

**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 Acquired Brain Injury Ireland
Centre ID:	ORG-0007782
Centre county:	Clare
Email address:	jfarrell@abiireland.ie
Registered provider:	Acquired Brain Injury Ireland
Provider Nominee:	Barbara O'Connell
Person in charge:	Joanne Farrell
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 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 ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 February 2014 09:00 To: 18 February 2014 17:00

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

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre carried out by the Health Information and Quality Authority (the Authority), it was announced and took place on one day. As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, procedures and staff files.

Overall, the inspector found that residents received a good quality service in the centre. Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to attend training/educational programmes.

The centre was warm, comfortable, appropriately furnished and well maintained.

Staff and residents knew each other well, residents were observed to be relaxed and comfortable in the company of staff.

Areas of non-compliance related to risk management, medication management and updating the statement of purpose which 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Judgement:

Compliant

Findings:

The inspector found that each resident had opportunities to participate in activities appropriate to their individual interests. Arrangements were in place to meet each resident's assessed needs and these were set out in an individualised personal plan. Residents were involved in the development of their personal plans and staff provided a good quality of social support to residents.

The inspector reviewed a sample of personal plans. The plans set out each resident's individual needs, aspirations and choices. There was evidence of regular review and participation of residents in the development of their plans. Individual goals were clearly set out and progress was regularly reviewed. There was evidence of monthly meetings between residents and their key worker. Each resident spoken with confirmed that they were involved in the development and review of their personal plans.

The personal plans contained personal profiles of each resident and information about residents' interests. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. They also included intimate and personal care plans.

Arrangements were in place and residents were facilitated to attend educational and training courses. Residents spoken with confirmed that they enjoyed attending the courses.

Some residents had personal safe plan agreements and budgeting plans in place. Staff were able to tell inspectors about the interventions and inspectors saw staff implementing the personal plans with residents. All residents spoken with told the inspector that they were satisfied with how their social care needs were met and all felt

that they were making progress towards individual goals.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Findings:

The inspector noted that improvements were required in relation to some aspects of risk management.

There was a health and safety statement available. The inspector reviewed the risk assessment register which had been compiled by an external consultant in 2011. There was no evidence of regular ongoing review of risks and some risks specifically mentioned in the Regulations such as the unexpected absence of a resident, accidental injury to residents, visitors or staff and self harm were not included.

The inspector reviewed the crisis management plan. The plan was not centre-specific and did not set out clear guidance for staff as to what their roles might be in the event of varying types of emergencies.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in July 2013 and the fire alarm was serviced in November 2013. Systems were in place for regular testing of the fire alarm and these checks were being recorded. Some staff had not received formal fire safety training however the person in charge arranged fire safety training for all staff the day following the inspection. The person in charge subsequently confirmed that fire safety training for all staff had taken place. Staff and residents spoken with were knowledgeable and confident in knowing what to do in the event of fire. A personal emergency and evacuation plan had been documented for each resident and staff were knowledgeable regarding the individual plans. The procedures to be followed in the event of fire were displayed.

The inspector found the building to be maintained in a clean condition throughout. While there was no centre-specific policy on infection control, the HSE infection control policy was being used to guide practice.

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

Judgement:

Compliant

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the policy on the prevention of abuse and procedures for dealing with allegations of abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations or suspicions of abuse. It also included the name and contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area.

The inspector reviewed the comprehensive policy on responding to adults who display behaviour that challenges and the restraint management policy. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. The inspector was told that there were no residents with behaviours that challenged and no restrictive measures in place.

Residents spoken with told the inspector that they felt safe in the centre. The inspector observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

The inspector found that residents' overall healthcare needs were met and they had

access to appropriate medical and allied healthcare services.

All residents had access to general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. Residents spoken with were satisfied with the GP service.

Residents had access to a range of other health professionals. Records of referrals and appointments were observed in residents' files and recommendations were reflected in residents' personal plans.

The inspector was satisfied that residents were supported to buy, prepare and cook the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Residents had access to drinks and snacks throughout the day. Residents spoken to told the inspector that they planned their own menus each week following consultation with one another and that they were currently trying to cook healthier options. They stated that they ate out sometimes and also had occasional takeaways.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

The inspector noted that some improvements were required in relation to some medication management practices.

There was a comprehensive medication policy dated August 2013 in place and staff spoken with were knowledgeable regarding medication managements policies and practices.

The inspector reviewed the prescription/administration charts and noted that all medications were individually prescribed and regularly reviewed by the GP. The inspector noted that the maximum dosage of some PRN medications were not always prescribed contrary to the medication policy. The inspector was concerned that some medications were not signed as administered on some occasions. This was discussed with the person in charge who agreed to review all medication charts and discuss the issue with all staff.

The person in charge told the inspector that she carried out regular medication management checks but had not yet carried out any formal audits. She stated that she

planned to now commence regular formal medication management audits.

Robust systems were in place for checking medications on receipt from the pharmacy and recording medications on return to the pharmacy. Systems were in place to record medication errors and staff were familiar with them. All staff had attended training on the safe administration of medications. The person in charge was qualified to facilitate this training in house.

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

Judgement:

Non Compliant - Minor

Findings:

The inspector reviewed the statement of purpose and noted that it required updating in order to comply fully with the requirements of the Regulations. The statement of purpose did not include all of the information as set out in Schedule 1 of the Regulations.

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

Judgement:

Compliant

Findings:

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She worked full-time and was on call out of hours and at weekends. The team leader in the centre deputised in the absence of the person in charge. The person in charge was a local team manager with responsibilities for other residential centres and community supports. She was working in the service as team

manager for the past eight years. She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal plans of each resident. She was in daily contact with staff and visited the centre two/three times a week. The inspector observed that she was well known to staff and residents.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a regional manager, social worker and senior clinical neuro-psychologist. There were established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The person in charge outlined how she regularly met with the regional manager. The person in charge told the inspector that she felt well supported in her role and could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

There was no formal annual review of the quality and safety of care in the centre, however, the person in charge told the inspector that she planned on commencing some audits in areas such as medication management and incidents with a view to learning and carrying out improvements to the service.

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

Judgement:

Compliant

Findings:

The inspector noted adequate staffing levels to meet the needs of residents at the time of inspection. There was normally one staff member on duty at night time and two/three staff members on duty during the day time. Staffing arrangements were flexible in order to meet the needs of residents. There were two designated centres located adjacent to one another and staff from each centre supported each other when required. There was a designated team leader in each house who worked on opposite shifts who had overall responsibility for the running of the houses and staff supervision.

The inspector was informed that staff were recruited centrally and that the recruitment policy and staffing files were held in the head office in Dublin. These files were not

reviewed at this inspection.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended ongoing training and records of training were maintained in local staff files. Recent training included introduction to cognitive difficulties, communication and brain injury, goal setting and risk assessments, individual rehabilitation planning, food hygiene, moving and handling, lone working and infection prevention and control. There was evidence of one to one support meetings and annual performance audits. Annual performance reviews were completed with staff which included identifying areas for training and development.

The person in charge advised the inspector there was no formal process in place to ensure that rehabilitation support staff had the necessary competencies to be the sole staff member responsible particularly at night time.

Residents spoken with told the inspector that they received assistance from staff in a respectful, timely and safe manner.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Mary Costelloe
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 Acquired Brain Injury Ireland
Centre ID:	ORG-0007782
Date of Inspection:	18 February 2014
Date of response:	27 March 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

There was no written evidence of regular and ongoing review of risks. The emergency plan was not centre-specific and did not set out clear guidance for staff as to what their roles might be in the event of varying types of emergencies.

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:

(1) Discussed with the Regional Manager (Lucia Power).

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

- (2) Completion of an Organisational Risk Register is underway.
(3) Each Neuro residential service will have a centre specific Risk Register.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Some risks specifically mentioned in the Regulations such as the unexpected absence of a resident were not included in the risk management policy.

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:

- (1) Discussed with the Regional Manager (Lucia Power).
- (2) The unexpected absence of a resident to be included in risk management policy, as currently there are individual risk assessments specific to individual needs.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Some risks specifically mentioned in the Regulations such as accidental injury to residents, visitors or staff were not included in the risk management policy.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

- (1) Discussed with the Regional Manager (Lucia Power).
- (2) Accidental injury to residents, visitors or staff to be included in risk management policy.

Proposed Timescale: 30/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Some risks specifically mentioned in the Regulations such as self harm were not included in the risk management policy.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

- (1) Discussed with the Regional Manager (Lucia Power).
- (2) To include measures and actions to control self-harm in the risk management policy. Individual risk assessments are in place for persons at risk of self-harm and safe plan protocol.

Proposed Timescale: 30/09/2014

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 maximum dosage of some PRN (as required) medications were not always prescribed. Some medications were not signed as administered on some occasions.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- (1) Discussed with the Regional Manager (Lucia Power).
- (2) All Person Served to have maximum dose on the PRN medication chart. All drug prescription booklets forwarded to GP for max dose clarity and signing accordingly and in place.
- (3) Team meeting held and a local protocol put in place regarding all staff to sign for medications as they are administered.
- (4) Safe Administration of Medication Trainers to stress signing off on medications in Training of staff going forward.

Proposed Timescale: 27/03/2014

Outcome 13: Statement of Purpose

Theme: Leadership Governance and Management

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

The statement of purpose did not include all of the information as set out in Schedule 1 of the Regulations.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- (1) Informed the Regional manager (Lucia Power).
- (2) Statement of purpose been amended to include local information.

Proposed Timescale: 30/04/2014