

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0004573
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Una Nagle
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 July 2015 08:30	21 July 2015 17:30
22 July 2015 08:30	22 July 2015 16:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This report sets out the findings of an announced registration inspection and it was the first inspection undertaken by the Authority of this service. This registration inspection took place over two days. As part of the inspection the inspector met with residents, house unit leader, staff members, the Provider Nominee, Sector Manager and the Person in Charge (area manager). The unit leader and person in charge were recently appointed to these posts. The inspector observed practices and reviewed governance, clinical and operational documentation to inform this registration application.

The provider nominee, sector manager, person in charge and unit leader displayed

good knowledge of the standards and regulatory requirements and along with staff they were found to be committed to providing quality person-centred evidence-based care for the residents.

A number of questionnaires were received (2 relatives and 6 residents) and the inspector spoke on the phone with one family member. The collective feedback from residents and relatives was one of satisfaction with the care provided, involvement with personal outcomes plans and activities, however, they were concerned with the level of noise and challenges due to the complex needs of two of the six residents; this will be discussed in the report under the relevant outcomes.

Overall, the inspector found that residents' wellbeing was central to service provision in the centre. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with complex divergent needs.

Staff levels appeared adequate to meet the assessed needs of residents. Staff training, both mandatory and further professional training required attention as some staff had not completed their mandatory training on protection, crisis intervention techniques and epilepsy; one staff member required refresher training to ensure the certificate in cardiac first responder remained valid.

This service comprised a large six-bedded bungalow within an extensive campus site. The bungalow was recently re-configured to provide apartment-style self-contained accommodation for one of the resident's; which maximised the environment for that resident's assessed needs. A second resident required similar facilities and the provider nominee outlined that discussions were on-going regarding this. Notwithstanding this, the physical environment was suitable for its stated purpose and was comfortable, homely, and bright and had been recently refurbished.

Policies and procedures required attention as some of them were out of date. A policy was not in place to direct staff to appropriate bookkeeping regarding residents' finances, including daily and weekly checks; a practice which was evidenced on inspection.

The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection.

These improvements included:

- 1) statement of purpose to include facilities and services provided
- 2) medication administration documentation
- 3) updating care documents
- 4) staff room/visitor's room décor
- 5) complaints log format
- 6) staff training.

The action plan at the end of this report sets out the actions necessary to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated

Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector observed that staff respected the privacy and dignity of residents in their interactions, care and how they addressed residents. Each resident was treated as an individual with different levels of support provided in accordance with their assessed needs, preferences and communication needs.

Residents were assigned a key worker who acted on the behalf of individual residents and this was evidenced in their personal plans of care. Residents and their next-of-kin had access to independent advocacy services should the need arise; residents' documentation highlighted that this service was availed of by relatives. The 'Charter of Human Rights' was displayed in an accessible format.

The inspector observed that residents were consulted with informally on a daily basis; due to residents' complex communication status, formal meetings as described in the Regulations were not feasible.

The inspector joined residents at breakfast and lunch and residents were seen to have choice. The main kitchen for the campus was on site and residents' mid-day meals were prepared there.

Some residents went off site to day services, others attended day services on site and more stayed in their bungalow for activation. A horticulture centre was on campus and two residents enjoyed going there. Residents were encouraged to participate in external activities, for example going to cafes, restaurants and shopping, the cinema, and horse riding. Residents had access to transport which was available at all times.

Previously, residents were unable to retain control over their personal possessions due to the inappropriate interference of one resident. This has now been remedied following completion of the self-contained apartment where the resident can rest and relax on their own; this type of accommodation best suited the diagnosis and assessed needs of the resident. The inspector noted that residents were proud of their recently refurbished bedrooms and there was adequate space provided for storage of their possessions. A policy was in place for residents' personal property and a personal property log formed part of their documentation.

The complaints procedure was displayed in both pictorial and narrative form in an accessible format. The complaints policy was compliant with the Regulations. The complaints log was inadequate to record all the information. Occasionally, the outcome of whether or not the complainant was satisfied was not always recorded. The complaints' log was discussed at feedback meeting where the provider nominee outlined that this was being reviewed to ensure that the process was in compliance with the Regulations.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Residents were assisted and supported in their individual communication needs. Picture-enhanced communication was available and displayed throughout the centre to support non-verbal communication to relay information regarding daily activities, menu choice and staff on duty; residents were observed inquiring about this information.

The residents' guide was available in an accessible format for residents. The guide included the ethos of the organisation. It was updated on inspection to ensure it was centre-specific, for example a coloured photograph of the centre and a photograph of the unit leader was added to the guide.

Residents had access to televisions, radio and music centres. There was a large flat screen television were in communal sitting room. Staff were aware of individual communication needs of each resident and demonstrated effective communication with those residents with complex communication needs including sign language. Staff had completed communication training. Communication requirements were highlighted in

personal care plans; documentation to enable and support residents in their communication needs was documented and evidenced in practice.

Residents had access to multi-disciplinary professionals such as speech and language therapy, occupational therapy, eye care, audiology, psychology and psychiatry to assist them in their communication needs.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Completed questionnaires from residents and relatives were submitted for feedback about the service. Overall, feedback was positive regarding care including personal care, medical attention, referrals and follow-up appointments. Families commented on the recent constructive changes to the environment and the positive effect it had on their family member. Families stated that the personal plan of their relative was discussed with them as well as future plans for the residents and their accommodation.

New activity plans called an 'integrated day service plan' was devised by the day service co-ordinator for each resident. These were developed following review of residents' personal support plans and assessments and consultation with staff. New initiatives were being tried for residents to determine if the activity was to their preference, for example bowling. A weekly activities board was displayed in the staff office which showed the designated staff, residents and the activities for each resident per morning, afternoon and evening.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Written agreements with residents regarding the support, care and welfare of the resident in the designated centre which detailed the services provided for that resident, as described in the Regulations, were in place.

There was a policy to support the comprehensive pre-admission application and assessment, transfer and discharge procedure, however, it did not direct the reader to the location of the admission pack/process, which formed part of the 'Provision of Information to Residents' policy. The action for this non-compliance can be found under Outcome 18 Records and Documentation.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed a sample of personal support plans for residents. In general, they were comprehensive, resident specific and well maintained, however, occasionally, valuable information was not included in the summary documents, for example medical treatments, even though this information was contained within the file.

Documentation identified the key worker assigned responsibility to enable residents achieve their goal with agreed timescales to review objectives and re-evaluate. Generally, support plans were signed and dated by staff, however, occasionally they were not signed by the staff member completing the review.

Behavioural support plans were evidenced for those residents whose assessed needs required this support. These were annually reviewed at a minimum by the multi-disciplinary team. Assessments were submitted to the Behavioural Standards Committee for review and agreement and these reports were evidenced. There was an over-arching policy titled 'Fuller Lives Safer Live' which included several subsidiary policies to inform and support monitoring and review of behavioural support practices.

Previously, restrictive practices were in place for three residents but following extensive work with residents, restrictive practices were discontinued for two residents and work continued to enable discontinuation for the third resident.

Residents had timely access to multi-disciplinary professionals such as speech and language therapy, occupational therapy, dentist, audiology, general practitioner (GP), psychology, social worker and psychiatry. The sample of residents' notes reviewed evidenced regular reviews by their GP. Out-of-hours GP cover was provided.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The designated centre was part of a campus located in a suburban area. It comprised a large six-bedded bungalow which accommodated six residents. There was ample parking and outdoor space for residents. A day service, large canteen, consultation rooms, horticulture centre, and training facilities were also accommodated on campus. There was a secure enclosed garden to the rear of the bungalow with paving and garden furniture. There were walkways and a wooded area on the grounds of the campus and residents enjoyed peaceful walks there.

The design and layout of the bungalow was recently reconfigured to provide one self-contained apartment for one resident. This apartment comprised a large sitting room with dining space, a large bedroom, a large bathroom with bath and shower wet area and toilet; there was patio door keypad exit in the sitting room. There was a small space separating the main bungalow with the apartment to enable staff to withdraw safely,

should the occasion arise. The remainder of the house comprised five other resident bedrooms, an expansive sitting room, dining room, kitchen, communal seating area at the main entrance, staff office and staff/visitors room, a secure laundry and cleaning store room. With the exception of the staff/visitors room, the entire house was newly refurbished and was bright, homely, warm and spacious. In general, it was suitable for its stated purpose and function, and appeared to meet the individual and collective needs of four of the five residents. The provider nominee reported to the inspector that a further review of accommodation was in progress to ensure that all residents were appropriately placed to maximise their quality of life.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

As part of the application to register this centre the provider had submitted a valid certificate of compliance regarding statutory requirements in relation to insurance, building control and fire.

There was a current safety statement and a health and safety and welfare policy which contained all the items required in the Regulations.

Regular fire drills and evacuations were completed by staff and residents. Emergency evacuation advisory signage was displayed throughout the bungalow. There were adequate means of escape and emergency escape signs were at each exit. Inspector examined fire safety records and noted that fire safety checks were completed including routine testing of the fire alarm and emergency lighting. Certificates were in place for annual servicing of fire safety equipment and emergency lighting, and bi-annual testing of emergency lighting.

A comprehensive 'Personal Emergency Evacuation Plan' (PEEP) was completed for each resident which outlined the degree of assistance required for their safe evacuation.

Colour-coded laminated displays were evidenced in the utility which demonstrated appropriate cleaning clothes to use for each area. Hand-hygiene gel was available in the secure staff office and the secure utility room. Disposable gloves and aprons were securely maintained in the staff room. Cleaning equipment was available for staff and cleaning duties were the responsibility of all staff and the cleaning regime was

evidenced.

The accident and incident log contained records which demonstrated that issues were addressed in a timely manner with the involvement of relevant professionals. New initiatives were put in place by the person in charge to ensure there was a robust reporting system, for example, the unit leader or senior staff reported significant issues to the person in charge each evening in addition to the appropriate form being completed. Staff were aware of their regulatory responsibilities regarding reporting incidents to the Authority and other regulatory bodies.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Following a significant issue relating to residents' finances, systems were put in place to mitigate the risk of further such incidents. For example, the unit leader had introduced daily checks of cash balances with staff sign off; dual signatures for receipts and credit and debit transactions; weekly dual checking and signing of cash logs. Each resident had individual money pouches and individual logs; money was kept within a safe in the secure staff office. However, a policy to support staff regarding this was not in place; in addition, all staff including non-core relief staff had unmonitored access to residents' finances.

There was a suite of policies relating to welfare and protection, however, they did not include the recent Health Services Executive publication on 'Safeguarding Vulnerable Persons at Risk of Abuse' 2014. Most staff had completed training in protection and they demonstrated their knowledge relating to adult protection, interventions and reporting necessary.

Judgment:

Non Compliant - Moderate

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Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The designated provider, sector manager and person in charge outlined the process for recording any incident that occurred in the designated centre. They demonstrated their knowledge regarding notifications as described in the Regulations, to the Authority. Records of accident and incidents correlated with notifications submitted to the Authority.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Some residents went off-site to their day service, other attended day service on-site. A few residents stayed in their bungalow and activities were held in their residence. Support plans reflected the activity schedule available to residents. Good communication and engagement was observed by the inspector between staff and day services to ensure continuity of care. A detailed weekly plan of residents' activities (as described earlier in the report) was displayed in the staff office.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector examined a sample of personal plans which included medical history, vaccination record, 'My Best Possible Health', 'Annual Health Check' and 'Personal Communication Passport'. Annual Health Check records were updated to reflect referrals, interventions and blood tests. Care plans were evidenced to support the clinical issues identified. 'My Hospital Passport' contained details of each resident should the need arise and a photograph of the resident.

Residents had access to allied health services as described previously and reports were demonstrated in residents' notes of assessments and reviews.

Consent for emergency intervention and treatment was sought annually and was evidenced for each resident.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was a policy and procedure for medication management included an additional policy for the management of Epilepsy. However, the scope of this policy was misleading as it outlined that the policy did not deal with the prescription of medication and this detail was included in the policy. A staff signature sheet as described in An Bord Altranais medication management guidelines 2007 and Cnáimhseachais na hÉireann was in place.

Medication was stored securely in a locked cupboard within the secure staff office. The medication administration record was examined and noted that administration of medications was generally recorded appropriately. However occasionally, administration records were not completed by the staff administering the medication; while comments included in the comment section stated medication was administered with the time included, they did not detail the rationale for non-administration of medication at the prescribed time. Staff had recently completed their training on safe medication management.

Photographic identification was in place for all residents as part of their prescriptions in line with best practice. Prescriptions were reviewed regularly by the GP and psychiatrist; maximum dosages for PRN (as required) medications were documented; discontinued medicines were discontinued in line with best practice. Each resident had a separate form for recording the rationale for PRN administration and the resident's response to the PRN medication.

Detailed medication care plans were in place for each resident and epilepsy care plans when relevant. These were thorough and gave comprehensive instruction to staff to inform care and welfare.

Return of unused or out-of-date medicines was completed in line with best practice. While medication management audits were completed they appeared to audit documentation without auditing practice.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A written statement of purpose was available which contained most of the items listed in Schedule 1 of the Regulations, however, facilities and services did not reflect the extensive facilities and services provided for residents within this service.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The person in charge was full-time with the necessary experience to ensure effective safe care and welfare of residents. He demonstrated good knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. He demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care. He was also person in charge of four other designated centres.

There was a clearly defined management structure that identified the lines of authority and accountability. The quality of care and experience of residents was monitored and developed on an on-going basis.

Annual reviews as described in the Regulations occurred and reports with control measures, future planning, actions, responsibilities assigned and timelines were evidenced. Bi-annual unannounced inspections occurred and reports were evidenced, however, they did not demonstrate the necessary detail to ensure the plan put in place to address the concerns identified (regarding the standard of care and support), would be addressed in a timely manner with responsibilities assigned.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Suitable arrangements in the absence of the person in charge were in place whereby the sector manager deputised for the person in charge. The provider nominee was aware of the Regulatory obligations regarding notification to the Authority should the occasion arise.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The premises appeared to be generally well maintained both internally and externally. The bungalow had a fully equipped kitchen which was well stocked with food and other supplies; the utility room had laundry facilities and secure storage area for cleaning equipment. There was assistive equipment to meet the needs of residents, for example, assistive showers and toilets. Current service records were in place for equipment.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p>Theme: Responsive Workforce</p>

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was a unit leader with responsibility for the day-to-day running of the centre. There appeared to be adequate staff to ensure the safety and quality of life of residents. Additional staff were recently appointed to facilitate activation in the centre and support residents with community activities. There was a night superintendent on site to support night duty staff.

A sample of staff files were examined and items listed in Schedule 2 were available for those staff.

Staff training files were also reviewed and mandatory training including protection, fire and movement and handling was up-to-date; some staff had completed positive behavioural support. However, all staff had not completed crisis intervention training; five staff required epilepsy management training and one staff member required refresher training to ensure the certificate in cardiac first responder remained valid.

Staff had not completed training regarding food preparation and hygiene pertinent to the residents in their care.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Policies and procedures in relation to social care and welfare of residents required attention to ensure they were up-to-date and comprehensive. For example, the admissions, transfers, discharge and temporary absence of residents' policy did not

contain the details of the admissions procedure, this information formed part of the 'provision of information to residents' policy, however, the former policy did not direct the reader to the location of the admissions information; the visitors' policy did not outline the necessity for visitors to sign the visitors' book (as evidenced on inspection) in accordance with other legislative requirements. The complaints policy required review, as described earlier, to ensure it was in compliance with the Regulations.

The directory of residents was available; this was amended on inspection to ensure it was in compliance with the requirements as listed in the Regulations.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0004573
Date of Inspection:	21 & 22 July 2015
Date of response:	22 September 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The complaints log was inadequate to record all the information.

Occasionally, the outcome of whether or not the complainant was satisfied was not always recorded.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:

The Complaints, Concerns and Compliments Procedures for service users, families and advocates has been reviewed and reissued.

The Complaints log has been amended to ensure that it provides sufficient detail on the complaint, details of investigations and/or other action taken and whether the complainant was satisfied with the outcome. It also provides a learning log section.

Proposed Timescale: 31/08/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Generally, support plans were signed and dated by staff, however, occasionally they were not signed by the staff member completing the review, so it could not be determined whether the plans were current or not.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:

All staff have been reminded to ensure that all reviews and updates on personal plans are evidenced by signature and date.

The support plans have been reviewed to ensure that they are signed and dated by the key-worker.

Proposed Timescale: 30/09/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In general, personal support plans were resident specific and well maintained, however, occasionally, valuable information was not included in the summary documents to ensure their comprehensiveness.

3. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

Please state the actions you have taken or are planning to take:

1. All essential important information has now been brought forward to the summary document on the personal profile.
2. The induction folder for new staff will also be reviewed to include this information.
3. A cross-referencing system is being introduced to ensure all summary documents are updated with the main personal profile documentation.

Proposed Timescale: 30/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The décor and layout of the staff/visitors room required attention to ensure it was fit-for purpose.

4. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:

The décor will be upgraded and additional storage facilities will be provided if the staff/visitors room is to remain in its current location. (see additional plans below)

Proposed Timescale: 31/03/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Further review of accommodation was necessary to ensure that all residents were appropriately placed to maximise the quality of life of individuals and the collective.

5. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:

-The creation of an additional apartment to facilitate the support needs of one resident

is currently being planned for i.e. the Person in Charge is currently finalising the staffing plan to ensure that staff can support the needs of all six residents over three service areas within the house (30th October 2015)
-The overall feasibility of the proposed redesign will be decided on and detailed plan identified (30 November 2015)
-The revised statement of purpose will issue (31 March 2016)

Proposed Timescale: 31/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All staff including non-core relief staff had access to residents' finances.

6. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:

A Local Procedure for the Management of Services Users Monies (including personal assets) has now been developed. This policy outlines the responsibility of the senior staff on duty to be accountable for the safeguarding of Service users monies.

Staff are reminded that they need to be familiar with and adhere to the provisions of this procedure

Proposed Timescale: 30/09/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A written statement of purpose was available which contained most of the items listed in Schedule 1 of the Regulations, however, facilities and services did not reflect the extensive facilities and services provided for residents within this service.

7. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:

Statement of Purpose has now been reviewed to include facilities available to service users.

Proposed Timescale: 30/09/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Bi-annual unannounced inspections occurred and reports were evidenced, however, they did not demonstrate the necessary detail to ensure the plan put in place to address the concerns identified (regarding the standard of care and support), would be addressed in a timely manner with responsibilities assigned.

8. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:

Apparent weaknesses identified in the course of unannounced inspections must now be written directly into the house local risk register where the detailed action plan is to be set out and timelines for completion identified on that register.

Proposed Timescale: 30/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All staff had not completed crisis intervention training; five staff required epilepsy management training and one staff member required refresher training to ensure the certificate in cardiac first responder remained valid.

Staff had not completed training regarding food preparation and hygiene pertinent to the residents in their care.

9. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

All staff are now scheduled and booked into relevant training. One staff that had completed Cardiac First Responder Training has now completed refresher as it is part of the First Aid Refresher Training.

Proposed Timescale: 30/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Policies and procedures in relation to social care and welfare of residents required attention to ensure they were up-to-date and comprehensive.

The complaints policy required review to ensure it was in compliance with the Regulations.

10. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

All policies and procedures issued pre-1 January 2014 will be scheduled for review in the next six months to ensure that they are reviewed within a 3 year interval.

Proposed Timescale: 31/05/2016