had a contract of care for another designated centre. This still remained an issue at the time of this inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements. Minor changes to the dual function of one room was required to be made to the floor plans following the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre. They were available to the staff team by phone when not present in the designated centre.

They were supported in their role by a team leader in each house. Duties were delegated and shared including the staff rota, audits, supervision of staff and a review of personal plans

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place.

Staffing resources were not consistently in -line with the minimal staffing levels as outlined in the statement of purpose. For example, on the night before this inspection one staff and the night supervisor for the campus were supporting the assessed needs of the four residents in the house. Another staff member had been unable to report for work as scheduled. The inspector acknowledges that the minimal staffing levels for the house is two staff, but the night supervisor was documented in the statement of purpose as an additional resource to assist in the event of the requirement to evacuate the building.

At the time of this inspection there were no staff vacancies and a core group of consistent staff were supporting the residents to deliver person-centred and effective care.

Staff attended regular team meetings which discussed a number of topics including, staff training, safeguarding, restrictive practices, fire safety and IPC measures.

The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff were appropriately supervised and informed of the Act and regulations.

The person in charge completed and scheduled the supervision of regular and relief staff who worked on the day shifts. The night supervisor completed the supervision of regular night staff. The person in charge would meet these night staff during handover periods in the mornings regularly.

Staff supervision was occurring in-line with the provider's policy and scheduled in advance. Staff were also provided with one to one supports from the management team.

There were a large number of staff with various skills and qualifications working between both houses in this designated centre. One team comprised of over 20 staff and the other had 12 team members.

Most of the staff working in this designated centre had attended training in mandatory areas such as safeguarding and infection prevention and control (IPC).

In line with the training requirements outlined in the statement of purpose, the provider had also facilitated additional training which all staff supporting the residents in the apartments had attended to enhance their skills and to ensure best practice. This included dignity at work and food safety.

The person in charge was awaiting a confirmation date of planned training relating to assisted decision making for the staff team

The person in charge was aware of some gaps in the training of some staff deemed by the provider to be required by staff working in the designated centre at the time of this inspection. The person in charge had submitted training requests as per the provider's own protocols. This included refresher training in fire safety, medication management and tiered training in crisis preventative institute (CPI). However, at

the time of this inspection not all staff had completed up-to-date training in these areas.

All staff had attended bespoke training to support the resident who required the use of PEG feeding to maintain their nutritional status and well being. Staff in the centre had completed assessments to ensure they had the appropriate levels of knowledge and skills to support this resident.

The staff team had been requested to complete on line training modules in human rights by the provider. At the time of this inspection not all staff had completed these modules. The person in charge outlined to the inspector they expected that all staff would have the required four modules completed in the weeks following this inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ensured all the required information as outlined in Schedule 3 pertaining to records being retained for residents were available for review and had been updated and maintained.

Staff also recorded periods of time when residents stayed away overnight. For example, one resident had visited relatives in another county on a number of occasions

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that an annual review and internal six monthly audits had been completed within the designated centre as required by the regulations.

The provider had ensured arrangements were in place to support and performance manage the staff team.

The provider had systems in place to monitor the service being provided.

However, the designated centre was found to not have been resourced as outlined in the statement of purpose at the time of this inspection. This will be actioned under Regulation 15: Staffing.

Further improvements were required by the provider to ensure actions outlined previously to the Chief Inspector relating to oversight by the person in charge /social care leader regarding staffing matters including night staff were consistently being adhered to. Following the August 2022 HIQA inspection, the provider had outlined in their compliance plan response that the person in charge would ensure that all staff including night staff would report directly to the social care leader to ensure full oversight of all staffing matters in respect of the designated centre. The person in charge was unaware that a staff member that was scheduled to be on duty the night before the inspection was unable to complete their rostered shift and the night supervisor was unable to secure relief staff to replace the staff member. The night supervisor did not inform the person in charge during the handover on the morning of the inspection of this issue.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had not ensured that a resident had been provided with a written agreement of the terms which they were residing in the designated centre on their admission. The resident had been admitted in January 2023. The provider's own internal audit in December 2023 had identified this issue when reviewing this regulation.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations. A

number of minor changes were discussed during the inspection and an updated version was submitted by the provider as apart of the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of this inspection. Residents and staff were aware of the provider complaint's policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

There had been a number of compliments recorded which outlined the dedication and support provided to the residents by the staff team. Compliments were received from relatives reflecting their appreciation of the dedication and caring nature of the staff team. In addition, a relative complimented staff on the positive impact, the improvement in the over-all well being and general health of their relative in conjunction with the resident displaying their happiness living in the designated centre.

One complaint had been made by a resident living in the larger house in September 2022 regarding the difficulty experienced by them accessing the changing area in the swimming pool on site in the campus. The resident required the use of a wheel chair to mobilise. The area manager followed up with the service officer on this matter. Details and updates were documented in the complaints log which included how, when and what works were being planned. The works included a widening of the door access, a new changing area and a hoist to be fitted in the building where the swimming pool was located. These works were documented as being completed to the satisfaction of the complainant in December 2023. The inspector was informed the resident was attending the pool regularly with no issues since these upgrade works had been completed.

Judgment: Compliant

Quality and safety

Overall, the residents were being supported by a dedicated core staff team. There was evidence of review and monitoring of the services being provided with improvements evident in recent months. However, further improvements were required to ensure residents privacy and dignity was consistently maintained. At the

time of this inspection the provider had not provided formal communication for staff in this designated centre or on the campus regarding the mal-functioning of the panic alarm system since July 2023.

There was evidence of all residents being in receipt of person centred care. Changes to the provision of service had been made to support the assessed and changing needs of the residents. For example, one resident who had experienced a sharp decline in the health during 2023 had been supported to regain their health and was actively engaging with the staff team, participating in social and community activities. The resident was also been supported to enhance their independence with skills teaching in a number of different areas including household chores.

Another resident regularly went home to visit relatives on a particular day each week. During this time staff prepared meals for the week ahead. The inspector was informed the batch cooking facilitated the staff team to be prepared to provide healthy choice and food options at short notice to the resident as they found it hard to wait at times for their meal to be ready. This time was also used to complete additional cleaning in the apartment while the resident was not there.

The inspector reviewed a detailed transition plan for one of the residents who had been admitted to this designated centre in January 2023. The rationale for the transfer was to provide the resident with a quieter living environment and to enable a full assessment by MDT to be completed. The plan contained information on the consultation with the resident and the support provided to the resident by the person in charge from their previous designated centre. The plan also contained information to assist staff to be aware of the resident's preferences and dislikes. Staff spoken too on the day of the inspection were very aware of the assessed needs of this resident.

At the time of this inspection all fire exits were observed to be unobstructed. Fire safety checks were being completed which included daily, weekly and monthly checks. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems. All residents had personal emergency evacuation plans (PEEPs) that were subject to regular review. The information contained within these plans clearly outlined the support and assistance required by each resident.

Residents regularly participated in fire drills which were completed in a timely manner. These drills did identify scenarios for staff to consider when evacuating the buildings but it was not documented which exits were being used by staff to evacuate to ensure residents and staff were not crossing the site of the fire to exit the building. This was discussed during the feedback meeting on the day of the inspection.

However, the inspector noted that in a minimal staffing drill completed on 7 July 2023 it was documented that the panic alarm system did not work and staff from another two buildings located on the campus did not respond as per the fire evacuation plan for the designated centre. This resulted in three staff completing the evacuation of four residents with complex medical needs instead of five staff.

The inspector acknowledges that the fire drill was completed in under three minutes by the staff resources present but no follow up on actions to be taken was communicated to staff by the provider regarding the mal-functioning panic alarm system. This system was still not working at the time of this inspection. As previously outlined in this report the provider was requested to provide assurance to the Chief Inspector regarding fire safety in this designated centre and other designated centres located on the same campus.

The inspector acknowledges that the provider did undertake a full review of fire safety management measures since July 2023, including fire drills completed on the campus following this inspection. Assurances were provided regarding actions taken, where required, to ensure adequate arrangements were in place for the timely evacuation of residents on the campus. The provider acknowledged that staff had not received formal communication regarding the changes to the fire evacuation processes while the panic alarm system was not working. The provider subsequently issued a communication to all staff both day and night on 18 April 2024 advising that the panic alarm system was inactive and staff were to use mobile phones.

Regulation 10: Communication

Residents in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes. This included the use of social stories where required and easy-to-read information.

Throughout a range of documentation relating to residents, there was an emphasis on how best to support residents to understand information and on consent. For example, one resident had a whiteboard with their daily plan. Staff explained the resident did not like being rushed and also did not like being late. The whiteboard assisted with the resident being able to be ready to participate in planned activities without causing them anxiety.

The inspector was aware that the provider was seeking to address Wifi access on the campus at the time of this inspection. Residents did have access to internet services through hot spots on mobile devices.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes and were also supported to visit relatives in their family homes.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and needs of residents living in the designated centre. Communal areas were found to be warm, clean and comfortable. Bedroom areas were decorated to reflect the individual preferences and interests of the residents. One bedroom door which had recently been changed had a clear glass panel. The inspector was informed that the resident did not require such a panel on their bedroom door. This will be actioned under Regulation 9: Resident's rights.

The designated centre was found to be in a relatively good state of repair internally. The provider had identified the need to repair the flooring in one of the bedrooms in an apartment. This was scheduled to be completed in the weeks after this inspection.

The provider had changed the purpose of one bedroom which was not currently required to be used as a bedroom into a quiet space which two residents enjoyed using. This dual purpose room was not accurately reflected on the floor plans submitted with the application to renew and the provider was requested to submit revised plans following the inspection.

A soft surface area in the rear garden of the larger building was also planned to support residents to safely access this space.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured an infection prevention and control policy, procedures and practices in the centre were in place to support and protect the residents and staff team. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection. Staff had completed a number of infection prevention and control related trainings.

The physical environment in the centre had evidence of effective cleaning taking place. There were cleaning schedules in place to ensure that each area of the houses were regularly cleaned. Staff members had delegated responsibility in this area and it was clear from observation of staff practice over the day. In addition, a number of actions from the August 2022 IPC inspection had been adequately addressed. These included updated guidance for staff on the correct usage of cleaning products and the collation of up-to-date guidance relating to PEG feeding for staff.

The provider's response in the compliance plan following the IPC inspection in August 2022 regarding the oversight of the person in charge in relation to staffing matters, including night staff will be actioned under Regulation 15: Staffing

Judgment: Compliant

Regulation 28: Fire precautions

While the provider had ensured fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems, staff had not received any formal communication regarding the mal-functioning of the panic alarm system which had been identified in a fire drill in this designated centre on 7 July 2023.

The provider had a fire evacuation plan in place for this designated centre which had been subject to regular review. The most recent review had been completed on 25 February 2024. This fire evacuation plan and protocols referenced the use of the panic alarm system at the time of this inspection.

Regular fire drills were being completed resulting in timely evacuation of residents. However, the minimal staffing resources were not present for the drill that took place on 7 July 2023 as outlined in the statement of purpose.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. The information reflected the current assessed needs of the residents such as, if one or two staff were required to assist with the safe evacuation of the residents.

Staff were completing regular fire safety checks as required by the provider's protocols. This included daily and weekly checks.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured each resident's health, personal, and social care needs had been assessed and these assessments were used to inform the development of their personal plans.

The inspector reviewed four personal plans during the inspection. All were found to be subject to regular review. The plans contained up-to-date information on health and goal planning. Each plan had been subject to a multidisciplinary review, as is required by the regulations.

Residents had been supported to develop and achieve personal goals that were meaningful to them. These goals varied from increasing a resident's independence with skills such as household tasks, to going to places of interest such as libraries or developing a memory scrap book.

In addition, staff were actively progressing to access a social activity for a resident during a sensory friendly window.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to maintain best possible health. They had access to GP and to specialist medical services as required. The person in charge and staff team supported the residents in accessing these services.

Residents' health care plans were subject to regular review and updated as required if there was a change to their assessed needs. For example, one resident required ongoing input from a consultant to support an ongoing medical condition. Staff had supported the resident during a period of medication reduction in June 2023 which had ultimately resulted in an overall improvement in the health of the resident. The resident was described as experiencing a very difficult time when they were unwell and there was weekly psychology input provided to the resident. In addition, physiotherapy and occupational therapy input was also provided to enhance their independence as they recovered.

Other residents' health care plans outlined a focus on health and exercise to maintain best possible health, this included regular swimming sessions, walking activities and muscle strengthening exercises.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed.

Residents were also actively supported by behaviour support specialists who had developed periodic service reviews where required to enable the staff team to proactively aid in reducing anxiety experienced by residents.

Where restrictive practices were required these were subject to regular review. This included members of the rights committee visiting one resident in their home in May 2023. Recommendations were subsequently made to assist the resident have additional input and independence regarding the turning on and off of a night time sound monitor which was required for an on going health issue.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured residents were supported to exercise choice in their daily lives.

Residents were supported to engage in activities both within the designated centre and in the community, such as being a member of a community gym or having massage therapy as per the expressed wishes of the residents.

In addition, staff were actively progressing with a plan to access a social activity for a resident during a "sensory friendly window" which was being provided in a large setting in the community that had trampolines. Staff outlined how they were working together with the resident's day service team to achieve this. They spoke of the positive outcome that was envisaged for the resident when engaging in this activity.

Residents were consulted in decisions relating to the supports provided by the staff team. For example, one resident was being supported to actively manage an audio night monitor required to alert staff if the resident needed support for a known medical condition. The resident was being encouraged to turn the monitor on and off themselves. However, the inspector observed a clear glass panel on this resident's bedroom door. The rationale for this was unknown at the time of this inspection. The panel was directly in line with the resident's bed and impacted the resident's right to privacy and dignity in their bedroom.

Judgment: Substantially 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 | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Admissions and contract for the provision of services | Not compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for No 3 Portsmouth OSV-0008001

Inspection ID: MON-0034201

Date of inspection: 15/04/2024

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 |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider is committed to ensuring that the staffing in the Centre is kept under ongoing review to ensure it meets the assessed needs of the residents and is rostered in line with the Statement of Purpose. The Provider has ensure the following actions are implemented:-</p> <ul style="list-style-type: none"> • that the role of each staff member in delivering person-centred, effective, safe care and support to the residents is supported and that the s there are suitably qualified, competent and experienced staff rostered as set out in the Statement of Purpose. • That the recruitment, supervision, training and performance appraisal systems continue to promote a rights based team approach to providing supports • That a review of the night staff rostered in the period July 2023 to May 2024 has been undertaken to assess the adequacy of the staffing levels at night. A Review of all protocol and procedures at night time and reviewed the response protocol was also completed 23/4/24 These reviews have provided assurances that the quantum in the SOP is appropriate • that a contingency plan will be in place in the event the night supervisor is required to be based in a house. 23/4/24 | |
| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> | |

The Provider and Person in Charge recognise the importance of training and development for staff and its impact on the service provided to residents. All staff are trained to take a person-centred approach to care. All staff are supported to receive training on various issues including on human rights and a rights-based approach to providing safe services and supports to residents. Induction and ongoing training programmes are planned and a training matrix maintained in the Centre. The person in charge has ensured that staff are appropriately supervised

The Person in Charge has ensured all outstanding fire safety training, CPI and medication management refresher has been identified on the training matrix and applications made to the training department 4/6/24. All staff will complete Human Rights training already in progress. These training will be complete by 30/09/2024

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|--|-------------------------|
| Regulation 23: Governance and management | Substantially Compliant |
|--|-------------------------|

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The provider governance systems for oversight and management of the Centre include
- staff planning systems to ensure staff consistency and continuity
 - A series of PIC audits
 - Provider unannounced visits at least every six months
 - Annual review of the quality & safety of care and support at the Centre

The Provider ensures that the actions arising from internal audits and inspections by the Authority are acted upon on a timely basis.

The arrangements in place for the PIC to exercise governance of the night staff in the Centre was set out in a written Governance Protocol setting out the role of the PIC. Team Leader and Night Supervisor issues to all staff on 4/04/2024. This included the following

- All staff including night staff would report directly to the Team Leader to ensure full oversight of all staffing matters in respect of the designated centre.
- Management rostered to work night duty ensures a written handover report is provided to all Person's in Charge including and not limited to any staffing issues that arise.
- The Person in Charge has ensured that all staff members are appropriately supervised and informed of their duties under the the Act and regulations.
- The Sector Manager has met with the night Coordinator's 29/5/2024 to ensure there is continuity in the management across the service.

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|--|---------------|
| Regulation 24: Admissions and contract for the provision of services | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • For one resident admitted on a temporary basis a meeting held 03/5/24 with Multi-Disciplinary team to discuss current presentation and actions were agreed to progress. A meeting was held with the Person supported 18/5/24 to establish will and preference in relation to their home. A further meeting with Multi- Disciplinary team for 27/5/24 to update the Multi-Disciplinary team report completed in June 2023 • Admission Discharge and Transfer Committee meeting scheduled 18/6/24 to review this admission. • The Provider will ensure that Residential Agreement issues for all new admissions, including emergency at the time of admission as part of the Admission Welcome Pack • The Provider will ensure that updated Residential Agreements are issued to all residents in June and agreed with residents and their representative by 31/08/2024 | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Provider ensured that a communication issued to all staff advising that the panic alarm system is inactive. Staff were advised to use mobile phones in the event of requiring assistance. All panic alarms were removed from each house 18/4/24</p> <p>All protocols and procedures were reviewed and updated to ensure that staff use the fire alarm system not panic alarm in Fire Emergency. Removed any reference to panic alarms and update how to respond to each house. 23/4/24</p> <p>Long-range 2-way radios system test was completed 19//4/24 to ensure full campus range/coverage. Once completed long range 2 way radio systems were ordered, and training provided to staff. 02/5/24</p> <p>A review was completed of the number of staff required to evacuate the large house in the Centre safely with the Health and Safety Officer. 23/4/24</p> | |

| | |
|---|-------------------------|
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider aims to ensure a person-centred approach is adopted which promotes empowerment and participation of residents in their own care, support and treatment plans. It has ensured that each resident in accordance with their wishes has the freedom to exercise choice and control in their daily lives.</p> <p>The following specific actions are in place:-</p> <ul style="list-style-type: none">• A clear glass panel on a resident's bedroom door was initially fitted to monitor a health concern without the requirement to disturb sleep. A monitor was put in place that is controlled by the resident to support this monitoring. The glass panel was frosted on 28/5/24 to ensure the residents right to privacy is respected. | |

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(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 30/04/2024 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 30/09/2024 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in | Substantially Compliant | Yellow | 29/05/2024 |

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|------------------|---|-------------------------|--------|------------|
| | place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | | | |
| Regulation 24(3) | The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre. | Not Compliant | Orange | 18/06/2024 |
| Regulation 28(1) | The registered provider shall ensure that effective fire safety management systems are in place. | Not Compliant | Orange | 02/05/2024 |
| Regulation 09(3) | The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information. | Substantially Compliant | Yellow | 28/05/2024 |