

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Lodge
Centre ID:	OSV-0004826
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 July 2017 09:30 To: 11 July 2017 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the Inspection:

The purpose of this unannounced inspection was to monitor the centre's ongoing regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with three residents, one staff member, the regional manager and the person in charge during the inspection process. The inspector reviewed practices and documentation, including three residents' personal plans, three staff files, medication related documentation, policies and procedures, fire management related documents and risk assessments.

Description of the service:

This centre is managed by the Brothers of Charity Services Ireland and is located in a town in Co. Clare. This centre provides residential service to people with an intellectual disability, who have been identified as requiring medium to high levels of support. The service can accommodate male and female residents, from the age of 18 years upwards. The maximum number of residents this centre can accommodate is three. There were no vacancies at the time of this inspection.

The centre was a three bedroomed bungalow dwelling which provided residents with access to a kitchen and dining area, sitting room, en-suite bedrooms and utility space. There was a self-contained apartment within the centre which was sometimes used by one resident to promote their independence. This apartment area had cooking facilities, a dining area and lounge area and en-suite bedroom facilities. A courtyard garden space was also available to residents. The centre was found to be maintained to a high standard, was suitably decorated and had a homely feel.

The person in charge had the overall responsibility for the centre and was supported in her role by the person participating in management, the regional manager and the provider. The person in charge holds an administrative role and visits the centre regularly each week to meet with both staff and residents.

Overall judgment of our findings:

Overall, the inspector found this centre was well run and provided a warm and pleasant environment for residents. Staff who spoke with the inspector were very aware of each resident's needs and person-centred care practices were in place to meet these needs. However, the inspector found that the action required from the previous inspection was not fully completed. In addition, this inspection identified some improvements were required to social care needs, health and safety and risk management, medication management, safeguarding and workforce.

The inspector found that of the eight outcomes inspected, two outcomes were compliant, three outcomes were substantially compliant and three outcomes were in moderate non-compliance.

These findings are discussed further in the report and included in the action plan at the end of this report.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents are consulted with, participate in decisions about their care and decisions about how the centre operates. Residents had access to advocacy services and information about their rights. The actions required from the previous inspection were not fully implemented. Although the provider had updated the complaints procedure since the last inspection, clarity was still required on who the independent person was to deal with complaints within the centre.

Residents were supported to manage their own financial affairs. Staff told the inspector that each resident had their own bank account with access to online banking if they wished. Some residents' money was maintained under the supervision of staff and an online recording system was in place to log all residents' transactions and withdrawals from their account. Residents were also supported to use their bank card for purchases and a log of purchase receipts was maintained by staff. Staff informed the inspector that a spot check of residents' bank statements was regularly completed to ensure all bank card purchases were in accordance with the purchase receipts maintained by the centre. Residents were encouraged to have their own possessions and furniture in the centre if they wished and an assets register was maintained for the safeguarding of these possessions.

A complaints register was maintained which detailed the nature of complaints received, the provider's response to these complaints and the overall outcome. The inspector reviewed a sample of complaints received and found complaints were recorded on the centre's complaints form and detailed the action taken on foot of the complaint and the

satisfaction level of the complainant following the outcome. An easy-to-read version of the complaints procedure was available to residents and this version was also prominently displayed within the centre. Since the last inspection, the provider had updated the complaints procedure to include the name and contact details of the complaints officer. However, the inspector found the complaints procedure still did not clearly inform staff, residents and visitors as to who the named nominated independent person was to deal with complaints for the centre.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found each resident's health, personal and social care support needs were assessed and met by the provider. No actions were required from the previous inspection; however, some improvements were required to the recording and monitoring of residents' personal goals.

Residents had opportunities each day to engage in activities suitable to their abilities and that were of interest to them. Some residents were assessed as requiring full-time one-to-one staff support to engage in activities, while other residents required supervisory staff support. The inspector found the provider had put sufficient staffing resources in place to meet these assessed needs. In addition, the person in charge informed the inspector that additional staff were available to support residents with their social care needs should the need arise. The centre had access to a vehicle to bring residents to and from activities, while some residents had access to their own personal car. Residents were found to have a variety of activities available to them including group community classes, yoga, knitting, walking groups, cycling, massages, overnight stays, library visits, swimming, horse riding, gardening and day-care services.

Residents needs were assessed on a minimum annual basis and personal plans were developed to guide staff on the support they were required to give to residents. A

contact and meeting log was in place which demonstrated that residents and their representatives were involved in the review process. Action plans were developed following annual personal plan reviews based on the feedback and requests of the resident and or their representative. A sample of personal plans were reviewed by the inspector and these were found to comprehensively inform on residents' health needs, social care needs, nutritional needs, psychological needs and spiritual needs. Residents personal goals were recorded within personal plans and the inspector observed goals relating to leisure, breaks away and community living. However, it was unclear to the inspector what actions were planned in order to meet residents' personal goals. In addition, it was unclear who was the named person responsible to support residents with these actions and when the review of progression towards the achievement of these goals would occur.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for risk management and fire safety management. The provider also had a suite of standard operating procedures to guide staff on their response to various emergencies. No actions were required from the last inspection in relation to this outcome; however, some improvements were required to risk and fire management systems within the centre.

Residents' specific risks were assessed and support plans were in place to guide on staff on what was required to mitigate these specific risks. The person in charge informed the inspector that a new risk management system was recently implemented for the monitoring and review of organisational risks. The person in charge showed a good understanding of the centre's risk management processes. In one instance, the person in charge demonstrated to the inspector the action taken following a recent high risk incident, and through the effective implementation of additional control measures, this severity rating of this risk had reduced. However, the inspector found this review process was not consistently completed following all incidents This was not in line with the centre's risk management policy. For example, a resident had recently sustained injuries following separate epilepsy seizures The inspector found that their risk assessment had not been reviewed to ensure adequate control measures were in place to reduce the likelihood of similar incidents from re-occurring.

Fire precautions were undertaken by the centre and included regular fire checks, regular fire drills and regular maintenance of fire systems and equipment. The centre had four fire exits and these were identified on the centre's floor plan and displayed in the main hallway of the centre. All fire exits were found to be clear and all staff had up-to-date fire safety. Staff who spoke with the inspector were aware of their responsibilities in the event of a fire. The centre's fire procedure was displayed in the main hallway; however, this procedure did not adequately describe the action to be taken by staff in the event of a fire. For example, the person in charge informed the inspector that the fire alarm system was connected to an external emergency responder that would alert the emergency services if a fire occurred. However, the fire procedure stated that it was the responsibility of staff working in the centre to notify emergency services in the event of a fire.

Personal emergency evacuation plans were in place for each resident and these were found to detail residents' understanding of an evacuation process and the level of staff support required by them to evacuate the centre. However, the inspector found some evacuation plans required updating to ensure they alerted staff that some residents required emergency medication to be with them when leaving the centre. In addition, not all evacuation plans guided on the use of bedroom windows in the event of an evacuation. The inspector found emergency lighting was provided to all rooms inside the centre and to the exterior of the front door. Three of the centre's four fire exits opened out onto the rear and side of the centre; however, there was no emergency lighting in place to safely guide staff and residents from these exits to the fire assembly point located at the front of the building.

Fire drills were occurring regularly within the centre and a record of attendance and overall performance was maintained using an online electronic system. The inspector found that although fire drills were occurring, some residents had not participated in these drills since August 2016. In addition, the fire drills conducted did not give consideration to the evacuation of residents from the centre where minimum staffing levels were in place.

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):

No actions were required from the previous inspection.

Findings:

No actions were required from the previous inspection; however, improvements were required to the review of some restrictive practices.

There were no active safeguarding plans in place at the time of this inspection. All staff had received up-to-date training in safeguarding and were aware of their role in the reporting of safeguarding concerns.

Some residents presented with behaviour that challenges. These residents were found to have comprehensive behaviour support plans in place which identified residents' behaviour types and the proactive and reactive de-escalation techniques to be implemented by staff when these behaviours occurred. Staff were supported by a behavioural therapist in the review of residents' behaviour support plans.

The person in charge informed the inspector that a number of restrictive practices were in place, which were all reviewed by the multidisciplinary team as required. The inspector was informed by the person in charge of all chemical, physical and environmental restrictive practices which were in place, and evidence of ongoing reviews was maintained. The inspector reviewed the use of chemical restraint within the centre and found these were not recently applied in practice. Protocols were in place to guide staff on the appropriate application of chemical restraint.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found the residents' healthcare needs were met within the centre. There were no actions required from the previous inspection.

Some residents in the centre presented with specific healthcare needs. The inspector found these needs were regularly assessed and support plans were in place to guide staff on how to care for residents with these needs. Staff who spoke with the inspector were very knowledgeable of the healthcare needs that residents had and of their

responsibility in supporting these residents each day. Residents had access to a general practitioner of their choice and other allied health professionals were available to residents on a referral basis. The inspector reviewed a sample of residents' personal plans and found residents had regular reviews by dietitians and behavioural support therapists. Staff had regular contact with these allied health professionals and this communication was well recorded in the centre.

There was a spacious kitchen and dining area available to residents. One resident used an apartment space within the centre and this had kitchen and dining facilities available. Staff informed the inspector that some residents were supported to prepare meals, while other residents preferred to observe meal preparation but did not like to participate in such activities. Daily meal planning was determined through each residents' preferred meal choice. Some residents in the centre had specific nutritional needs and staff who spoke with the inspector demonstrated a good understanding of the preparation of these residents' meals.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

No actions were required from the centre's previous inspection.

There were written operational policies and procedures relating to the ordering, prescribing, storing and administering of medicines to residents. Medications were dispensed in blister packs, which were clearly labelled with residents' details. All staff had received training in safe medication administration.

A number of medication records were reviewed by the inspector. These were found to be well maintained and no gaps in the documentation of medication administration were found. A sample of prescription records was also reviewed and it was observed that the centre had legible prescriptions in place which were signed by the residents' general practitioner for long-term, short-term and as-required medications. All medications were found to be stored in locked cupboard.

No residents were self-administering their own medication at the time of this inspection. The person in charge told the inspector that where residents indicated they wished to

take responsibility for their own medications, a risk assessment is conducted. However, the inspector found no assessments were completed to assess each resident's capacity to take responsibility for their own medications.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall, effective management systems were in place that supported and promoted the delivery of safe, quality care services. The inspector found that there was a clearly defined management structure that identified the lines of authority and accountability. No actions were required from the previous inspection.

The person in charge had the overall responsibility for the centre and was supported in her role by a person participating in management, the regional manager and the provider representative. The person in charge held a full-time administrative role and was not based in the centre, but regularly visited the centre each week. The person in charge was appointed on a full-time basis to the designated centre. During the course of the inspection, the person in charge demonstrated sufficient knowledge of the regulations and of their statutory responsibilities.

The annual review of the centre was completed at the time of this inspection and six monthly audits were being completed by the provider. The person in charge was in the process of staff supervision sessions at the time of inspection, which were being conducted with staff on a three monthly basis.

These were noted to focus on all 18 outcomes. Where non-compliances were found, action plan reports were generated by the centre outlining corrective actions, those responsible for completion and estimated close out timeframes. These action plans were seen by the inspector and found to be reviewed on a regular basis.

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):

No actions were required from the previous inspection.

Findings:

No actions were required from the previous inspection. However, some improvements were required to the maintenance of the staff roster.

The person in charge informed the inspector that a set criteria and induction for staffing arrangements had been established specific to the centre. This process was to ensure that a suitable skill-mix was always in place to meet the needs of residents. The person in charge informed the inspector that the centre was not using agency staff at present and that relief staff were available to meet the needs of the service if required. Where residents required one-to-one staff support, the person in charge told the inspector that these resources were consistently available to the centre.

A sample of staff files were reviewed by the inspector and these were found to contain all requirements set out in Schedule 2 of the regulations. The staff training matrix was reviewed by the inspector which demonstrated a wide variety of training and refresher programmes were provided to staff. All staff had were found to have up-to-date training in manual handling, fire safety, infection control, safe administration of medication, safeguarding and in the management of behaviours that challenge.

A planned and actual roster was available for review on the day of inspection. The person in charge had provided the inspector with an outline of the staffing arrangements for the centre and this arrangement was reflected in the roster. Upon review, the inspector noted that the full names of staff members working in the centre and their exact start and finish times of shifts worked was not clearly recorded on the roster.

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:

Anne Marie Byrne
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 Services Ireland
Centre ID:	OSV-0004826
Date of Inspection:	11 July 2017
Date of response:	25 August 2017

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 provider failed to ensure the complaints policy identified the person nominated other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints were appropriately responded to and a record of all complaints are maintained.

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

1. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The organisational complaints procedure will be reviewed and updated to guide residents, staff and visitors to who the person/s, independent of the complaints officer is nominated to deal with complaints.

Proposed Timescale: 15/09/2017

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:

The provider failed to ensure that residents' personal goals included the actions required to achieve them and the names of those responsible for pursuing objectives in the plan within agreed timescales.

2. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

The PIC will ensure each personal plan is updated to ensure the actions to meet residents personal goals are clear and indicate the names of those responsible within agreed timeframes.

Proposed Timescale: 15/09/2017

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:

The provider failed to ensure risk assessments were reviewed in accordance with the centre's risk management policy.

3. 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 PIC will ensure that risk assessments are reviewed and additional control measures are in place to prevent mitigate against risk and prevent reoccurrence of incidents.

Proposed Timescale: 18/07/2017

Theme: Effective Services

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

The provider failed to ensure the following fire safety systems were in place:

- Adequate guidance on residents' personal evacuation plans to guide on the use of emergency medication and bedroom windows in the event of an evacuation from the centre
- Fire drills to consider the evacuation of all residents from the centre using minimum staffing levels
- Adequate emergency lighting to guide from the rear and side fire exits to the front assembly point.

4. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

PIC will review Fire Procedure.

Personal Emergency Evacuation Procedures will be reviewed to ensure adequate guidance on the use of emergency medication and bedroom windows in the event of an evacuation.

Fire drills will be conducted to include all residents using minimum staffing levels.

Emergency lighting will be installed to the side and rear of the house.

Proposed Timescale: 15/10/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The provider failed to ensure that following a risk assessment an assessment of capacity was completed on each resident to encourage them to take responsibility for their own medications.

5. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

PIC has ensured that each individual has a medication self-assessment completed.

Proposed Timescale: 18/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to maintain a planned and actual roster which showed the full names of staff on duty in the centre both day and night.

6. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

PIC has amended the roster template to include the staff surname and document times as AM/PM

Proposed Timescale: 11/07/2017