



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

Name of designated centre:	Goldfinch 3
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	04 December 2018
Centre ID:	OSV-0004830
Fieldwork ID:	MON-0023387

About the designated centre

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

Goldfinch No 3 is a residential service providing full time care for adult men and women, with intellectual disabilities. The centre comprises of three residences located in the environs of a large town. The three houses are located in residential areas with access to local shops and amenities. The houses are two-storey with gardens at the rear of each house. The houses have been adapted to suit the needs of the current residents. One resident lives in one house with support. Three residents live in another house with the support and space required for their assessed needs. The third house supports four residents and has a self-contained area for one resident. Residents have access to transport and the service is provided through a social care model of support. All residents regularly attend day services outside of the designated centre. Residents are not usually present in the centre between 9am – 4pm Monday to Friday. Residents are supported by social care staff during the day, with a sleep over staff at night time in each of the houses. The multi - disciplinary team are available to support the needs of the residents. Individuals are supported to access other services such as GP, consultant services and chiropody as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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How we inspect

To prepare for this inspection the inspector or 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
04 December 2018	08:30hrs to 17:30hrs	Elaine McKeown	Lead

Views of people who use the service

The inspector met with seven of the residents during the inspection.

One resident had been baking and had cake to share with other residents. The resident spoke of their friends in the day service and how they helped around the house with the chores. Another resident spoke of their musical achievements and upcoming music exams and how they liked having coffee with their friends, horse riding and swimming. These residents spoke of how they like going shopping at the weekends. The inspector was told that the residents are so busy they complete the weekly food shopping requirements for the centre with the staff at their weekly meetings.

The inspector was invited into the home of one resident. They spoke of how they liked knitting, going to mass and going out in the town. This resident was also able to tell the inspector what they would do in the event of a fire at the centre, and where the assembly point was located.

The inspector was told by staff of other residents' interests and hobbies, which included swimming and going to concerts. There was good communication between the residents and the staff. All residents were relaxed in the company of the staff. Throughout the inspection staff were observed interacting with and supporting residents in a dignified and respectful manner. The individualised care all the residents received in this centre was evident throughout the inspection.

Capacity and capability

This was a good service. The provider's governance and management arrangements ensured that residents were supported to develop greater independence and receive a good quality service, which complimented their assessed needs. The inspector found that the provider had addressed all the actions from the previous inspection. However, the provider's governance arrangements required further improvement as they had not ensured compliance with all aspects of the regulations examined during this inspection.

The person in charge works full-time and is an area manager with remit over two other designated centres and some day services. The inspector was informed that the position of person in charge for this designated centre is currently advertised. The person in charge is supported by a social care leader who has remit only over

this designated centre. Both staff work closely together and demonstrated throughout the inspection their thorough knowledge of all the residents. There were systems in place, such as audits, staff supervision and management meetings, to ensure that the service was provided in line with the residents' assessed needs and with the statement of purpose.

The provider had ensured that staffing arrangements at the centre were in line with the assessed needs of the residents. An accurate staff rota indicated there was continuity of care from the staff employed by the provider. All staff had completed mandatory training. Staff who spoke with the inspector were knowledgeable of residents' assessed needs and were able to explain to the inspector the procedure to follow in the event of a fire in the centre.

The inspector reviewed the incident recording system in the centre and noted all required notifications had been submitted to the Chief Inspector as per the requirements under the regulations.

The provider had put measures in place to address complaints locally. There were no open complaints in this centre at the time of inspection. The inspector found all complaints were closed, with clear details of actions taken along with the complainant's response. The provider had also ensured there was an easy-to-read format for all the residents to access in each house.

Regulation 14: Persons in charge

A full-time person in charge was appointed to the centre and had the necessary qualifications, skills and experience required for the post.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the number, skill mix and qualifications of staff was appropriate to the number and assessed needs of residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received mandatory training and a system was in place to ensure all staff received supervision from their line manager.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was fit for purpose, it included all the required information relating to the residents who lived in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that all records required under schedule 2 of the regulations were maintained.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to ensure that the centre was adequately resourced and that the quality and safety of care delivered to residents was regularly monitored. However, planned works pertaining to fire safety had yet to commence.

Judgment: Compliant

Regulation 3: Statement of purpose

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 31: Notification of incidents

The provider had arrangements in place to ensure the Chief Inspector was notified of all events, in line with regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in this centre at the time of inspection. The registered provider had an effective complaints procedure for residents in an accessible and age-appropriate format.

Judgment: Compliant

Quality and safety

During the course of the inspection, the inspector found that residents were happy and supported to maintain and develop their level of independence in-line with their assessed needs. There were many visual aids located throughout the houses to support residents. Practices in the centre ensured residents were safe from harm, but also supported them to take positive risks such as providing public transport training for residents.

While speaking with the residents, the inspector was informed of how the residents were involved in preparing a weekly shopping list. However, residents do not have access to the Internet and the social care leader completes the task of on-line shopping in the administrative office. This prevents the residents completing the task from beginning to end with staff support. The lack of access to the Internet limits the residents' abilities to explore other methods of communication, if they so choose.

The inspector visited two of the houses in this designated centre during the inspection. The houses suited the care needs of the residents. They were centrally located with good access to local amenities. All residents had their own bedrooms, one house developed a relaxation room which provided additional space for one resident. The rooms were decorated to residents' preferences and there was adequate furniture for residents to store their clothing and belongings. The houses were warm, clean and suitably furnished. However, some general maintenance issues required attention. The metal ducting used throughout the houses during the installation of the fire detection system required painting. A letter box required

replacing, a curtain pole needed to be secured in one of the upstairs bedrooms, external gutters required cleaning, there was also a broken tile in a utility room. There were areas in both houses that required painting and a radiator in an upstairs bathroom required repainting or replacing to improve its current appearance. The storage of buckets and mops in individual en-suite bathrooms was discussed with the social care leader during the course of the inspection.

All personal plans were subject to regular review, they were comprehensive and guided staff on how to support residents' needs. While there were restrictive practices in place, the residents involved were informed and consented to these restrictions, which pertained to their individual well-being. There were behavioural guidelines in place with a clear outline of the care needs of the residents. This ensured a consistent approach to the support provided to residents. All staff who spoke to the inspector were very knowledgeable around protocols, procedures and management arrangements in place to meet the needs of residents. Social care plans were in place for each resident and records were maintained to demonstrate the achievements of residents' social goals. Each bedroom contained an easy-to-read version of the current goals in place and were agreed with the residents'.

Residents' healthcare needs were responded to as required. The provider had an effective system in place to ensure residents attended scheduled appointments. Residents also accessed national screening programmes as required.

The provider had a risk management register in place, which adequately described the specific control measures in place to mitigate against risk. Staff spoke confidently of how they implemented specific control measures and the on-going review of these measures. The person in charge and the social care leader had attended risk assessment training.

There were procedures in place for the management of fire safety equipment and the completion of fire safety training by all staff in the centre. Staff and residents participated in regular fire drills. Residents, who spoke directly with the inspector, knew how to respond in the event of a fire. The provider had advised by correspondence to the authority in October 2017 that phase 2 of their fire safety upgrade works would be completed by November 2018, subject to resources being available. However, the provider had not completed these works, which required the installation of fire doors throughout the centre and compartments within the houses. At the time of this inspection these works had not commenced. The organisational risk register identifies this issue impacting on its compliance with regulations. The provider has actively engaged with the inspector during and since the inspection providing all the relevant information and documentation requested.

Regulation 10: Communication

Each resident was supported and assisted to communicate in accordance with their needs and wishes. Residents did have access to television and phone services.

<p>However, there was no Internet access available for the residents.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 11: Visits</p>
<p>Residents could receive visitors in accordance with their wishes and they were also supported to visit their families and friends.</p>
<p>Judgment: Compliant</p>
<p>Regulation 12: Personal possessions</p>
<p>Residents were supported to access and retain control of their personal property and possessions as per organisational policies and procedures. The provider ensured that all residents were supported to manage their own laundry in accordance with their wishes.</p>
<p>Judgment: Compliant</p>
<p>Regulation 13: General welfare and development</p>
<p>Residents were supported to engage in social and community activities. The registered provider had also ensured that the residents received appropriate care and support having regard to their assessed needs and abilities.</p>
<p>Judgment: Compliant</p>
<p>Regulation 17: Premises</p>
<p>The centre reflected the residents' personal choices and interests. The design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs. The centre was clean and well furnished. However, some areas of general maintenance and storage of cleaning mops required attention by the provider.</p>

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, shopped for and were involved in the preparation of their own food as per their expressed wishes.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that residents had access to a residents' guide which informed them about the services and facilities they would receive at the centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident is currently transitioning from his family home to the designated centre. This process has been on-going for the past twelve months. The resident is leading this process with the support of family members. They have been supported to spend time both during the day and at night in the centre. The person attends the day service with other residents in the house and is known to the staff. The personal space for this resident reflects their interests and has personal possessions reflective of his family home.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed and reflected staff practices and knowledge.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had systems in place to ensure regular fire drills, fire equipment checks and up-to-date staff training were completed. Emergency lighting and a fire detection system had been installed since the last inspection in all three houses. However, planned works for the installation of fire doors and compartments within the houses had not yet commenced and had been due for completion in November 2018.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The actions from the previous inspection were addressed. There were safe medication management practices in the centre. Residents' medications were securely stored and all staff had received training in safe administration of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had systems in place to ensure the residents' needs were regularly assessed and that plans were in place to guide staff on how they were to support residents. Each resident was supported to develop goals and records were maintained of the progress made by each resident towards achieving these goals. Each resident's bedroom displayed their own goals in an easy read format.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviours that challenge. The restrictive practices in place had been reviewed and are in place to support the medical needs of the residents concerned. The behavioural guidelines in place for residents clearly outline the care needs of the individuals. This ensures consistency in the care and support given to the residents.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding, and there was a safeguarding policy to guide staff.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents' privacy and dignity was respected and the services provided were in accordance with the residents' wishes.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	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	Compliant

Compliance Plan for Goldfinch 3 OSV-0004830

Inspection ID: MON-0023387

Date of inspection: 04/12/2018

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 10: Communication	Substantially Compliant
<p>The compliance plan response from the registered provider did not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the regulations.</p> <p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ul style="list-style-type: none"> • Pilot programme underway in one designated center to test internet access. Once successful, this will be installed in all designated centers. • The Organisation has commenced nominations of representatives for a national working group in order to develop a policy on the use of WIFI within the services. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Facilities manager has been sent a list of required improvements to be completed in the Designated Centre. • The Area Manager will follow up with Facilities Manager to ensure completion of same. 	
Regulation 28: Fire precautions	Not Compliant
<p>The compliance plan response from the registered provider did not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the regulations.</p> <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • L1 fire panel and emergency lighting in situ • At present staff perform daily and weekly checks of the emergency fire equipment in 	

addition to monthly and annual checks by a competent person.

- Phase 2 will be rolled out in line with fire inspection reports subject to securing funding from our funders. This continues to be discussed as part of Service Arrangement.
- The provider furnished the regulator with a letter from Fire Safety Consultant by way of assurance that the current measures are part of an ongoing programme of works which will include the installation of fire doors.

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 10(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Substantially Compliant	Yellow	31/12/2019
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	31/03/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Yellow	31/12/2019