

**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-0004594
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:	26
Number of vacancies on the date of inspection:	3

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 3 day(s).

The inspection took place over the following dates and times

From:	To:
03 March 2015 08:30	03 March 2015 18:00
04 March 2015 09:00	04 March 2015 18:00
06 March 2015 08:00	06 March 2015 16:30

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 three days. As part of the inspection the inspector met with residents, house team leaders, staff members, the Provider Nominee, Sector Manager and the Person in Charge (area manager). 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 (16 relatives and 5 residents) and the inspector spoke with many residents during the inspection. The collective feedback from residents and 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.

This service comprised five bungalows and 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.

In general, the physical environment was suitable for its stated purpose and was comfortable, homely, and bright. Bungalows will be described individually in Outcome 6 Suitable and Safe Premises. Independence of residents was promoted and residents were encouraged to exercise choice and personal autonomy on a daily basis. Staff sought residents' feedback informally and formally with house meetings.

While residents' protection was paramount to staff, records maintained regarding residents' finances was not consistent or in line with best practice. While an education programme was due to be rolled out to train staff in appropriate book-keeping, most staff had not completed this training. This will be discussed in detail under Outcome 8 Safeguarding and Safety.

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

These improvements included:

- 1) some policies, procedures and guidelines required up-dating to ensure they were centre-specific and comprehensive
- 2) complaints log format
- 3) clinical risk assessments
- 4) staff training
- 5) emergency escape floor plans displayed
- 6) access to dietician services.

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

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 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. The 'Charter of Human Rights' was displayed in each bungalow in an accessible format.

The inspector observed that residents were consulted with informally on a daily basis; formal consultation and participation in the organisation of the centre as described in the Regulations, was evidenced with minutes of meeting demonstrated and issues were followed up in subsequent meetings.

The complaints procedure was displayed in each unit in both pictorial and narrative form in an accessible format. A complaints log was in place in each bungalow and these were reviewed by the inspector; while issues which were recorded were timely addressed however, the format of the complaints log was inadequate to record the narrative of a complaint; it did not facilitate recording the outcome of a complaint.

The inspector joined residents at breakfast and lunch and residents were seen to have choice. Some residents remained in their individual homes for their meals and others went to the main dining room which was located on campus; residential and non-

residential people were observed to enjoy their meals here. The main kitchen for the campus was on site and residents' meals were prepared there.

Some residents went off site to day services, others attended day services on site and more stayed in their bungalows where activities were held. Residents were encouraged to participate in external activities, for example going to cafes, restaurants and shopping, visiting friends and relatives. Residents had access to transport which was available at all times.

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:

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 updating this information.

The residents' guide was displayed in each unit and it was in an accessible format for residents. The guide included the ethos of the organisation.

Inspectors noted that residents had access to the internet, televisions, radio, music centres, i-pads, and mobile phones. Some residents had televisions in their bedrooms and large flat screen televisions were in communal sitting rooms. 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. Staff had invited the 'Society of the Blind' into the centre to discuss enhancement of the residents' environment. This resulted in flooring and lighting being changed and repositioning of furniture which had enabled better mobilisation for two residents with significant visual impairment.

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 all aspects of care including personal care, medical attention, referrals and follow-up appointments. Relatives spoke of the 'kindness and respect' shown to their relative and wrote about 'the great staff' in the centre. Feedback detailed improvements to their relatives' condition over the years. 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.

Each year the Aisling Gheal (bright vision) forum was convened where different outcomes were focused upon. 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. For example, staff showed the inspector the participation and involvement of residents in the community and on campus during the Christmas season where one resident was invited to turn on the Christmas lights in the nearby village.

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 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. The sector manager outlined that they were sent to each next-of-kin on 31 December 2014 and their return was awaited.

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 range of personal support plans for residents. The support plans commenced with individual client profiles which included a description of the resident as well as a photograph. This was supported by the 'personal outcomes measures' (POMS) plan. There was 'My Circle of Support' document describing interests, activities and behaviours for each resident; photographs of family members and their relationships were evidenced. Residents had assessments completed which described the level of assistance required for:

independent living skills and daily routines
personal care
my sensory details
communication
individual rights assessments
diagnostic information

medical information/mental health information.

Documentation identified the key worker assigned responsibility to enable residents achieve their goal with agreed timescales to review objectives and re-evaluate. Support plans were signed and dated by staff and residents. Support plans and POMS were resident specific with valuable information to inform care that reflected how the resident would be enabled to achieve activities and this support was evidenced in practice. There was a summary of all ongoing goals and new priorities from current POMS information gathering booklets. 'My Life Now' had quite detailed person-centred information to inform care and welfare. 'My Work and Development' information contained person-centred details of the days the resident went to work, the transport needed and whether additional equipment support was necessary for individuals. The section 'The skills I am working on this year; Ways you can help me' contained individualised narrative to support each resident meet their potential.

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 monitoring and review of behavioural support practices.

While there was excellent information and evidence-based assessments with associated interventions to enable residents' ability, other assessments relevant to the aging population, for example, skin integrity were not evidenced. There was an assessment for bed rails however this was not evidence or risk based. While most of the residents' documentation was signed and dated, sometimes they were not consequently dates of reassessment could not be determined.

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. A sample of residents' notes were reviewed which evidenced regular reviews by their GP. The GP attended the campus on a weekly basis and visited each bungalow individually to ensure privacy and dignity of residents. Out-of-hours GP cover was provided. However, cognisant of the aging population, residents did not have access to dietician services and many residents had specialised dietary requirements.

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 area. It comprised five bungalows, A, B, C, E and H. There was ample parking and outdoor space for residents. A day service, leisure facilities, consultation rooms and training facilities were also accommodated on campus. There was a secure enclosed green area to the rear/side of each bungalow with garden furniture and some had decking. There was a large enclosed area called Marley Park with a pond, walkways, seating, picnic furniture, and activity centre for residents and visitors to enjoy.

The design and layout of each bungalow was suitable for their stated purpose and function and appeared to meet the individual and collective needs of residents. Bungalows were bright, warm, homely, and generally well maintained. The environment was spacious, well maintained with appropriate flooring and adequate lighting to minimise risk. Accommodation in each bungalow comprised:

Bungalow A – 5 residents

Bungalow B – 6 residents

Bungalow C – 6 residents

Bungalow E – 5 residents

Bungalow H – 7 residents

One single bedroom in bungalow H was small and this was discussed at the feedback meeting. The programme of works was discussed where it was planned that the single bedroom would be converted to an office and an unoccupied bedroom, which was larger would be renovated and redecorated with new flooring, decor and furniture. The external ramp to this bungalow was in the process of being upgraded at the time of inspection to facilitate residents with mobilisation aids. There was an apartment to the rear of bungalow B and this was the home of one resident who showed the inspector around his place. (This resident was on the 'Rights' committee and attended all the Aisling Gheal meetings). Residents had ample storage space for their personal possessions and storage space was available for equipment. Some residents had decorated their room with posters, pictures, furniture and mementos. Each bungalow had assisted toilets and showers. All bedrooms were single occupancy with the exception of one, which was twin occupancy; this was being reviewed at the time of inspection. Communal space in each house comprised an expansive living area with a designated dining area and a large communal seating area. Each had a kitchen and utility room with laundry facilities. Assistive equipment, for example mobile hoists and specialised wheelchairs were available for dependant residents.

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.

There was a safety statement and a health and safety policy which contained all the items as listed in the Regulations. While there was a policy titled 'What to do in an Emergency', the emergency plan did not demonstrate adequate detail to inform staff. While there was a policy regarding 'missing persons', however, it did not direct staff on the appropriate actions to take in such a situation.

Regular fire drills and evacuations were completed by staff and residents. Fire evacuation advisory signage was displayed in each house. Floor plans were displayed prominently in each house however, these were inadequate as they did not identify any point of reference; while there was a blue dot highlighted on the floor plans, it did not identify 'I am here'. Nonetheless, there was a red dot to indicate the location of fire safety equipment. 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 each utility which demonstrated appropriate cleaning clothes to use for each area. There were hand-hygiene gel/foam dispensers in each house. There were dispensers for disposable gloves and aprons in the bathrooms of some of the bungalows; this was not in keeping with a homely environment or respect for dignity of residents; in addition this practice required risk assessment cognisant of the complex needs of residents. Cleaning equipment was available for staff and cleaning duties were the responsibility of all staff, however, all staff had not completed training in infection prevention and control.

The accident and incident book was reviewed and contained records which demonstrated that issues were addressed in a timely manner with the involvement of relevant professionals. Medication errors and near-misses were recorded.

Accidents/incidents/medication errors/episodes of challenging behaviour reports were

submitted to the person in charge weekly. This information was then submitted to the health and safety and risk management committee for analysis. Reports were evidenced with data collated to identify trends to support quality improvement measures and minimise risk of recurrence. Interventions were initiated following these reviews, for example, training was organised for staff for management of residents' finances and a mentor was appointed as support for staff regarding medication management. Annual centre inspections for internal and external environments were completed; in addition a four-monthly service review which included consultation with people who use the service was undertaken. Reports with control measures, future planning, actions, responsibilities assigned and timelines were evidenced.

Guidelines to facilitate the management of residents wishing to smoke were in place with individualised care plans for smoking with associated strict guidance provided.

Judgment:

Non Compliant - Moderate

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:

While residents' protection was paramount to staff however, records maintained regarding residents' finances was inconsistent across the five bungalows. There was evidence of best practice regarding maintenance of residents' finances in most bungalows. However, records in one bungalow demonstrated that two signatures were not always written for debit and credit transactions; receipts were not always available and were not numbered. While an education programme was due to be rolled out to train staff in appropriate book-keeping, most staff had not completed this training.

There was a suite of policies relating to welfare and protection however, they did not include their regulatory obligation of reporting allegations of abuse to the Authority. In addition, the policy did not clearly outline procedures to follow if an allegation of abuse occurred. Also, management of receipt of gifts was not included in their policy. Most staff had completed training in protection and those spoken with demonstrated their knowledge relating to adult protection, interventions and reporting necessary.

Judgment:

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 to inspectors 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 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.

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' 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 however, it did not contain a photograph of the resident, which would be invaluable if the resident was admitted to the acute care setting.

Residents had access to speech and language services and reports were demonstrated of reviewed and meal plans for residents. However, dietician services were not evidenced and residents did not have appropriate nutritional risk assessments completed to ensure appropriate nutrition. Many of the residents required specialised consistency diets, however, some staff had not completed up-to-date training in addressing nutritional needs. Staff had not completed training in food preparation, storage or hygiene.

Judgment:

Substantially 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 national policy and procedure for medication management included an additional policy for the management of Epilepsy, however, this was not centre specific. The person in charge outlined that a local addendum policy was being developed but this was not available at the time of inspection. 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 each bungalow. The medication administration record was examined and noted that administration of medications was recorded appropriately. House-leaders spoken with regarding medication management demonstrated their knowledge regarding administration and recording as well as reporting responsibilities relating to medication. Staff had recently completed their training on safe medication management. There was always a nurse on duty on the campus and care staff stated that the nurse was called to give 'as required' PRN medications in line with their policy.

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 medications were documented; discontinued medicines were discontinued in line with best practice.

Medications 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.

The pharmacist visited the centre fortnightly, completed audits and facilitated learning sessions for staff. Return of unused or out-of-date medicines was completed in line with best practice.

Judgment:

Substantially 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 all the items listed in Schedule 1 of the Regulations.

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 adequate 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 as described previously.

Judgment:

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:

The inspector was informed that there were suitable arrangements in the absence of the person in charge whereby the sector manager would deputise. The designated provider 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. Each bungalow had a fully equipped kitchen which was well stocked with food and other supplies; the utility rooms in each unit had laundry facilities. There was assistive equipment to meet the needs of residents, for example, hoists, 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 and that of fellow residents.

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:

There were house leaders and care staff in each unit and the person in charge's office was on site. There was a night coordinator on site to support staff; there was an additional nurse on twilight duty until 12 midnight to assist with medications and an additional care attendant until 23:00hrs.

Staff files were examined and items listed in Schedule 2 were available for all staff.

Staff training files were also reviewed however, mandatory training including protection was not up-to-date. Some staff had completed positive behavioural support and all staff had crises prevention intervention completed. Staff had not completed training regarding food and nutrition pertinent to the residents in their care.

Judgment:

Non Compliant - Moderate

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 comprehensive and reflect person-centred evidence-based care; these were discussed under relevant outcomes throughout the report.

The directory of residents was located in each house and contained 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-0004594
Date of Inspection:	03 March 2015
Date of response:	23 June 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 format of the complaints log was inadequate to record the narrative of a complaint; it did not facilitate recording the outcome of a complaint.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

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 format of the Complaints Log is being reviewed to allow for detailed narrative of the complaint and for recording of the outcome of the complaint. We also need to include a section on learning from the issue arising from the complaint.

Proposed Timescale: 10/07/2015

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:

While most of the residents' documentation was signed and dated, sometimes they were not consequently dates of reassessment could not be determined.

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:

The format for signing and dating reassessments has been reviewed to indicate clearly the date of reassessment. Staff have been advised to ensure that all reassessments are signed and dated going forward.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Evidence-based risk assessments with associated interventions were not evident in residents' support plans, for example skin integrity (cognisant of the dependency and aging population of the centre).

Action Required:

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

The Services are currently consolidating its risk assessment process. The system will provide an individual risk profile which identifies key risks from various assessments carried out, e.g. Falls, FEDS, MUST etc.

The Waterlow Assessment tool has been adapted and circulated to areas with

instructions to repeat 3 monthly or more frequently if there is a change in condition. In the case of frail and elderly residents, the integrity of skin is examined daily when assisting with intimate care. Specific health related risk assessment tools and care plans are being sourced in order to ensure the needs of each resident and changes in need and circumstances can be identified and responded to in a timely manner.

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

Residents did not have access to dietician services and many residents had specialised dietary requirements.

Action Required:

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

The Services are currently seeking to engage the services of a Dietician. A Nutrition Screening Tool is being used by staff for residents deemed to have particular nutritional requirements. Depending on the score, residents are identified for referral to a Dietician. All residents will be assessed by August 31st 2015. Some residents are currently accessing services privately.

Proposed Timescale: 31/08/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One bedroom in bungalow H was small and the twin bedroom in bungalow A required review to ensure they meet the requirements listed in Schedule 6.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

See Factual accuracy report.

The small bedroom in H is currently required by a person who enjoys socialising in the main living areas and is satisfied that the bedroom meets his requirements. The occupancy of this room will be kept under review with a view to converting this to an office space if it no longer meets service user requirements.

We aim to convert the twin bedroom in bungalow A to single use.

Proposed Timescale: 31/08/2015

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 there was a policy regarding 'missing persons', it did not direct staff on the appropriate actions to take in such a situation.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

A local procedure on what to do in the event of an unexplained absence of a resident is being reviewed to ensure it is location specific and will be circulated to all areas.

Proposed Timescale: 26/06/2015

Theme: Effective Services

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

While there was a policy titled 'What to do in an Emergency', the emergency plan did not demonstrate adequate detail to inform staff.

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:

Specific Emergency Plans for events including Fire, Loss of Power, Heating and Water are being devised.

Proposed Timescale: 10/07/2015

Theme: Effective Services

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

'My Hospital Passport' contained details of each resident should the need arise, however, it did not contain a photograph of the resident, which would be invaluable if the resident was admitted to the acute care setting.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management

policy includes the measures and actions in place to control the risks identified.

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

All 'Hospital passports' will have photograph of resident included.

Proposed Timescale: 03/07/2015

Theme: Effective Services

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

There were dispensers for disposable gloves and aprons in the bathrooms of some of the bungalows; this was not in keeping with a homely environment or respect for dignity of residents; in addition this practice required risk assessment cognisant of the complex needs of residents.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Gloves and apron dispensers will be removed and PPE have been relocated to closed cupboards or otherwise concealed to ensure it is in keeping with a homely environment.

Proposed Timescale: 10/07/2015

Theme: Effective Services

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

Floor plans were displayed prominently in each house, however, these were inadequate as they did not identify any point of reference; while there was a blue dot highlighted on the floor plans, it did not identify 'I am here'.

Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

Floor plans will be updated to include 'I am here' instead of Blue dot.

Proposed Timescale: 26/06/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was an assessment for bed rails however this was not evidence or risk based.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

All assessments re bed rails have already been reassessed using risk matrix.
All use of bed rails is documented daily as required. Regular documented observation is in place.

Proposed Timescale: 18/06/2015

Theme: Safe Services

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

Records maintained regarding residents' finances was inconsistent across the five bungalows. Records in one bungalow demonstrated that two signatures were not always written for debit and credit transactions; receipts were not always available and were not numbered.

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:

Procedures have been revised to ensure that all income and expenditure is properly receipted, recorded and reconciled on a regular basis, i.e. there are two signatures on all transactions and cash is counted and co-signed 3 times weekly at a minimum. Staff training on the management of service users money is being organised.

Proposed Timescale: 30/09/2015

Theme: Safe Services

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

Staff training files were also reviewed and mandatory training including protection was not up-to-date for all staff.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All mandatory training including protection and welfare training will be updated. (Some staff are on maternity leave and will be trained on their return).

Proposed Timescale: 13/07/2015

Theme: Safe Services

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

There was a suite of policies relating to welfare and protection, however, the policy did not clearly outline procedures to follow if an allegation of abuse occurs.

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:

The procedures to be followed if an allegation of abuse occurs are being documented in an easy to read version. This will be circulated to all staff.

Proposed Timescale: 30/06/2015

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:

Dietician services were not evidenced and residents did not have appropriate nutritional risk assessments completed to ensure appropriate nutrition.

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:

We currently use a Nutrition Screening Tool however we are engaging the services of a Dietician to review our procedures and to train staff on the use of the Malnutrition Universal Screening Tool (MUST). Access to Dietician Services is as set out in Outcome 5 above.

Proposed Timescale: 31/08/2015

Theme: Health and Development

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

Many of the residents required specialised consistency diets, however, some staff had not completed up-to-date training in this.

Staff had not completed training in food preparation, storage or hygiene.

Action Required:

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

FEDS training has been scheduled for July 2015.

Staff training in Food Preparation, Storage and Hygiene is being organised.

Proposed Timescale: 31/07/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff training files were also reviewed and mandatory training including protection was not up-to-date.

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

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:

For Protection & Welfare training see Outcome 8 and for Food & Nutrition see Outcome 11.

Proposed Timescale: 31st July 2015 & within 4 weeks of appointment / return to work

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 centre-specific, comprehensive and reflect person-centred evidence-based care.

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 are being reviewed to ensure that they are centre-specific, comprehensive and reflect person centred model of support.

Proposed Timescale: 31/10/2015