



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

## Issued by the Chief Inspector

Name of designated centre:	No. 4 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	13 August 2024
Centre ID:	OSV-0008060
Fieldwork ID:	MON-0044440

## About the designated centre

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

No. 4 Bilberry is a five bedroom, single-storey house located on the outskirts of Cork city. It is registered to provide a full-time residential service to four adults. It is centrally located with shops, restaurants and other community services within a short walking distance. It is also close to public transport services. The centre has two communal living room areas, a kitchen-dining room, a staff office and a staff bedroom. Each resident has their own bedroom. At least two staff are rostered to work in the designated centre when residents are present. Additional staff regularly work in the centre in the evenings and at the weekends to facilitate residents' participation in activities both in the house and in the local community. At night there is one sleepover and one waking night staff. The residents who live in the centre are assessed as having a moderate to severe level of intellectual disability. The focus in No.4 Bilberry is on meeting the individual needs of each person within a homely environment.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 13 August 2024	08:45hrs to 15:30hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

This was an short-notice announced inspection, completed to monitor the provider's compliance with the regulations, to meet with the residents in the designated centre and to inform a decision to renew the registration of the designated centre. This designated centre had previously been inspected in February 2022 and August 2023. The provider had ensured the actions identified in these previous inspections had been adequately addressed in a timely manner, which included having systems in place to ensure regular review of personal plans and goal progression for each resident, completing upgrade works in the designated centre and monitoring of staff training requirements to support the assessed needs of the residents.

The inspector was aware prior to commencing this inspection that they would not get to meet one resident who chose to spend some time each week at home with family members. The resident had been availing of services in the designated centre for the weekend prior to the inspection but had not indicated to staff they wished to speak with the inspector during the inspection and had not left any comments regarding their service for the inspector to review. However, this resident's views had been included in the annual report for the designated centre where they had indicated they were happy with the services and was engaging in regular social activities.

On arrival the inspector was introduced to three of the residents by the staff team in the living room. All appeared relaxed and were ready to attend their respective day services. The inspector had met these residents during the previous inspection in August 2023 and was aware of some of their individual interests, preferences and methods of communication. Staff were observed to use the spoken word and sign language when speaking with residents who used this form of communication during the initial meeting. Staff spoke of the activities, interests and goal progression for the residents during this conversation, which included surfing lessons, yoga classes, short holidays and increasing independence with some daily activities. Residents did engage in some eye contact with the inspector but did not engage with sign responses. Later on during a review of the residents' personal plans, the inspector noted the importance in one resident's personal plan for staff to engage in eye contact with the resident and ensure short clear sentences were used in conversations. This was evident to be occurring during the initial conversation that the inspector was part of.

One resident approached the inspector and held their hand before deciding to wait in their bedroom for their day service staff to arrive. Staff explained the resident continued to show an interest in catalogue magazines but these were becoming more difficult to attain in recent years due to a more limited range after some retail stores closed or advertising went on-line. However, during a review of this resident's personal plan it was documented that the team were trying to encourage the resident to engage in purchasing magazines in locations such as petrol stations or local shops. The inspector also reviewed a completed family survey for this resident

where a relative had commented about exploring ways to expand this resident's choice of magazines available to them while increasing their interactions in social and community settings.

It was indicated to the inspector that this resident liked a particular routine which included having a rest period during the day. The scheduling of activities such as day trips away required careful planning as the resident had previously not enjoyed staying away from the designated centre over night and found long journeys difficult to tolerate in one day. However, the resident was participating in some social activities such as swimming and going for walks in social spaces in the city which they appeared to enjoy. They were also using objects of reference when making their choice for snacks prior to going into the cinema. Staff also spoke of the increasing independence being shown by the resident in their daily routine which included deciding when they would like to change their clothes independently in the evening.

The inspector was informed that all four of the residents attended separate day services in different locations around the city and county. The day service staff attached to these services for the three residents in the designated centre on the day of the inspection arrived at different times during the early morning to safely escort them to their specific service. The residents were observed to know when their specific transport vehicle had arrived and were ready to leave. Staff were observed to include the residents in the conversation with the day service staff of how they were and the required personal documentation for each resident was given to the day service staff. The inspector did not get to meet the residents again before the inspection ended but did get to speak with members of the staff team who had supported them during the night prior to the inspection and the staff who came on duty in the afternoon in advance of the residents returning to the designated centre.

All staff spoken too during the inspection were familiar with the assessed needs of each of the residents. Some of the staff team had worked with the residents in another designated centre where three of the residents had previously lived before moving into this designated centre in October 2021. Staff spoke of the positive experiences for some of the residents in recent months which included progressing of a long term goal for one resident. Staff had supported the resident to go on a scheduled flight between two Irish airports. Staff were delighted how well the resident engaged with all of the necessary steps including going through security, waiting for the plane and the flight. They were met on arrival at their destination airport by another peer and staff from the designated centre. The group then enjoyed an overnight stay in a holiday location nearby. Staff explained how they hoped to further expand the goal of travel to new destinations for this resident.

All residents were reported to be physically well with ongoing monitoring in progress with medical teams and consultants relating to known medical conditions where required. Staff explained one resident was no longer required to travel to Dublin for review by two specialist teams as these services were now being provided in Cork which was a positive development. The resident was still required to attend one specialist team in Dublin. They had been supported by staff to attend an

appointment with this specialist team the day before this inspection. While the resident got on well, it was a long day for them and staff hoped this service would also be available to the resident in Cork in the future.

Staff outlined how they had supported residents during periods of grief and loss in recent months. This included linking with family members, assisting residents to attend religious services and maintaining regular contact with relatives. For example, one resident had enjoyed spending time in their family home for a few hours in the days before this inspection. It had been a number of months since this had happened and was described as a positive experience for the resident and their relatives. Another resident was supported to visit a relative at times that suited both parties in the previous months.

Staff spoke knowledgeably of the different preferences of all three residents. For example, one resident liked to prepare their food in the kitchen on their return from their day service. The inspector observed staff had ensured the area was prepared in advance which included special protective equipment to enable the resident to independently cut up food items. Another resident liked to spend time in a detached activity room located at the rear of the property. They could access this space independently. Adjustments had also been made for another resident who had chosen not to sleep in their bed for a period of time. While staff continued to encourage the resident each night to use their bed, the resident's decision was respected. Input from a psychologist was also provided. Staff moved a reclining chair into the preferred space the resident had chosen to facilitate a more comfortable position for the resident while they slept. With ongoing support from the staff team the resident decided themselves to return to their bedroom to sleep at night time.

The inspector reviewed the personal plans for all four residents during this inspection. The inspector was informed the format of the personal plans had been changed to a new template. All of the plans were subject to a minimum of six monthly reviews or more frequently if required. Progress with attaining goals as well as updates to changes in assessed needs or attending health care appointments were documented. This included the health assessments for the residents. As part of the ongoing review of each resident's health status, residents were supported to have an annual health check. Input from a clinical nurse manager was also available to support the staff team since September 2023. This included oversight and review of healthcare management plans and medicine administration within the designated centre.

The person in charge ensured residents' finances were subject to regular review and adhered to the provider's protocols such as balance checks and signing of receipts. Three residents had their own personal bank accounts and arrangements in place to access their finances. The person in charge had experienced difficulties with one banking institution when they sought to get a nominated signatory on the bank accounts for two of the residents. This was still unresolved at the time of this inspection but there was no adverse impact reported for these residents accessing their finances. However, the provider was unaware if one resident had a bank account in their own name at the time of this inspection. While, the person in

charge outlined no adverse issues had been encountered for the resident to have access to finances when they needed, the arrangements in place did not reflect if the resident was consulted or if these arrangements were in line with their will and preference.

The designated centre was observed to be clean and homely during a walk around with the person in charge. Communal areas had minimal decor to support the assessed needs of one of the residents. The resident benefited from a low arousal environment. While this had been reflected in the internal audit conducted in December 2023, it was noted there was no adverse impact on the other residents. Staff explained to the inspector that additional decor with visual schedules had been tolerated by the resident in communal spaces. Ongoing monitoring ensured the assessed needs of all of the residents were being effectively supported. Input from a psychologist was also available to enable the staff team to support the assessed needs of each of the residents. Each resident's bedroom was observed to be decorated to reflect personal preferences and interests. The person in charge asked each of the three residents for their permission to show their bedroom to the inspector. One resident had easy-to-read information relating to their personal goals, the resident's guide and social stories relating to specific activities such as attending appointments. Another resident chose not to have such documentation in their bedroom but this was available to them for discussion during their key worker meetings.

Upgrade works to two bathrooms had been completed since the previous inspection in August 2023. This included the installation of a shower enclosure that suited the assessed needs of the residents. Internal painting was also planned to take place. However, the replacement of the kitchen units was documented in the provider's December 2023 internal audit of the designated centre as being on a waiting list at that time. The inspector noted during the inspection, that while for the most part the surface of the kitchen units were intact, damage was evident to the decorative finish on most of the unit doors. Garden furniture was also planned to be purchased at the time of the previous inspection in August 2023 but had not yet been purchased. This will be further discussed in Regulation 17: Premises.

In summary, it was evident that a core, consistent group of staff were effectively supporting residents to live their lives which supported their assessed needs. Staff demonstrated how each resident's human rights were being supported which included ensuring each resident's personal living space was respected by others. Actions had been taken to ensure effective systems were in place to enable residents' personal possessions and personal living spaces would not be adversely impacted by other residents. For example, one resident's bedroom remained locked while they were not present in the designated centre. Personal items for others were placed in different locations in their bedrooms to reduce the risk of a peer removing them without the consent of the resident. However, further assurance was required regarding the consent and wishes of one resident regarding the arrangements in place for their financial affairs.

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 good quality care and support. This resulted in positive outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service. The provider had also ensured all actions from the previous inspection by the Chief Inspector of Social Services in February 2022 and August 2023 had been addressed.

The provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. 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.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements.

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 a total of two designated centres.

They were supported in their role in this designated centre by a consistent core staff

team. Some duties were delegated among team members with oversight by the person in charge including, scheduled audits, review of personal plans and fire safety measures.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota. Staffing resources were in line with those outlined in the statement of purpose and appropriate to the number and assessed needs of residents. The inspector met and spoke with six members of the staff team during the inspection, which included the person participating in management, the person in charge and four social care workers, which included day and night staff. All demonstrated their awareness of their roles and responsibilities and were familiar with the specific assessed needs of the residents for whom they were providing support.

There was a core consistent staff team working in the designated centre, some of whom were present since the designated centre opened in October 2021. There were two social care worker whole time equivalent vacancies at the time of this inspection. The inspector was informed that there were regular relief staff available when required to fill gaps in the roster. This was consistent with the staffing resources outlined on the actual rotas reviewed during the inspection. Staff attending training was also reflected on the planned rotas.

In addition, staff demonstrated their flexibility in the supports provided to residents which included the commencement of some daytime shifts as early as 6.30am in the morning to ensure all residents could be supported in the event of them being awake. Also staffing resources in the afternoons and evenings facilitated residents to engage in their preferred social activities such as swimming, walks or visiting other social locations such as cinemas or public houses. The available staffing resources ensured residents could engage in such activities either individually or with a peer if they choose to do so.

The inspector reviewed actual and planned rotas from the 30 June 2024 to 24 August 2024 ( 12 weeks).

Judgment: Compliant

### Regulation 16: Training and staff development

The staff team comprised of a total 14 staff members which included the person in charge and social care workers at the time of this inspection. This also included regular relief staff who were familiar to the residents.

The person in charge had an effective system in place for identifying and monitoring the upcoming training needs of the staff team and these were scheduled in advance. Documentation provided for review during the inspection outlined all staff had completed mandatory training to support residents living in this designated centre. This included 100% of the current team had up-to-date training in fire safety, safeguarding, manual handling, medicines management, infection prevention and control.

At the time of this inspection 12 staff had completed training in dignity at work and over 70% of staff had completed training in human rights. The provider had extended the time line until the end of August 2024 for all staff to complete this training.

The inspector was informed training in food safety was not considered a centre specific training for this designated centre. However, over 42% of the staff team had completed training in this area as daily duties included food preparation for the residents living in the designated centre.

To support the assessed needs of the residents, Lamh training for the staff team had been identified as benefiting effective communication with the residents. This training had previously been attended by over 36% of the staff team, with all staff having completed an on-line module while awaiting in person training. The person in charge was awaiting a date to be provided for this training.

The inspector reviewed documentation in two residents' personal plans which indicated that training for staff in grief and loss would be of benefit to support the residents. This training was expected to be provided by a psychologist and the person in charge was awaiting a training date for this to take place also.

Staff supervision was occurring in-line with the provider's policy and was scheduled in advance. Staff members who had joined the team in recent months were subject to probationary supervision schedules. Staff were also being supported with their professional development where required.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and documentation to support this was submitted by the provider with the application to renew the registration of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a management structure in place, with staff members reporting to the person in charge who had the support of senior staff working in the designated centre. The person in charge was also supported in their role by a senior managers within the organisation. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the changing assessed needs of the residents and the statement of purpose. This included weekly and monthly audits.

The provider had ensured an annual review had been completed which was reflected in a written report. The most recent annual review was completed by the person in charge and area manager in December 2023. The report of this included highlights for the previous year which included holidays and other social activities that had been enjoyed by the residents. There was also reference made to positive outcomes for some residents with decreased challenges and anxieties being experienced. Input was sought from the four residents using an easy-to-read document asking about the services being provided to them. All were reflective of positive experiences and outcomes. One relative had responded to the provider's survey. Their relative was very happy in the designated centre and being supported by a consistent staff team. However, they did want to see their relative become engaged in more social activities and supported to become more independent. It was evident this view was responded to by the staff team in recent months. At the time of this inspection, this resident was engaging with both their day service staff and the staff team in the designated centre in a variety of social activities each week and was being supported to become more independent in their daily life. Seven members of the staff team also completed the survey and no issues of concern were documented in any of the responses.

The provider had also ensured six monthly unannounced internal audits had been completed in the designated centre. These took place in December 2023 and June 2024. There were a small number of actions that were either dealt with on the day of the audits or once the reports of these audits were completed. The person in charge documented and dated when the actions had been completed in both of the audits.

Centre specific audits were completed as scheduled which included fire safety, safeguarding and money management. In addition, audits of restrictive practices had been completed in March and July 2024. Included in the findings of the most recent audit the inspector noted the provider had a plan to introduce a new rights assessment questionnaire which would assist and support residents to build personal goals and support outcomes to eliminate or reduce barriers where possible.

Judgment: 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.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents and staff were aware of the provider complaints' policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

There were no open complaints in the designated centre at the time of this inspection.

There were no complaints documented during 2024.

There had been three complaints documented since the previous inspection in August 2023. Residents had been supported to make the complaints by staff members. One related to the strength of the Wi-Fi connection where a resident's bedroom was located in the designated centre. This was documented and progressed with a resolution with which the resident was satisfied within three weeks of the complaint being made in November 2023.

The other two complaints made in December 2023 related to a similar issue regarding personal possessions of two residents and actions had been taken to address the complaints. These details had been documented. However, the provider's internal audit in December 2023 identified an action that details of the date of resolution to the satisfaction of the resident had not been completed. The person in charge ensured this was completed once the issue was identified.

Judgment: Compliant

### Quality and safety

Residents were encouraged to build their confidence and independence, and to

explore different activities and experiences. It was evident from observations made by the inspector and a review of documentation throughout the inspection, the staff team consistently ensured each resident was being supported to engage in preferred activities, had a routine that suited their assessed needs and had their voice heard. Staff were able to outline individual goals, positive progress made in recent years by residents they were supporting and the overall progression of the services being provided in the designated centre. Some residents were supported to use local public transport services, engage with Tidy Town events, join community clubs such as surfing as well as socialise in the locality and in the city. The progress of individual goals were documented with six monthly updates. For example, the most recent update for one resident outlined how they hoped to go on a boat trip and travel to another country. While staff were scheduling the boat trip, the journey to another country required further planning and could possibly include a peer going with them.

In addition, staff had ensured residents had received additional input and specialist supports where required, this included mental health services. One resident was being supported with a medicine reduction plan with evidence of regular and ongoing review. The resident had required ongoing input to support them through a difficult period in recent months. As previously mentioned in this report, the requirement for another resident to attend specialist teams in Dublin had reduced from three different teams to just one at the time of this inspection. The resident was now reviewed by the other two specialist teams in Cork. This was described as a positive outcome for the resident.

## Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included visual schedules and objects of reference.

Residents also had access to telephone, television and Internet services.

The staff team were familiar with the preferred methods of communication used by each resident. Concise and up-to-date information was provided in residents' personal plans.

Residents were provided with easy-to-read stories where required regarding specific activities such as health appointments.

Personal goals were also in an easy-to-read format and personal photographs were available to assist residents to communicate their needs and express their wishes.

Staff were observed during the inspection to effectively use single Lamh signs while using the spoken word and maintaining eye contact when interacting with a resident. This was reflective of what was documented in this resident's

communication passport which was reviewed later in the day by the inspector.

Judgment: Compliant

### Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes in their home or arrange to meet in community locations.

Where changes were required to be made to usual routines of family visits the staff team supported each resident to maintain contact with family members.

Two residents spent time at home with family members each week, another resident was supported to spend time with a sibling in recent months and the fourth resident had daily contact with family members and received visits in the designated centre. This resident had also re-commenced visiting their family home the weekend prior to this inspection which they are reported to have enjoyed.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge had ensured that residents were supported to have access and retain control of their personal possessions within the designated centre. This included supporting one resident to lock their bedroom door when they were not in the designated centre. Other residents were supported to re-locate some possessions within their bedrooms to reduce the risk of a peer entering their room without their consent.

The inspector was informed there were no issues regarding residents accessing their finances. Three of the residents had their own personal bank accounts and supports were in place to assist them to manage their finances. There were arrangements in place for the fourth resident to have the finances they required while attending the designated centre to participate in activities and social events. However, it was not evident from the documentation reviewed during the inspection that this resident had consented or been consulted in all decisions regarding the arrangements in place to manage their finances.

Judgment: Substantially compliant

### Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and assessed needs of residents living in the designated centre. The building found to be clean, well ventilated and comfortable. Bedrooms were decorated to reflect the personal interests of each resident in line with their preferences and expressed wishes.

Upgrade works to two bathrooms had been completed since the previous inspection in August 2023 to ensure the assessed needs of the residents were being met.

The inspector was informed by the person in charge there was planned re-painting of the internal areas of the building by the provider in the months following this inspection.

However, the planned replacement of the kitchen units was ongoing which had been identified by the provider's internal audit in December 2023. While the inspector acknowledged that the provider had identified the requirement to replace the units prior to this inspection, the deteriorating condition of the units was clearly evident on the day of the inspection.

In addition, the inspector had been informed during the August 2023 inspection that garden furniture was to be purchased to encourage residents to use the outdoor space to the rear of the property. However, there was no garden furniture present on the day of the inspection. The inspector acknowledges that updated information regarding the issues surrounding purchasing durable suitable furniture for the designated centre was provided during the inspection. In addition, the inspector was informed during the feedback meeting that further progress had been made to purchase such furniture for the residents.

Judgment: Substantially 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. The document was subject to regular review with the most recent review and update completed in January 2024. This guide was available to each resident either in their bedroom or located in a communal area in line with each resident's preference.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were processes and procedures in place to identify, assess and ensure



ongoing review of risk. This included ensuring that effective control measures were in place to manage centre specific risks.

There were no escalated risks in the designated centre at the time of this inspection. There were 25 risks identified on the risk register for this designated centre. The most recent review by the person in charge had been completed on 2 August 2024.

Where the provider and person in charge had identified risks such as safety issues, risk assessments and appropriate control measures had been put in place. In addition, risk assessments were subject to regular review by the person in charge and the multidisciplinary team with the most recent reviews clearly documented with updated information and control measures recorded. For example, due to a decrease in the presentation of a particular behaviour of concern within the designated centre, the person in charge had reflected this in the relevant risk assessment.

Residents also had individual risk assessments in place to support their assessed needs. These assessments were also subject to regular review with evidence of ongoing review to support the changing needs of the residents where required. For example, the control measures in place for one resident included ongoing staff vigilance, monitoring of interpersonal dynamics between residents and utilisation of behaviour support strategies to ensure the consistent safeguarding of the resident.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety equipment was subject to regular review including quarterly checks and annual certification of the fire alarm and emergency lighting systems by an external contractor competent in fire safety. The provider had protocols in place for fire safety checks to be completed which included daily, weekly and monthly checks. The documents reviewed during the inspection evidenced these were consistently completed by the staff team in the designated centre.

A fire risk assessment had been completed in January 2024 by a person competent in fire safety. A further review by the person in charge of the fire risk assessment had been completed in June 2024.

All residents had an individual fire risk assessment and personal emergency evacuation plan (PEEP) completed. All had been subject to regular reviews with the most recent reviews taking place in June 2024. The PEEPs were reflective of the assistance residents would require both by day and at night time including supervision and prompting to safely evacuate.

All residents had participated in regular fire drills including a minimal staffing drill. All

drills were completed in under three minutes and details contained in the documentation reviewed included a scenario of where the fire might be located and the exit used during the drill. However, the information provided in the documentation did not identify where each resident was located in the designated centre at the time the alarm was raised. As this designated centre had four exit routes, the information provided did not clearly outline if staff used the closest exit available to them when supporting residents to evacuate. The drills documented all of the residents using the same exit in each of the drills reviewed. This was discussed with the person in charge and person participating in management during the inspection.

The person in charge had a schedule of planned drills for the remainder of 2024 which included details of scenarios of different locations where a fire might be located within the designated centre.

All staff had completed training in fire safety as required by the provider within the previous two years. One staff was booked to complete their refresher training in fire safety the day after this inspection as the previously booked training in July 2024 had to be rescheduled. In addition, all staff working in the designated centre had completed local fire safety assessments specific to the designated centre in January 2024.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The Inspector reviewed four personal plans over the course of the inspection. Each resident had an assessment of need and personal plan in place. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents had been consulted in the development of their personal plans. For example, easy-to-read versions of residents' personal goals had been developed. In addition, personal booklets contained specific information regarding the individual such as special people in their lives, likes and dislikes as well as how they preferred to communicate. One resident didn't like their head being rubbed or hair washed but did like foot spas and helping with some household chores such as making their bed and vacuuming.

Assessments and plans were being regularly reviewed and updated taking into account changes in circumstances and new developments. Key workers for each resident were responsible to ensure these updates and the progress of goals were documented.

Residents had their favourite activities included in their weekly plan such as going to their day service, day trips and visiting scenic locations. Residents were also supported to enjoy swimming, massage and walks frequently. Residents had copies of their weekly schedules available in a format that was accessible to them.

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.

At the time of this inspection there were two open safeguarding plans and one closed since June 2024 where were subject to review in the designated centre.

All staff working in the designated centre had signed the safeguarding plans and were found to be aware of measures in place to ensure the ongoing safety of residents .

An interim safeguarding plan was in place to support a resident following a recent interaction with a peer. This had been reviewed with the staff team on 16 June 2024. At the time of this inspection the person in charge was awaiting a response from the safeguarding and protection team regarding a formal safeguarding plan.

Judgment: Compliant

### Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

The provider had resources in place to support each resident to have the required staffing support to attend their preferred activities regularly. In addition, residents were also supported to part take in social activities, such as swimming, day trips and short holidays if they wished to engage in such activities.

Residents also had been supported to develop plans and goals to go on boat rides and visit another country in the future. New opportunities and experiences were being provided or planned for residents which included bowling, golfing and go-karting.

Each resident was supported to attend a day service that met their specific needs. It

was evident there was information sharing between the designated centre and the day service staff. For example, there were consistent supports provided with objects of reference for one resident going to the cinema with peers from the day service. Another day service had upgrade works completed to their kitchen and linked with the staff team on how best to support the resident to engage more in food preparation, similar to the way they got involved in the designated centre.

Residents were being supported to engage in local services such as barbers and shops. However, one resident was supported to have their hair cut in the designated centre in line with their current preference.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for No. 4 Bilberry OSV-0008060

Inspection ID: MON-0044440

Date of inspection: 13/08/2024

## 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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Person in Charge will ensure there is documentation in the Centre to evidence has been consented on decisions regarding the arrangements in place to manage their finances. This will be evidenced in the update of the residents My Money Plan. The PIC will arrange for the residents family who are part of the individuals circle of support to update on the personal bank account of the resident and to document the discussion on the family continuing to support the resident to manage their finances in line with the persons will and preference. [30/09/2024]</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider has made arrangement to ensure that:</p> <ul style="list-style-type: none"> <li>- Garden furniture is in place [22.08.2024] for residents to use as they choose.</li> <li>- Upgrade works to the kitchen unit doors to be completed [30.11.2024]. The remaining upgrade works to the kitchen will be completed in Q2/25</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/09/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2025