

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by C.A.S.A. Break Houses
<b>Centre ID:</b>	OSV-0003840
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	C.A.S.A. Break Houses
<b>Provider Nominee:</b>	Vivienne O'Brien
<b>Lead inspector:</b>	Michael Keating
<b>Support inspector(s):</b>	Shane Walsh
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
03 March 2015 09:40	03 March 2015 17:20
04 March 2015 09:30	04 March 2015 14:30

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 was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, health care records, accident logs, policies and procedures and staff files. The views of residents, relatives, staff and volunteers member of the centre were also sought as the inspector(s) had the opportunity to meet with these people.

As part of the application for registration, the provider was requested to submit

relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

This respite service is provided by the Caring and Sharing Association (CASA) which is a voluntary organisation whose goal it is to develop friendships between people with disabilities and volunteers through its activities. One such activity is through the provision of respite facilities in this 'breakhouse'. Respite breaks take place usually for three nights at a time, with three of these breaks provided per month. Respite breaks for adults and children are held separately. CASA refer to the users of the respite service as 'members'. However, for clarity the term 'residents' as described under the Health Act 2007 is used throughout this report in place of the term 'members'.

A number of relatives' and residents' questionnaires were received by the Authority subsequent to the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, relatives' and relatives' referred to respite service provided as a positive and fulfilling break away from home, and the amount of community activity provided during the stay.

Evidence of good practice was found across all outcomes, with all major non compliances identified during the previous inspection fully addressed. Twelve outcomes were judged to be fully compliant including health care, medication management, workforce, social care needs and safe and suitable premises. Some areas of non compliance with the regulations were identified. Three outcomes were found to be moderately non compliant relating to health and safety issues, governance and management and the training needs of the workforce. Three outcomes were found to be substantially compliant relating to the complaints policy, contracts of care, and the statement of purpose.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards

**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):**

No actions were required from the previous inspection.

**Findings:**

There was evidence that residents were consulted with and participated in decisions about their care and the organisation of the centre. There was a complaints policy in place and residents had access to this however, the complaints procedure within this policy was not seen to be meeting all the requirements of Regulation 34.

The inspectors viewed evidence that recommendations made by residents in the centre were always considered and almost always implemented. The centre had a residents' suggestion box in the hall. At the time of inspection only two suggestions had been submitted, and both suggestions were seen to have been met. The centre also sent feedback forms to each resident following their respite stay. In most of these forms the residents stated that they had no recommendations for improvement and were happy with the service. Inspectors noted a small number of the feedback forms had some suggestions for improvement. Each one was received a written response and often the changes were taken on board if possible. In one case a resident suggested new beds, and the centre in turn replaced all of the beds.

The privacy and dignity of residents was seen to be met in the centre. All residents had their own room for the duration of the respite stay. Both staff and volunteers informed to the inspectors that residents' independence was promoted and that residents decided their own routine during their stay, and could go to bed and get up at whatever time they wished to. There was no CCTV in place in the centre.

The centre was seen to have a system in place to safeguard the finances of residents. The centre held no personal finances of residents but staff informed inspectors that they

often needed to assist residents to make purchases. The centre had introduced a consent form allowing staff to assist residents with finances. This was to be signed by each resident prior to their respite stay, and was being introduced in stages for each incoming respite group. The centre also held a record of any expenses that residents were assisted with, this was signed off by the person in charge following the respite stay.

The residents had access to the complaints process. This was on display in a pictorial format in the kitchen, hall and sitting room. Contact details to an advocacy group were also on display in these areas. At the time of inspection there had been no complaints logged. When the inspectors reviewed the Complaints policy it was noted that the policy stated that the only complaints that were to be documented were those that required the person in charge to resolve. Staff informed the inspectors that this was not the practice in the centre and that all complaints regardless of whom resolved it would be recorded. The policy did not represent the practice in the centre nor did it promote best practice in the investigation of complaints.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found that the residents were supported and able to communicate at all times. Each resident's specific communication needs were discussed during the preparation meeting that was held prior to the arrival of each respite group. All relevant staff and volunteers were present at this preparation meeting. The inspectors viewed the notes from these meetings and sat in on one of the meetings. The inspectors found that the communication needs of each individual resident were in discussed in detail. Each resident's communicational needs were also recorded in their individual care plans. The centre had also introduced LÁMH sign language training as part of their volunteer training program as a number of residents who sometimes stayed in the centre used LÁMH to communicate.

There was a magnetic pictorial communication board on display in the kitchen. This board was used to aid communication with residents who struggled to verbally communicate. Feedback had been received by residents about the communication board and this was positive. The centre also had photographs of all the staff and volunteers on display in the kitchen.

Residents had access to all forms of media such as radio, internet, television and newspapers.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was evidence that residents were encouraged to maintain links with the wider community and that visits from family and friends were supported when they occurred.

Due to the purpose of the centre being used for respite care visits by family members to the centre were rare. However, staff informed the inspectors that some residents did have family members who wished to visit and that this was always accommodated. The visiting policy stated that it was preferable for anyone who wished to visit to inform the staff members in advance, this was to prevent disruption to any planned activities. Staff members confirmed that this was what occurred in practice.

Almost all activities that were planned in the centre were carried out in the community. Residents took part in activities such as walks in the local park, bowling, trips to museums and going to see live music in the locality. The majority of the meals were also eaten in local restaurants and cafes.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found that the admissions into the centre were in line with the admissions policy and the Statement of Purpose. Staff ensured that when a respite group was being admitted to the centre, the residents within the group were of a similar age bracket.

Contracts of care were being implemented in the centre per arriving respite group since February 2015. However, the inspectors observed that two of these contracts were not signed by the resident but were signed by a staff member from each resident's permanent residential centre on behalf of the resident. This assumed the resident concerned did not have the capacity to sign their own contract however, these same resident's had signed other documentation such as their finance contract.

The legal status of the staff member who signed the contract on behalf of the resident was not known. In this regard, it was evident that the respite centre was allowing the staff of another designated centre to determine the cognitive ability of the residents without providing any evidence assessment of capacity.

**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:**

In general, the inspector found that residents were involved in the development of their personal plans and that staff provided a high quality of social support to residents. This centre provides intermittent respite care to its residents' and the care plans reflected relevant needs, interests and capacities reflecting the 'breakaway' nature of the stay.

The inspectors reviewed a number of care plans which were kept in hard copy as well as an information technology (IT) based system. Revised activities of daily living (ADL) forms were used for each resident prior each admission which identified personal preferences or changes in need in relation to areas such as medication, health and dietary requirements, personal care, meal preparation and community access. These forms were then used to update the individuals care plan. The care plans reviewed provided more detailed information on each resident relating to communication needs,

personal and intimate care supports, likes and dislikes, activities, mobility, financial awareness, safety and dietary requirements and social support needs.

Prior to residents three night admission, the rosters provides for time for the team leader and volunteers to carry out a preparation session. A focus of this session was to review and update care plans where necessary and to assign one of the volunteer staff to a resident who was then responsible for providing one-to-one support during the course of the residents stay. The assigned volunteer consulted with the resident upon admission and planned out the breakaway focusing upon social and community activities and supports.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre was bright and airy, well maintained and adequately met the residents individual and collective needs in a comfortable and homely way. Each resident was provided with their own room for the duration of their respite break and there was sufficient communal space provided within the centre.

The centre was wheelchair accessible, with all resident's accommodation and communal areas contained within the ground floor. There was a large front and rear garden, and the rear garden provided suitable and safe space for children to play in, as well as raised flower beds accessible to all. Two large bedrooms were available to non ambulant residents to provide adequate hoist access as well as access for motorised and non-motorised wheelchairs. Motorised beds had also been recently purchased for these bedrooms to meet the specific needs of individual respite users. The hoist had been last services in December 2014.

Adults and children used the centre for respite breaks but never at the same time. The house was a large detached house located in a town in North Co. Dublin. It is close to public transport and shops, restaurants etc.

**Judgment:**

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):**

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

**Findings:**

The inspectors found that there were some arrangements in place to manage risk however, there was no effective system for responding to and learning from risk identified.

An on-call emergency roster had been put in place to provide for any unexpected absence of a staff member. In the instance of a staff member being unable to call into work the person in charge would refer to the emergency roster to provide cover.

Fire drills were taking place on a monthly basis in the centre with learning outcomes listed for each drill that took place. All residents also had individual evacuation plans in place. These were discussed at each preparation meeting prior to the arrival of a respite group to ensure staff and volunteers were aware of the evacuation procedures. All volunteers had received up to date fire training however, two staff members had no fire training in place (see Outcome 17).

The inspectors reviewed the risk management policy and found that there was inadequate information in the policy in regards to the investigating, responding to and learning from identified risk. There were assessment forms used for risk identification in the centre however, there was no formal process in place around implementing these assessment forms to regularly assess risk. Many of the risk assessment forms had no dates so it was unclear as to when the assessment took place.

Identified risk was also not responded to appropriately. Inspectors observed that the temperature of the water in the wash-hand basin in the downstairs toilet had previously been assessed as very hot however, there had been no actions taken to remove this risk. The inspectors recorded the temperature of the water and found to be excessively hot, recorded above 58 degrees centigrade. Once the inspectors informed the person in charge of this risk it was addressed and a thermostatic control had been installed during the second day of the inspection.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Overall it was found that measures were in place to protect residents being harmed or suffering abuse. Significant actions had been taken since the previous inspection to mitigate any potential risk to residents and to promote independence within the model of care provided. For example, the numbers residing in the house at any one time had reduced from 5 to 3, all residents now had their own room, a more comprehensive induction and training plan was in place for all volunteers and staff had completed training in adult and child protection and awareness training.

Residents were each assigned ('paired with') a specific volunteer member to support them during their stay. These volunteers were then supervised at all times by a team leader (staff member) and/or the person in charge. Volunteers were shadowed for a minimum of three weeks by a team leader as part of induction, prior to being 'paired' with a resident. New volunteers were not allowed assist with personal care during this phase either, until they had completed training in 'intimate and personal care awareness training' which was provided to all volunteers and staff members on an annual basis. This also provided a valuable opportunity for permanent staff to receive refresher training in this area annually.

The next training session was planned for 25 March 2015. In this regard, the two recently recruited volunteers, who started in January 2015, and were met with during this inspection, had not been allowed to assist in the provision of personal care supports to date. In addition, the person in charge and nominee provider had taken the decision not to allow any groups of children to have a respite break until the volunteers had completed this training, as well as safeguarding training, to provide them with reassurance.

There were policies and procedures in place relating to the prevention, detection and responding to abuse. Staff and volunteers spoken with were knowledgeable on what to do in the event of an allegation of abuse, and were knowledgeable on what constitutes abuse and on the subsequent reporting procedures. Intimate and personal care plans were also in place for all residents; which were in turn steered by the organisational policy on intimate care provision.

No residents were identified as requiring positive behaviour supports although there was a policy in place for the provision of behavioural support should it be required. The policy confirms that restraint of any form is not allowed within the centre.

**Judgment:**  
Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**  
Safe Services

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The staff were maintaining detailed records of all accidents and incidents in the centre. They were reviewed by the person in charge and the provider.

Notifications have been received by the Authority as required by the Regulations. The person in charge was knowledgeable about the requirements in the regulations.

**Judgment:**  
Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Resident's opportunities for new experiences, social participation and skill maintenance and enhancement were monitored closely and formed a key part of residents' care plans. Resident's personal plans identified opportunities for residents to develop their skills and maintain levels of independence appropriate to the assessed needs and request of residents.

Cognisant of the provision of short-term respite services in the centre, support plans

were developed primarily from the perspective of social participation which is the key focus and was reflected in the activities provided during the actual respite break. However, opportunities to enhance living skills also featured within plans. For example, plans read by inspectors focused upon maintaining and developing skills in the areas of self care and protection, and knowledge in relation to their rights and daily living tasks.

Personal plans outlined the opportunities residents had for social participation within the local area. In addition, cognisant of the fact that many residents were provided with opportunities for education, training through their day services (provided by other organisations), and respite users could choose to avail of or decline their break depending upon their personal commitments in these regards.

**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 that residents were supported on an individual basis to achieve and enjoy best possible health. Recognising the fact that residents were accessing the respite service for a short period of time infrequently, significant efforts had been made to develop detailed health care plans. Residents had access to a General Practitioner (GP) when residing in the centre.

The inspector reviewed the health plans for five residents and noted that there was clear information provided on managing specific health care needs, such as managing epilepsy. A 'health profile' was maintained and reviewed as part of each admission highlighting each residents specific health care requirements containing information on areas such as known allergies, mobility supports, eating drinking and swallowing, sight and hearing, sleep pattern, communication needs and health promotion.

During the course of the three night stay, meals were provided in the centre, as well as having a focus on enjoying meals in restaurants, acknowledging the breakaway element of respite services. On the second day of the inspection, a lunch was prepared by a staff member for all staff, volunteers and a number of residents who used the respite services. Some of these residents required support to eat their meals and this support was provided on a one-to-one basis in a very sensitive and person centred way. Everybody ate at the same time; seconds were offered, as well as alternative diets and tastes catered for. This was a lively sociable experience, clearly enjoyed and valued by all.

<b>Judgment:</b> 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Overall the inspector found that residents were protected by safe medication management policies and practices. All non compliances identified during the previous inspection had been comprehensively addressed. All residents were supported in the administration of their medication by care staff that had been appropriately trained in the safe administration of medication. The organisation policy on the safe administration of medication identified the need to have all staff trained in a full-day course of the administration of medication, and this had been completed by all staff.

The receipt of medication was being recorded and medication was being stored in a locked press in the house. The prescribing and administration of all medication was in compliance with the regulations and in line with best practice guidelines. Drug errors were recorded and reported using the organisations accident/incident sheets and reporting mechanism.

Residents were also supported and encouraged to be responsible for administering their medication with a comprehensive assessment in place to ascertain individual capacity to self administer or determine the minimal level of support required.

**Judgment:**  
Compliant

**Outcome 13: Statement of Purpose**  
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

A copy of the statement of purpose was provided to the inspector upon request. It included the detail of all of the facilities and services provided. However some of the information as required within Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2009, was not adequately detailed:

- the name of the person in charge and nominee provider were not identifiable within the statement of purpose
- the nominee provider was not identified within the organisational structure
- there was limited information provided in relation to arrangements made for respecting the privacy and dignity of residents

A copy of the statement of purpose was available to residents and their representative.

**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):**

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

**Findings:**

The quality of care and experience of the residents was monitored and developed on an ongoing basis. The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she explained how she managed the roster and also took responsibility for the 'pairing' process involving residents and volunteers.

However, the organisational management structure had not been suitably addressed since the previous inspection. The nominee provider was not considered within the organisational structure and although she spoke about being the link between the person in charge and the management committee, this had not been formalised.

Additionally, while the nominee provider frequently visits the centre and had completed a review of the quality of care and support provided in the centre she was not carrying out unannounced visits to the centre as required within the regulations.

During the inspection the person in charge demonstrated a clear knowledge of her statutory responsibilities under the legislation. She was committed to her own professional development and was supported in her role within the centre by a team of care workers. She reported directly to the nominee provider. She had regular minuted meetings with the nominee provider and members of the management committee. The person in charge felt well supported by the management committee who supported her to carry out her role effectively as evidenced by the significant changes made within the centre since the previous inspection, reported on throughout this report.

Staff and volunteers felt they were well supported by the person in charge. The inspectors met with a number of staff and volunteers during the inspection. They were knowledgeable in relation to the needs of residents, and were clear on all of the key policies and procedures within the centre.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

The person in charge had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

There was a guideline in place identifying a person participating in management (Team Leader) as replacing the person in charge in her absence through short term illness or by her being off duty.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that sufficient resources were provided to meet the needs of residents to ensure the effective delivery of care and support in accordance with the statement of purpose.

The agreed staffing levels were judged to support residents to adequately support residents to achieve their individual personal plans and to meet their assessed support needs. During respite breaks each resident was provided with the one-to-one support of a volunteer staff member, in addition to the oversight of the care provided by a team leader and/or person in charge.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was evidence that there was sufficient staffing numbers in the centre. Since the last inspection the centre had reduced the number of residents in each respite group from five to three. The reduction has resulted in each resident now receiving one to one care from a volunteer with the support of an extra volunteer and a staff member (team leader).

There was appropriate supervision in place for volunteers and staff. The person in charge provided supervision and support to both staff and volunteers. Volunteers also

received supervision from their team leaders if required. There were copies of the supervision notes and assessments in both the staff and volunteers' files.

Volunteers had all received up to date mandatory training, all had evidence of submission of Garda vetting and each had a clearly outlined role that was signed and held in each of their files. Volunteers were also assessed by the person in charge for any additional training needs outside of mandatory ones that they might require. For example staff informed the inspectors that training on cultural diversity was being considered for all staff and volunteers based on training assessments.

All staff files were reviewed and it was observed that the staff files met most of the requirements of Schedule 2 of the regulations. However, two staff members had no written references in their files. There was also no proof that the two staff members had completed fire training.

There was an actual and planned staff rota and this was reviewed by the inspectors.

**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):**

No actions were required from the previous inspection.

**Findings:**

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 to ensure accuracy and ease of retrieval.

All policies and procedures as required by Schedule 5 were held in the centre and were up to date. Many policies had been updated with reflected consultation and participation of residents such as personal care, communication and medication management. These policies reflect the centre' wish to support people to be as independent as possible.

All applicable records listed in Schedules 3 and 4 were also in place.

<b>Judgment:</b> 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:***

Michael Keating  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by C.A.S.A. Break Houses
<b>Centre ID:</b>	OSV-0003840
<b>Date of Inspection:</b>	03 March 2015
<b>Date of response:</b>	30 March 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 centre's policy on complaints stated that only complaints that required the person in charge to resolve should be recorded.

**Action Required:**

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

<sup>1</sup> 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:**

a. Complaints policy has been amended to reflect current practice of recording of all complaints

**Proposed Timescale:** 21/03/2015

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

Two contracts of care were signed by staff members of another designated centre without considering the capacity of the resident to sign themselves.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Contract of service has been amended to include the following statement " the designated centre will not accept contracts of service signed by staff of another facility when the member has the capacity to sign for themselves"

**Proposed Timescale:** 21/03/2015

**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:**

The risk management policy did not have sufficient information on the identification, recording, investigation of and learning from identified risks in the centre.

**Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The Health and Safety Policy has been updated to reflect ongoing process of identifying, recording, investigation and learning from identified risk.

**Proposed Timescale:** 29/03/2015

**Theme:** Effective Services

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

There was ineffective and unclear systems in place for the assessment, management and review of risk in the centre.

**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:**

- a. Manager assesses for risk on a weekly basis in line with policy
- b. Risk reviewed with staff/volunteers three times per month on group preparation day. Staff and volunteers can note their views and concerns at these meetings
- c. Ensure that all staff/volunteers review and understand the content of the Health and Safety Policy at group preparation day
- d. Appropriate training, information, instruction and supervision provided and refresher training given to staff and volunteers as required (Fire, Food Safety, Manual Handling, Intimate Care)
- e. Provide and maintain personal protective equipment(gloves, aprons etc)
- f. Ongoing monitoring of work practices (introduction of new technology, equipment)
- g. Members will be encouraged to make known any risks they see while on respite. This is discussed on arrival and is incorporated into the discussion on their personal fire evacuation plan and procedure. Any concerns will be recorded
- h. Risk review reported to BOM monthly, which includes learning from risk assessment procedures to insure continuous improvement
- i. Record and investigate all near misses and accidents to include date, incident, place of incident and learning outcome and follow up
- j. Review of current emergency practices being undertaken

**Proposed Timescale:**

- a. Completed and ongoing
- b. Commenced and ongoing
- c. Commenced and ongoing
- d. Commenced and ongoing
- e. Commenced an ongoing
- f. Commenced and ongoing as appropriate
- g. Will be commenced week of 6 April
- h. First report due April 2015
- i. System in place as of 21/3/2015
- j. To be completed by 20/4/2015

**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 require all of the information as required under Schedule 1 of the regulations. Specific areas that required attention were:

- the name of the person and charge and nominee provider were not identifiable within the statement of purpose
- the nominee provider was not identified within the organisational structure
- there was limited information provided in relation to arrangements made for respecting the privacy and dignity of residents

**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:**

- a. Statement of purpose has been amended to include name of person in charge, nominee provider
- b. Statement of purpose has been amended to include provider nominee
- c. Statement of purpose has been amended to include additional information on respecting the privacy and dignity of members

**Proposed Timescale:** 21/03/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The nominee provider, or person nominated on their behalf, had not carried out an unannounced visit to the centre.

**Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider nominee will carry out unannounced visits as required under the regulations

**Proposed Timescale:** 17/04/2015 and six monthly thereafter

**Theme:** Leadership, Governance and Management

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

The role of the nominee provider had not been formalised within the centre.

**Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

- a. Provider Nominee and Board of Management met on 19/3/2015 to discuss
- b. Contract agreed and signed which states function and responsibility of Provider Nominee vis a vis the Board and the Person in Charge

**Proposed Timescale:** 19/03/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was no written references present in two staff files.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

References requested from previous employers of two staff.

**Proposed Timescale:** 13/04/2015

**Theme:** Responsive Workforce

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

Two staff members had not received training in fire safety.

**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:**

Fire Safety training booked for 22 April 2015

**Proposed Timescale:** 22/04/2015