



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

Issued by the Chief Inspector

Name of designated centre:	No. 4 Portsmouth
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	20 January 2025
Centre ID:	OSV-0008755
Fieldwork ID:	MON-0044734

About the designated centre

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

No.4 Portsmouth comprises one house located on a campus operated by the provider on the outskirts of Cork City. The centre (which is adjoined to another designated centre) is divided into two apartment areas albeit with some shared facilities. Each apartment supports one resident each and overall the centre provides full-time residential services to a maximum of two adults of both genders over the age of 18. The centre can support those with intellectual disabilities including those with autism, behaviours that challenge and who may have dual diagnosis of mental health and intellectual disability. One apartment in the centre has a kitchen, day-dining room, utility room and relaxation room while the other has a kitchen-dining room and living room. Both residents have their own individual bedrooms and are supported by the person in charge, a social care leader, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 20 January 2025	10:05hrs to 17:35hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Two residents were living in this centre with the inspector meeting both during the inspection. The two residents spent periods of the day away from the centre, either at day services or on outings. Each resident had their own apartment area within the layout of the centre.

Located on a campus setting and adjoined to another designated centre, No.4 Portsmouth provided a home for two residents. On arrival at the centre, the inspector was informed that one of the residents had left the centre to attend their day services while the other resident was present in the centre preparing to go on an outing. After the introduction meeting for the inspection with management of the centre, the inspector was introduced to this resident shortly into the inspection. At the time the resident was using a football which staff indicated that the resident liked to do.

The inspector greeted the resident who did not communicate verbally. The resident took the inspector by the hand and guided the inspector to a mirror in the dining-day room before starting to hop the ball off the mirror. Shortly after this the resident came towards the inspector as he was in the staff office and took the inspector's hand again. On this occasion the resident guided to the inspector to a shower room and indicated that they wanted the inspector to open a press there. The inspector did this with the resident smiling in response.

After this interaction with the inspector, this resident left the centre to go on an outing with the inspector later informed that the resident was brought to see a relative. As this resident received their day services from the centre, they had access to a vehicle throughout the day. While the resident did return to the centre later in the inspection's afternoon, they left centre again near the end of the inspection to go on a drive. They had not returned to the centre by the time the inspection concluded and was not met again by the inspector after the initial interactions.

While this resident was away from the centre, the inspector reviewed the premises provided in the centre. Given the particular needs of both residents, the centre was divided into two separate apartments with some shared facilities although doors between the apartments were locked. Each apartment had one resident bedroom, kitchen facilities, bathrooms and living space. Such rooms were seen to be clean and well-furnished on the day of inspection. For example, both resident bedrooms had wardrobes while living space were provided with couches and televisions amongst others. Framed resident and family photos were also seen to be on display in both apartments.

It was observed though that only one apartment had laundry facilities which meant that the resident in the other apartment could not access this. The provider was aware of this and this matter had been recently reviewed by the provider's rights review committee. It was also seen in the centre's staff office, which could be

accessed from either apartment, that a monitor was present which showed external closed-circuit television (CCTV) feeds of the centre. A CCTV camera was also present in the staff office but its feed was not active. Documentation provided during the inspection process indicated that the use of CCTV had been subject to annual review.

In the final hours of the inspection, the other resident returned to their apartment in centre from their day services. The resident was vocalising on their return, something which the inspector had been informed could happen as the resident adjusted to their transition back to the centre. The inspector did greet the resident at this time. While the resident did not interact verbally with the inspector, they did look at the inspector and took his hand briefly. Given earlier guidance given by management of the centre, the inspector relocated to other apartment after this interaction

The resident did remain vocal for a short period after this but soon after went out on a walk with a staff member before returning. As the resident received their day service away from the centre, they did not required a specific vehicle at certain times during weekdays. The inspector was informed though that, although the resident preferred walks, they did have access to another vehicle at evenings and weekends if required. After the resident returned to the centre following their walk, they were relatively quiet with limited vocalisations heard. The inspector briefly met this resident again as he left the centre at the inspection's conclusion.

With both residents not present in the centre at the same time at any point during the inspection, overall, things were relatively quiet in the centre. However, at one point in the inspection while the inspector was present in one apartment, he could hear vocalisations from the resident in the other apartment as well as from a resident in the adjoining designated centre. When asked if such vocalisations impacted any resident, the inspector was told that they did not. The inspector was also informed though that due to an upcoming change in the adjoining centre, some works were to be done there to soundproof the wall between both centres.

In summary, the centre where residents lived was seen to be well-presented on the day of inspection. Given the layout of the centre, each resident had their own living space and bedrooms. Both residents were met during this inspection but the inspector's interactions with both were brief and neither communicated verbally with him.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

An overall good level of compliance was found during this inspection. This included in areas such as the centre's statement of purpose and staffing. An action was identified though related to the notification of restrictive practices.

When this centre was first registered in August 2024, it was made up of two houses, both of which had been part of another centre that had been inspected in June 2024. The provider had applied to register these two houses as a standalone centre as part of a reconfiguration. However, following registration, the provider varied their conditions of registration that resulted in one of these houses being removed from the footprint of No.4 Portsmouth. As a result, at the time of this inspection, the centre was made up of one house only for a capacity for two. Given that the centre had not been inspected since its initial registration, the current inspection was conducted on behalf of the Chief Inspector of Social Services to assess compliance in recent times. Overall, a good level of compliance was found during this inspection although it was found that restrictive practices in use had not been notified in a timely manner. It was acknowledged though that this had been self-identified by the provider.

Regulation 15: Staffing

The staffing arrangements for the centre were outlined in the centre's statement of purpose as staffing in a centre must be in keeping with a centre's statement of purpose. During the introduction meeting for this inspection with management of the centre, the inspector was informed that there were no staff vacancies in the centre. The inspector was also informed then that until recently staff in this centre had been supporting another centre but that this had stopped. The inspector also spoke with two staff members who raised no concerns around staffing in the centre while staff rotas reviewed from 1 December 2024 indicated that staffing was being provided in accordance with the centre's statement of purpose as required.

Staffing in a centre must also be in keeping with the needs of the resident. Despite this, it was noted when reviewing records, that a review of priorities for one resident in September 2024 made reference to the resident's priorities being impacted by staff shortages. When queried, the inspector was informed that this was related to times in the evening when only two staff members were on duty. The inspector was informed that this had been addressed with three staff generally on duty at such times. The rotas reviewed and discussions with staff also indicated similar.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector was informed that staff were to receive formal supervision every six

months. The two staff members spoken with during this inspection indicated that they had received formal supervision in recent months. This was confirmed that supervision records reviewed with such supervision records referencing matters such as safeguarding and professional development being discussed. A supervision schedule for 2025 was in place with a supervision record for a third staff member from January 2025 indicating that this schedule was being followed.

Aside from staff supervision, it is important that staff working in a centre are equipped with the necessary skills and knowledge to support residents. Records provided indicated that the majority of staff working in this centre had received in date training in relevant areas to support residents. It was noted though that two staff were overdue refresher training in de-escalation and intervention while one staff was listed as being overdue refresher training in personal protective equipment.

In addition to the staff who were overdue refresher training, some staff were not indicated as having completed certain training in fire safety. These will be addressed later in this report under Regulation 28 Fire precautions.

Judgment: Substantially compliant

Regulation 23: Governance and management

Under the regulations, provider unannounced visits to a centre must take place every six months. Since the centre had been registered as a standalone centre, one such visit had been conducted in September 2024. This visit considered matters relevant to the quality and safety of care and support provided in the centre as was reflected in a written report that was read by the inspector as part of the inspection process. An action plan was included in this report which set out time frames and responsibilities for addressing any areas for improvement identified. Updates included in the action plan seen by the inspector indicated progress with required actions.

The provider had also put in place an organisational structure for the centre which provided for lines of accountability and reporting from front-line staff working in the centre to the provider's board of directors. This structure was outlined in the centre's statement of purpose and included the centre's assigned person in charge. The person in charge was not present in the centre on the day of inspection but was identified as the person in charge by one member of staff spoken with. However, when asked who the person in charge was, a second member of staff discussed other management members and made no reference to the assigned person in charge. Some documentation reviewed also raised a query as to the level of involvement of the assigned person in the centre.

For example, notes reviewed indicated that four staff meetings had taken place in the centre since its registration but the person in charge had not attended any of

these. Given such information, the inspector queried with a senior member of management if the assigned person in charge remained in the role. This senior manager stressed that this remained the case. A social care leader spoken with during the inspection also outlined how they kept in contact in the person in charge around the running of the centre. Such information was noted and it was also acknowledged that there was an overall good level of compliance with the regulations was found on this inspection. This indicated that the overall governance arrangements were ensuring that the centre was appropriately resourced and monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for this centre which had been reviewed in December 2024. This statement of purposes was read by the inspector and was found to outline the facilities and services to be provided in the centre. It also included all of the required information about the centre such as the arrangements for dealing with complaints, the arrangements for residents' personal plans and all of the information set out in the centre's certificate of registration.

Judgment: Compliant

Regulation 31: Notification of incidents

Any restrictive practices in use in a designated centre must be notified on quarterly basis. Some restrictive practices had been in use in this centre since its registration in August 2024. As such a notification of the use of the restrictive practices was due to be submitted by the end of October 2024. However, such a notification was not submitted until 17 January 2025 after this inspection was announced at short notice. While it was acknowledged that the provider had self-identified this issue and submitted the notification retrospectively, the notification had not been submitted in a timely manner.

Judgment: Not compliant

Quality and safety

Overall, this inspection found residents to be well supported in areas such as

medicines management and the maintenance of their personal plans. This was reflected in an overall good level of compliance although some actions were identified.

The premises provided for this centre was seen to be well-presented on the day of inspection. It was provided with sufficient communal space although, given the layout of the centre, the laundry facilities were only directly available to one resident. The premises also provided facilities for food to be stored hygienically in and for medicines to be stored securely. Medicines records reviewed for one resident indicated that they were receiving their medicines as prescribed. The personal plan for this resident and the other resident were also reviewed by the inspector. For the most part, these plans were found to meet regulatory requirements. For example, they were available in an accessible format and had been subject to multidisciplinary review. It was identified though that, given their needs, one resident did not have a specific support plan contained within their personal plan related to their diet.

Regulation 12: Personal possessions

When the building that made up No.4 Portsmouth was previously inspected in June 2024, it was identified that personal property lists for residents did not contain all of their possessions. The possessions records of both residents were reviewed during this inspection and it was noted that a number of additions had been made to these lists since June 2024. The inspector did observe though that such lists did not include residents' clothes. As such the inspector queried how the centre would track residents' clothes to prevent clothes from going missing. The inspector was informed that this would be done via a reliance on familiar staff. There was no evidence identified on this inspection that any resident clothes had gone missing and both residents' bedrooms were found to contain suitable storage facilities for clothes such as wardrobes.

Judgment: Compliant

Regulation 17: Premises

The premises provided in this centre was seen to be presented in a clean, well-furnished and well-maintained manner. Sufficient facilities were present in the centre in terms of storage, communal space and bathroom facilities. It was noted though that, given the layout of the centre into two apartments, only one resident had direct access to laundry facilities. This had been identified as a rights restrictions by the provider and been reviewed in recent months with a recommendation made to consider an outdoor laundry space. A staff member spoken with during the inspection did indicate though that the resident would have no interest in the using

a washing machine and was encouraged to be involved in other aspects of their laundry management.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Hygienic facilities were provided in both apartments of this centre for food to be stored hygienically. This included fridges and presses which were viewed by the inspector and seen to be clean. Guidance was present in residents' personal plans related to modified consistency diets that they required. In addition, given the particular needs of one resident, during the introduction meeting the inspector was informed that the resident was to have a particular drink. Staff spoken with were aware of this with the relevant drink seen to be present in the resident's apartment.

It was noted when reviewing one resident's records that their weight had noticeably increased during 2024. When queried, the inspector was informed that this was contributed to by portion size and that this had been discussed with staff during staff meetings. Notes were provided of staff meetings from March 2024 and May 2024 where such matters were recorded as being discussed. However, it was notable that despite this, the resident's weight increased after this. When inspector queried if the resident had a specific support plan in place relate to their diet to provide guidance to staff in this area, he was informed that there was not. This addressed under Regulation 5 Individualised assessment and personal plan.

Judgment: Compliant

Regulation 28: Fire precautions

This regulation was not reviewed in full during this inspection. However, when reviewing the training matrix provided, it was noted that two staff were not listed as having completed a fire training course while two staff were also listed as not having completed local fire safety training.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Secure facilities were present in the centre for medicines to be stored in including for medicines which required refrigeration. The inspector viewed the medicines

storage provided and found it to be appropriately organised while a sample of medicines reviewed were found to be labelled and in date. Prescription documentation reviewed for one resident was found to contain all of the required information such as the name of prescribed medicines and when they were to be administered. Other documentation read by the inspector indicated that this resident had received all of their medicines as prescribed in January 2025 while the resident had also been previously assessed to determine if they could self-administer their own medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

During this inspection it was found that the two residents had individualised personal plans in place, both of which were reviewed by the inspector. Such plans are specifically required under the regulations and it was found that other regulatory requirements about these plans were being met. For example:

- The contents of the personal plans had been reviewed within the previous 12 months.
- The personal plans generally provided guidance on how to support residents needs such as their health needs.
- The personal plans were subject to annual multidisciplinary review.
- Accessible version of residents' personal plans were provided for.

While these were positive elements, as further discussed under Regulation 18 Food and Nutrition, a support plan was not in place within one resident's personal plan related to their diet.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Records reviewed indicated that staff had completed relevant training in de-escalation and intervention although two staff were overdue refresher training in this area (as addressed under Regulation 16 Staff training and development). Staff members spoken with during this inspection demonstrated a good knowledge of how to encourage residents to engage in positive behaviour. Guidance in this area was also present within residents' personal plans. Given the needs of residents, some restrictive practices were used in this centre. While the use of these restrictions had been subject to recent review, some of them had not been formally sanctioned by the provider's behavioural standards committee despite being in use for some time. This was something which had also been when the house that made

up No.4 Portsmouth was previously inspected in June 2024.

Judgment: Substantially compliant

Regulation 8: Protection

Guidance on supporting residents with intimate personal care was provided within residents' personal plans. Such guidance gave information on residents' preferences in this area and how they were to be supported in specific matters. No immediate safeguarding concerns were identified during this inspection. A safeguarding plan was seen though relating to one resident. This safeguarding plan provided for specific daily checks to be done for the resident with documentation provided confirming that such checks were being consistently carried out. Other records read by the inspector confirmed that all staff working in the centre had completed relevant safeguarding training.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for No. 4 Portsmouth OSV-0008755

Inspection ID: MON-0044734

Date of inspection: 20/01/2025

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 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> <p>The Person in Charge will ensure that the staff training matrix continues to be kept updated and that trainings are scheduled as required. The PIC has ensured that :</p> <ul style="list-style-type: none"> • One staff member completed the refresher training in crisis prevention and de-escalation techniques on the 21/1/2025. • One staff member completed the HSEland management and aggression training on the 2/2/2025 and is booked in to complete training in crisis prevention and de-escalation techniques on the 27/2/2025. • Staff requiring fire safety training will complete this training by 28/2/2025 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge and Sector Manager have established a system to ensure that all restrictive practices used in the designated centre will be notified within the due dates to the Authority on a quarterly basis. 31/1/2025</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Provider recognises that residents in both apartments should have access to similar facilities and aims to support all residents to develop daily living skills. Accordingly, the Provider will ensure that an exploratory meeting is held by the staff team to establish if a washing machine is something the person supported wishes to use in their apartment area and will discuss the developmental opportunities possible for this resident in this regard. If it is deemed necessary to provide this facility in the apartment area, the Provider will work with the PIC to identify where it could be located within the premises and in place by 31/3/2025.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider will continue to ensure that all staff are familiar with fire safety measures in the Centre and that all Staff have completed their Fire safety training [18/2/2025] and their local fire safety training by [5/2/2025]</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The person in charge will ensure that the Personal Plans are kept updated and that a diet support plan is now in place for one resident 31/1/2025</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Provider will ensure that the two-tier sanctioning process required for the use of restricted practices in the Centre is implemented on a timely basis.</p>	

The Provider is working to ensure that restrictions which have been sanctioned at local level are processed by the Behaviour Standards Committee (BSC). The BSC plan to complete the outstanding reviews for this Centre by 31/03/2025

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 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	28/02/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting	Substantially Compliant	Yellow	18/02/2025

	equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/01/2025
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/01/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical,	Substantially Compliant	Yellow	31/03/2025

	chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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