



Office of the Chief Inspector

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

Name of designated centre:	Cuan Mhic Giolla Bhríde
Name of provider:	Inspire Wellbeing Company Limited by Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	01 April 2019
Centre ID:	OSV-0005559
Fieldwork ID:	MON-0024103

About the designated centre

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

The is a service set up to provide residential care and support for up to four adults with disabilities. The centre consists of a modern, five bedroomed, two storey premises situated in a peaceful, scenic and rural setting in Co. Louth. It is within driving distance to a nearby city and a number of large urban towns. There are good sized grounds and well maintained gardens surrounding the centre and ample space provided for private car parking. Each resident has their own bedroom which is personalised to their individual style, preference and taste. Communal areas consist of a tastefully decorated and fully furnished sitting room, a sun room, a large very well equipped kitchen with a breakfast bar, a large dining room and separate laundry facility. There is a full time experienced person in charge working in the centre, supported by two experienced and qualified senior support workers and a team of support staff. The centre is staffed on a 24/7 basis to include waking night staff. Arrangements are in place to meet the healthcare needs of the residents, including as required access to GP services and residents choose for themselves how to spend their day and what social/learning activities to engage in.

The following information outlines some additional data on this centre.

Current registration end date:	20/05/2021
Number of residents on the date of inspection:	2

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
01 April 2019	10:00hrs to 13:30hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector did not get to speak with residents on this inspection as there were only two residents living in the centre however, in January 2019 the inspector met with both residents and spoke with one of them at that time.

Capacity and capability

This is a service providing care and support to residents with significant and complex needs. From December 2018 to February 2019 a number of serious adverse incidents had occurred in the centre resulting in the Health Information and Quality Authority (HIQA) seeking assurances from the provider that there were adequate supports and resources in place to meet the assessed needs of the residents in a safe and appropriate manner. This inspection was to assess if the supports and resources the provider had put in place were effective in keeping residents safe and in meeting their assessed needs.

At the time of this inspection residents appeared settled in this service. There were also adequate resources and appropriate oversight arrangements in place in the centre to promote the safety of residents.

However, the admissions process required review as the centre had admitted two residents over the last 12 months who presented with significant and complex behaviours of concern. Due to these issues one resident was discharged in December 2018 and in order to keep the other resident safe, the provider had to implement a significant level of highly restrictive practices and strategies.

Since the last inspection in January 2019, the provider had enhanced the oversight arrangements in place for managing the centre. There continued to be a clearly defined and effective management structure in place which consisted of an experienced and qualified person in charge (who worked on a full time basis in the centre) and was supported in her role by a number of senior support workers and the senior management team of the organisation.

The person in charge had systems in place to provide effective leadership and support to her team. She ensured that resources were channelled effectively so that the service responded appropriately to the individual, assessed and changing needs of the residents.

There were now four senior support workers working in the centre. As with the last inspection, one of those senior support workers facilitated part of this inspection

process. The senior support worker was a qualified health care professional and had the skills and knowledge required to competently respond to the inspection process. The person in charge, along with the senior support workers ensured that staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the residents.

Members of the senior management team continued to provide on-going support to the governance and management of the centre. They, along with the person in charge and senior support workers ensured it was comprehensively monitored and audited (where required, on a daily basis). There were systems in place to ensure an annual review of the quality and safety of care would be undertaken along with six-monthly auditing reports. It was observed that the assistant director had just undertaken a six monthly audit of the centre (a week prior to this inspection) so as to ensure it was operating in line with the Statement of Purpose and Regulations.

Systems remained in place to ensure that the residents' voice was heard and the inspector noted that residents could speak freely with any staff member at any time over the course of this inspection. However (and as stated above) the admissions process required review as the centre had admitted two residents with significant and complex behaviours of concern over the last 12 months. Because of these admissions, the provider representative had to implement a significant level of highly restrictive practices across the centre in order to protect and keep one of those residents safe. In turn, the inspector was not assured that this environment was adequately appropriate in meeting the assessed needs of the resident in line with the centres statement of purpose.

Regulation 14: Persons in charge

There was a full time qualified person in charge working in the centre who was met with on the day of this inspection. She was aware of her remit to the Regulations and was responsive to the inspection process.

She was an experienced manager with many years experience of working in and managing services for people with disabilities and knew the needs of the residents in her care very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were

appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Systems were also in place to ensure that staff were supported and supervised on an appropriate and regular basis

Where required, staff provided 2:1 support to residents so as to ensure their safety both within the house and on community based activities.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication and Positive Behavioural Support.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being comprehensively monitored (on a daily basis where required) and evaluated. At the time of this inspection the management systems and oversight of the centre had been enhanced so as to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately (by the assistant director) so as to ensure the service provided was appropriate to the assessed needs of the resident

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admissions process required review as the centre had admitted two residents with significant and complex behaviours of concern over the last 12 months. Because of these admissions, the provider representative had to implement a significant level of highly restrictive practices across the centre in order to protect

and keep one of those residents safe. In turn, the inspector was not assured that this environment was adequately appropriate in meeting the assessed needs of the resident in line with the centres statement of purpose.

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It had been updated since the last inspection so that it accurately described the service that will be provided in the centre and the person in charge informed the inspector that it was kept under regular review

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of her remit to notify the Health Information and Quality Authority of any notifiable event/incident occurring in the centre.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being comprehensively monitored (where required, on a daily basis) and since the last inspection in January 2019, the risk assessment process had been reviewed and enhanced so as to better safeguard residents in their home and in the community. However, the inspector was not satisfied that the assessment process carried out for two residents prior to their admission was adequate as one had to be discharged in December 2018, and a significant level of highly restrictive practices had to be implemented across the

centre to keep the other resident safe.

As with the last inspection, the individual social care needs of residents continued to be supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to maintain links with their families and with community. Social activities were based on the residents individual choice and residents made their own decisions as to what activities to engage in. On the day of this inspection one resident was out on a number of social activities of their choosing and arrangements were being made for the other resident to visit home. However, (and as stated above) the assessment process prior to admissions to the centre required review. There was a significant level of restrictive practice and strategies in use and it was not demonstrated that this was a suitable the provider has assured themselves that they could safely meet the needs of all residents in a sustainable way.

Residents continued to be supported with their health care needs and as required access to number of allied health care professionals formed part of the service provided. The inspectors saw that residents had as required access to GP services and comprehensive care plans were in place to support residents with conditions such as epilepsy. These plans (which had recently been reviewed) helped ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals.

Residents were also supported to enjoy best possible mental health and where required had access to a behavioural support specialist who made visits to the centre on a monthly basis. Staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional and calm manner if or when required. Staff also had commenced training relevant to area of mental health promotions and where required, residents had access to psychiatry support.

The systems in place to manage and mitigate risk and keep residents safe in the centre had been enhanced since the last inspection. For example, where a resident may be at risk in the community, they were now provided with 2:1 staffing support. This arrangement continued to ensure that residents remained connected to their community and could engage in regular social activities in a safe and dignified manner. The systems of monitoring and local checking of the house to ensure the environment was safe was also enhanced and staff completed very regular and comprehensive checks on the environment so as to ensure it was safe for the residents.

As with the last inspection, systems remained in place to ensure all fire fighting equipment was serviced as required to include the fire alarm, fire extinguishers and emergency lighting. A sample of documentation informed the inspector that staff undertook daily, weekly and monthly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were facilitated as required and each resident had a personal emergency evacuation plan on file.

There were policies and procedures in place for the safe ordering, storing,

administration and disposal of medicines which met the requirements of the Regulations. Protocols were in place for the administration of p.r.n. (as required) medicine and the inspector observed that at the time of this inspection, both residents had had their medication reviewed by a psychiatrist. Any staff member who administered medication, was trained to do so.

Overall, this inspection found that the quality and safety of care provided to the residents was being comprehensively monitored (where required, on a daily basis) and since the last inspection in January 2019, the risk assessment process had been reviewed and enhanced so as to better safeguard residents in their home and in the community.

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Management had put together a comprehensive risk matrix containing environmental and individual risks and identified the mitigating factors in addressing such risks. This system had been enhanced since the last inspection so as to ensure it remained proactive in responding to all risks occurring in the centre

Judgment: Compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place throughout the centre to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire doors and emergency lighting

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication management policies and procedures were generally satisfactory and safe.

There were systems in place for the ordering, storage, administration and disposal

of medications and on how to manage a medication error should one occur. All medicines were securely stored in a secured unit in the centre and any staff member who administered medication was trained to do so. There were also systems in place to ensure residents medication was reviewed as required with psychiatry input.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector was not satisfied that the assessment process carried out for two residents prior to their admission was adequate as one had to be discharged in December 2018 due to serious behaviours of concern, and a significant level of highly restrictive practices had to be implemented across the centre to keep another resident safe.

Judgment: Not compliant

Regulation 6: Health care

The inspector was satisfied that residents health needs were being provided for with appropriate input from allied healthcare professionals such as GP services as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional, behavioural and therapeutic supports that promoted a positive, low arousal approach to behaviours of concern. Where required, residents had access to a behavioural support therapists and staff also had received specific training in positive behavioural support (and other training to support residents experience best possible mental health)

There were a lot of restrictive practices in use in the centre. However, they were being reviewed as required and were only in use to promote the residents safety, health and overall well being.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to promote the safety of the residents. Residents could speak with any staff member (or key worker) about any concerns they may have and from a sample of files viewed, staff had training in safeguarding of vulnerable adults.

It was also observed that where or if required, residents had safeguarding plans in place which were reviewed and up-dated as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cuan Mhic Giolla Bhríde OSV-0005559

Inspection ID: MON-0024103

Date of inspection: 01/04/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The registered provider has amended the organisation’s referral and admission procedure to include the external Behaviour Consultant as part of the assessment process. All potential residents to the Centre will be admitted based on the criteria outlined within the Statement of Purpose.</p> <p>Compatibility risk assessments continue to be compiled as part of the admission assessment process detailing the risks posed by, and to, the existing residents and potential residents. The compatibility assessments will be reviewed monthly as part of the monthly monitoring audits.</p> <p>Timescale: Immediate and ongoing</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The registered provider has ensured that both the Assistant Director and the external Behaviour Consultant will be part of future assessments of potential residents to the Centre. During this assessment process, the potential resident’s referral form, associated supporting assessments, and risk assessments will be reviewed, and an agreement will</p>	

be made as to the suitability of the potential resident to the Centre, in accordance with the criteria within the Centre's Statement of Purpose

Where the risks identified are agreed as being manageable, the supports including allied health professionals will be agreed at the admission panel meeting. Compatibility risks assessments will also be discussed during the admission panel meeting, with the assessment team and the referring agent.

Where the panel agree to offer a placement to a potential resident, all risks and their identified levels, and the relevant supports required, will be written up in the potential residents risk assessments and support plans. These assessments and plans will be signed off by both the Assistant Director, the Behaviour Consultant, the referring agent and other MDT members if required. Where risk are as identified as high these will also be escalated to the organisations corporate risk management tool.

All potential new residents will be supported in their admission to the Centre with an agreed transition plan.

Timescale: Immediate and ongoing

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	02/05/2019
Regulation 05(1)(a)	The person in charge shall 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 prior to admission to the designated centre.	Not Compliant	Orange	02/05/2019