Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0004575
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:	7
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:
13 October 2015 09:30	13 October 2015 17:30
14 October 2015 09:00	14 October 2015 17:00

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 in this service. This registration inspection took place over two days. As part of the inspection the inspector met with residents, one relative, house team leader, staff members, the Provider Nominee, Sector Manager and the Person in Charge (area manage). The inspector observed practices and reviewed governance, clinical and operational documentation to inform this registration application.

The provider nominee, sector manager and person in charge 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 (5 relatives) and the inspector interacted with residents during the inspection. The collective feedback from relatives was one of satisfaction with the service, care provided, involvement with personal outcomes plans, activities and social inclusion externally in the community.

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 was up-to-date and comprehensive.

This service comprised a two storey house attached to the administration building. In general, the physical environment was suitable for its stated purpose and was comfortable, homely, and bright. Independence of residents was promoted and residents were encouraged to exercise choice and personal autonomy on a daily basis.

The inspector acknowledged that issues which were identified in other Brothers of Charity (BOC) centres were addressed in this centre prior to the inspection.

Improvements necessary to ensure compliance with Regulations included:

1) aspects of the premises should the assessed needs of residents change
2) occasionally documentation was not signed or dated
3) risk assessments relating to unrestricted access to scissors and carving knives
4) occasionally weekly fire safety checks were not completed
5) an annual review of the quality and safety of care and support in the centre as described in the Regulations was not in place.

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. It was apparent that residents were relaxed and comfortable in the presence of staff. Each resident was treated as an individual with different levels of support provided in accordance with their needs, preferences and communication and this was observed on inspection.

Residents were assigned a key worker who acted on 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. The 'Charter of Human Rights' was displayed in an accessible format in the main hallway.

The inspector observed that residents were consulted with informally on a daily basis; due to the complex needs of residents' formal consultation and participation in the organisation of the centre as described in the Regulation could not take place.

There was a policy and procedure for the management of complaints. The complaints procedure was displayed in both pictorial and narrative form in an accessible format. The inspector reviewed the complaints log that contained complaints and was satisfied that complaints were fully investigated and adequate records were maintained. There was evidence of organisational wide learning with the new comprehensive complaints' log evidenced.

The inspector joined residents at breakfast and lunch and residents were seen to have choice. Some residents returned to the centre for their meals and others went to the main dining room which was located on campus. The main kitchen for the campus was

on site and residents' mid-day meals were prepared there.

Day services for residents were located on campus where several facilities were available including art classes, crafts, beauty therapy, gardening in the horticulture centre, physical exercise including swimming, walking, dancing, bird feeding, baking and music. The inspector was invited to attend the music session in the day service where seven residents' attended. The gentleman hosting the session played the guitar and sang and encouraged residents to sing their 'party piece'. Instruments were provided for residents and they reported that they 'loved' the music and entertainment. Residents were encouraged to participate in external activities, for example going to cafes, restaurants and shopping, visiting relatives. There was documented evidence that activities were tailored to the needs of residents on their assessment and this was observed on inspection. Residents had access to transport which was available at all times.

There was a policy on residents' personal property and finances. Where the provider was responsible for residents' monies there were adequate records maintained demonstrating that the money was used appropriately for the benefit of the resident. The inspector noted that where possible residents retained control over their own possessions 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 was evidenced for each resident as part of their documentation.

Judgment:
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:
There was a policy on communicating with residents. 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 and staff were observed using these. Staff had completed communication training to assist residents to maximize their input into daily choices.

The centre specific residents' guide was available in an accessible format for residents.

Residents had access to the televisions, radio, and music centres. Residents had televisions in their bedrooms and large flat screen televisions were in communal sitting rooms and visitors' rooms. Some residents had significant communication needs and some were non-verbal. There was a communication profile recorded in each resident's personal plan that was comprehensive and identified the most appropriate means to enable and support residents with their communication needs. Communication passports for residents were available in residents' bedrooms along with their care plans in an accessible format.

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 relatives were submitted for feedback about the service. Overall, feedback was positive regarding all aspects of care including personal care, medical attention, referrals and follow-up appointments. Relatives spoke of the 'respect' shown to their relative and wrote about 'the excellent staff' in the centre. Feedback detailed improvements to their relatives' condition over the years. Transition plans were demonstrated for a resident who came to this service two years previously; these included comprehensive consultation with family members and the multi-disciplinary team. Families stated that they attended the annual review of the personal plan of their family member where staff discussed future plans and outcomes for residents. Residents were able to meet with visitors in private if the so wished and there was adequate space to facilitate visitors.

Each year the Ailing Gheal (bright vision) forum was convened where different outcomes were focused upon. Social roles in relation to the promotion of social inclusion was the theme for 2014. The focus for 2015 was 'I have best possible health'. A gathering was organised three times per year where service users (residential and non-residential), families, staff and persons participating in the management of the centre came together and engaged with each other. All participants were sent preparatory information prior to the meeting. Items discussed were opportunities for health, exercise and better diets,

and how to enhance wellness and wellbeing. An action plan was formulated for the following four months. Videos and pictures were shown at the start of each meeting to show residents' participation and involvement in the project.

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:
There was an admissions policy dated July 2015. Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident, as described in the Regulations, were in place.

There was evidence of consultation with a resident and relatives prior to the transfer of the resident from one centre to another. A transition programme that included multi-disciplinary involvement with on-going consultations was evidenced.

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:
Each resident had a comprehensive assessment of their personal, social care and support needs. Based on these assessments, each resident had a personal plan developed by their key worker in consultation with the residents and/or their relatives. The plans were person-centred and clearly set out individual needs and choices of the residents and how these goals would be met. There was evidence of the involvement of members of the multi-disciplinary team such as nursing, healthcare/social care workers, psychology, psychiatry, physiotherapy, occupational therapy and speech and language therapist in the development of the plans. There were regular reviews of the plans for effectiveness. These plans were available in residents' bedrooms in an accessible format for residents.

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. Restrictive practice assessments were submitted to the Behavioural Standards Committee for review and agreement and these reports were evidenced. In addition, staff completed the 'disability distress assessment tool' for relevant residents which detailed summaries of signs and behaviours of residents when they were content and when they were distressed and these were comprehensive and resident-specific. There was an over-arching policy titled 'Fuller Lives Safer Live' which included several subsidiary policies to inform monitoring and review of behavioural support practices.

While most of the residents' documentation was signed and dated, sometimes they were not, consequently dates of reassessment could not be determined. In addition an erasing fluid was used in care plans which was not in line with best practice guidelines.

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 rural setting in County Cork. It

comprised a two storey building which was alongside and part of the administration building. There was ample parking and outdoor space for residents. A day service, leisure facilities, consultation rooms, training facilities, horticulture centre and chapel were also accommodated on campus. There was a large enclosed area with a pond, walkways, seating, picnic furniture, and activity centre for residents and visitors to enjoy.

The design and layout of the house was generally suitable for its stated purpose and function and appeared to meet the individual and collective needs of residents. The centre bright, warm, homely, spacious and generally well maintained. There was appropriate flooring and adequate lighting to minimise risk.

The external premises were newly painted and the décor internally was recently upgraded. Seven residents were accommodated in the centre and all had their own bedrooms. Accommodation downstairs comprised an expansive sitting room with a dining area with a large hatch connecting the dining area to the kitchen; the secure enclosed garden was accessible through patio doors in the sitting room. There was a large music room to meet the needs of one resident; there were two large bedrooms with toilet and shower facilities alongside. Another resident had a bedroom with a toilet across the corridor from the bedroom; this resident had a sitting room with a dining table and chairs alongside the bedroom and this accommodation suited his assessed needs. There was a further expansive unoccupied room available. It was proposed that this room would be converted to a sensory room, but this was to be finalised. There was a staff office and secure clinical room where medication was securely stored.

Handrails were in place on both sides of the wide stairs. There was a lovely spacious seating area situated halfway up the stairs that was newly decorated with comfortable seating and soft furnishings. Accommodation upstairs comprised four single occupancy bedrooms, two had adjoining living areas and the third had a separate quite room. The forth bedroom was reserved for a resident that availed of respite services twice a week. While upstairs accommodation suited the assessed need of residents presently residing there, the inspector requested that this would be part of an on going review of suitability of accommodation should their mobility needs change. It was reported to the inspector that refurbishment of the shower en suite bathroom upstairs was due to commence the week following the inspection, however, at the time of inspection the shower wall covering and flooring required work to ensure they were fit for purpose. There were six bedrooms upstairs decommissioned.

One resident offered to take the inspector to the newly renovated and restored chalet which was called 'The Cottage'. It comprised open plan design tea rooms with dining tables and chairs to the right and couches to the left of the entrance; there was a small kitchen area with tea/coffee making facilities. The resident had responsibility for opening and closing the tea rooms. She reported to the inspector that families use it when visiting and it was used for family occasions also.

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 and building control and fire safety.

There was an emergency plan, safety statement, a health and safety policy which contained all the items as listed in the Regulations. There was evidence of organisation-wide learning whereby a comprehensive centre-specific risk register was in place. In addition, an annual risk and safety self-assessment was completed with descriptors, risk, scores, controls, actions and persons responsible with target dates for completion. Comprehensive and detailed completed risk assessments were evidenced for each resident.

While residents' independence was promoted and encouraged including observation and involvement in meal preparation, residents had unrestricted access to scissors and carving knives without any risk assessments being completed. The inspector requested that this would be risk assessed cognisant that some residents had complex needs.

Regular fire drills and evacuations were completed by staff and residents. Fire evacuation advisory signage was displayed on both floors. Floor plans were displayed prominently; they identified a point of reference along with the location of fire fighting equipment and points of exit. There were adequate means of escape and emergency escape signs were at each exit. Two fire doors were not closing accurately and this was remedied before completion of the inspection. Inspector examined fire safety records and noted that while daily fire safety checks were completed to verify that escape routes were free from obstruction, occasionally weekly fire safety checks were not completed. Training records indicated that all staff had up-to-date training in fire safety. Certificates were in place for annual servicing of fire safety equipment and emergency lighting, bi-annual testing of emergency lighting and quarterly certification of the fire alarm system.

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 kitchen which demonstrated appropriate cleaning clothes to use for each area. There were hand-hygiene gel/foam dispensers available. Cleaning equipment was securely maintained in the locked area upstairs.

There was an incident management policy and a serious incident management policy. Inspectors reviewed a sample of incident records and found that each incident was reviewed and issues that could minimise the risk of recurrence were identified.

Records were available to demonstrate that vehicles used to transport residents were maintained and roadworthy.

Judgment:
Substantially 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:
There was a policy and procedure in place for the prevention and response to abuse which included a synopsis pathway for staff, however, this pathway did not include notification to the Authority as detailed in the Regulations. All staff had received up-to-date training on protection. Staff members spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of an allegation of abuse. There were adequate systems in place for the management of residents' finances and appropriate records were maintained. Based on the observations of the inspector, staff were courteous and kind to residents and residents appeared to be comfortable and relaxed in the presence of staff.

The person in charge stated that they had monitoring systems to protect residents by interacting with staff, relatives and residents on a regular basis. There was no reported allegations of abuse.

There was a policy in place for the provision of behavioural support. Staff had up-to-date training in behavioural support. Based on a review of a sample of residents' records, efforts were made to identify and alleviate the underlying causes of behaviour that challenge. Records indicated that efforts were being made to minimise the use of restrictive interventions and there was evidence of the involvement of the multi-disciplinary team in the development of behaviour plans.

The action for this non compliance was recorded under Outcome 18 Records and Documentation.

Judgment:
Compliant

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 provider nominee, 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. Based on records reviewed the inspector was satisfied that the Authority was notified of incidents in accordance with regulations.

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:
Residents attended day service on the campus. Support plans reflected the established 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 was displayed in the kitchen.

A recent addition to the staff complement was that of a social support; this person facilitated residents in their social activities both within the centre and externally. A daily 'social support diary' was in place which demonstrated a daily narrative recording outings and community based activities, the residents' participation and those staff who facilitated these outings.

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:
Inspectors examined a sample of personal plans which included medical history, vaccination record, 'My Best Possible Health', 'Annual Health Check' notebook 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, including a photograph of the resident.

Residents had access to the services of a general practitioner (GP) who visited the centre twice a week and when required. There was also access to out-of-hours GP services. Residents received a medical assessment at regular intervals and healthcare needs were met in a timely manner. There was access to allied health/specialist services such as speech and language therapy, occupational therapy, physiotherapy, psychology, psychiatry, social worker and dental. However, there was limited access to the services of a dietician.

Residents had comprehensive health care assessments, for example, evidence-based assessment tools for malnutrition, swallowing difficulties, mobilisation and falls. There were care plans in place for healthcare issues identified on assessments and these were comprehensive. For example, there were comprehensive care plans in place for issues such as epilepsy and falls.

Residents' mid-day meals were prepared in a central kitchen on campus and delivered to the centre in insulated food containers. Residents were offered a choice of food at mealtimes and food was provided in the consistency recommended by speech and language therapy, where relevant. Breakfast and evening meals were prepared in the centre and staff had completed training in food consistencies, food preparation and

storage.

Residents requiring assistance at mealtimes were assisted in a respectful and dignified manner. Residents were provided with drinks and snacks throughout the day. Some residents were supported to eat out in local restaurants occasionally.

Judgment:
Non Compliant - Moderate

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 national policy and procedure for medication management included a policy for the management of Epilepsy. In addition, there was a local policy that was quite comprehensive and directed staff to the frequency and appropriate ordering, delivery and return of medications, amongst other things. 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 the secure clinical room. The medication administration record was examined and noted that administration of medications was recorded appropriately. 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. Where PRN medications were administered there was a record of the monitoring of the effectiveness of the medication.

A medication care plan was in place for each resident and epilepsy care plans when relevant. These were detailed and gave comprehensive instruction to staff to inform care and welfare.

There was an audit of medication management completed in July 2015 which audited practice and policy implementation. Actions with timelines and responsibilities assigned formed part of the audit process.

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 centre specific statement of purpose was available which contained all the items listed in Schedule 1 of the Regulations. This was updated on inspection to reflect the services and facilities provided on campus.

Judgment:
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 a full-time registered nurse with the necessary experience to ensure effective safe care and welfare of residents. She 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. She demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care. She was committed to her own continuing professional development for example, she had completed a diploma in health services management, she attended many day courses, and conferences relevant to the service.

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. A six-monthly service review was undertaken which included consultation with people who use the service. Documentation, records, training records, policies and practice were audited and staff were interviewed as part of this six-monthly review. Reports with deficits highlighted, control measures, future planning, corrective actions, responsibilities assigned and timelines were evidenced following the six-monthly reviews.

The annual centre inspection for internal and external environments was completed, however, an annual review of the quality and safety of care and support in the centre as described in the Regulations was not in place. This was discussed and clarified on inspection.

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

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspector was informed that there were suitable arrangements in the absence of the person in charge whereby the sector manager deputised. The provider nominee was aware of the Regulatory obligations regarding notification to the Authority should the occasion arise.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The premises appeared to be generally well maintained both internally and externally. The kitchen was fully equipped and well stocked with food and other supplies. Laundry facilities were available on site. There was assistive equipment to meet the needs of residents, for example, specialist mattresses, assistive showers and toilets. Current service records were in place for equipment.

In general, residents appeared to be appropriately placed to maximise their quality of life.

Judgment:
Compliant

Outcome 17: Workforce
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.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Staff in the centre comprised a house leader, nurses, care staff, social support staff and household staff. The person in charge's office was on-site in the administration building alongside the designated centre on campus. There was a night coordinator on site to support staff. The number, qualifications and skill mix of staff appeared appropriate to the number and assessed needs of the resident following review of the duty roster.

Staff files were examined and items listed in Schedule 2 were available for all staff. Staff training files were also reviewed and mandatory training including protection were up-to-date. Some staff had completed positive behavioural support and all staff had crises prevention intervention completed. Staff had completed training regarding food preparation and nutrition pertinent to the residents in their care.

Judgment:

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:
The directory of residents was available and contained the requirements as listed in the Regulations.

Local policies were up-to-date and centre-specific. Issues relating to the policy on protection of vulnerable adults identified previously in this report will be actioned under this outcome.

Judgment:
Substantially Compliant

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:

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Inspector of Social Services
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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0004575
Date of Inspection:	13 and 14 October 2015
Date of response:	11 November 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While most of the residents' documentation was signed and dated, sometimes they were not, consequently dates of reassessment could not be determined. In addition an erasing fluid was used in care plans which was not in line with best practice guidelines.

1. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
All existing assessments documentation has been reviewed to ensure it has been signed and dated.
Care Plan documentation has been amended to ensure that all reassessments/reviews are evidenced by signed and dating.

Evidence of erasing fluid was found on 1 document. This has been replaced and all erasing fluid removed from the area. Staff have been reminded that this is a prohibited practice and that any amended required should be done a single, thin, neat line through whatever is incorrect and to make a correction in the margin.

Proposed Timescale: 30/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was reported to the inspector that refurbishment of the shower en suite bathroom upstairs was due to commence the week following the inspection, however, at the time of inspection it required a some work to ensure it was fit for purpose.

2. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Refurbishment work scheduled to commence on the shower en suite has been undertaken and is completed.

Proposed Timescale: 02/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The forth bedroom was reserved for a resident that availed of respite services twice a week. While upstairs accommodation suited the assessed need of resident presently residing there, the inspector requested that this would be part of an on going review of suitability of accommodation should their needs change.

3. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
The identification of changing needs of residents is undertaken on a quarterly basis or more frequently if required by completing the Individual Risk Profile. If this risk review identifies the need for a change in accommodation for the residents a multi disciplinary assessment will be undertaken to ensure the accommodation for residents is appropriate. In the event that the physical accommodation cannot meet the needs of the resident and alteration is required these needs will be planned for or alternative suitable accommodation sought in another designated centre for the resident. If renovation plans are being proposed the plans will be submitted to HIQA for approval if these alter the registered layout of the building.

Proposed Timescale: Ongoing as required.

Proposed Timescale: 11/11/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While residents' independence was promoted and encouraged including observation and involvement in meal preparation, residents had free access to scissors and carving knives. The inspector requested that this would be risk assessed cognisant that some residents had complex needs.

4. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
The Activity Risk assessments mentioned above has been undertaken and risk control measures have put in place. These will be reviewed in six monthly or sooner if required.

Proposed Timescale: 01/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Occasionally weekly fire safety checks were not completed.

5. Action Required:
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
Staff have been reminded of the requirement for weekly fire checks highlighted on the schedule of weekly tasks to be undertaken.
This weekly record will be checked by the Unit leader or nominated person when compiling the weekly report to the Area Manager (PIC).

Proposed Timescale: 01/11/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents had very limited access to the services of a dietician.

6. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
A Dietician has been employed by the Service to assess residents who have been identified as requiring this during the risk assessment process and subsequently by their GP.
The Services is now finalising the engagement of ongoing Dietician input which will afford residents greater access to this Service.

Proposed Timescale: 30/11/2015

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:
The annual centre inspection for internal and external environments was completed, however, an annual review of the quality and safety of care and support in the centre as described in the Regulations was not in place.

7. Action Required:
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the

quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
Annual review process has been reviewed and amended to ensure that it is in compliance with Regulation 23(1)(e).

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:
There was a policy and procedure in place for the prevention and response to abuse which included a synopsis pathway for staff, however, this pathway did not include notification to the Authority as detailed in the Regulations.

8. 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:
The issue re notification of safeguarding concerns to HIQA has been highlighted for inclusion in the National Policy and National procedures for the Safeguarding of Vulnerable Adults at Risk of Abuse. This policy is currently being updated.

Proposed Timescale: 30/11/2015