

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0005077
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Caroline Connelly
Support inspector(s):	Paul Dunbar
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	1

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:
05 August 2015 09:50	05 August 2015 18:00
06 August 2015 09:40	06 August 2015 17:00

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 a registration inspection of Cairdeas Belmont which is one of a number of designated centers that come under the auspices of the Brothers of Charity Services South East. The Brothers of Charity South East provides a range of day, residential, and respite services in Waterford and South Tipperary. It is a not-for-profit organisation and is run by a board of directors and delivers services as part of a service agreement with the Health Service Executive (HSE).

The centre comprises of two houses which are on the Belmont campus. One house is home to four residents and the second house has currently three residents living

there. As part of the inspection the inspectors met with residents, the person in charge, the regional services manager, two Clinical Nurse Manager (CNM2), care staff, administration staff and other staff members.

Throughout the inspection inspectors observed practices and reviewed documentation which included residents' records, policies and procedures in relation to the centre, medication management, accidents and incidents, complaints, health and safety documentation and staff files. The inspectors spoke to the residents during the inspection. There was a good level of satisfaction expressed by all with the care, the staff and the overall service received.

The person in charge works full time and was seen to be very involved in the day-to-day running of the overall service. Staff and residents informed inspectors that the person in charge was accessible to residents, relatives and staff. Each house was overseen by a CNM2 team leader who took responsibility for the day-to-day organisation and management of the house which included staffing and budgetary management. There was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible. Community and family involvement was evident and encouraged as observed by inspectors.

There was a good range of social activities available to the residents and they were seen to positively engage in the social and community life which was reflected in their personal plans. The inspectors observed evidence of good practice during the inspection and were satisfied that residents received a good standard of social care with appropriate access to their own general practitioner (GP), psychiatry, psychology, social worker and allied health professional services as required. Personal plans were viewed by the inspectors and were found to be comprehensive, appropriate to the needs of the residents and up to date. The inspectors found that some learning from previous inspections of the service had been transferred to this centre and improvements were seen throughout. The inspectors identified that overall staff training required improvement. The inspectors also identified that there were improvements required in relation to ensuring residents' privacy and dignity was maintained, complaints management and fire safety management.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centers for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The centre generally catered for residents with severe to profound intellectual disability needs and many of the residents had additional needs due to their physical disability, sensory impairment, behaviours that challenge and medical conditions and need more support and assistance from staff. Residents with whom the inspector spoke were positive about their care and about the staff who supported them. The inspectors observed staff interaction with residents and noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance. The staff and residents informed inspectors that residents were actively involved where possible in the house with residents' meetings held weekly. Minutes of these meetings were seen by the inspectors and they were found to be comprehensive. Issues discussed included house rules, the complaints process, next week's menu, activities planning, trips out, visiting fellow resident in hospital. The minutes demonstrated that residents had plenty of choice in that they chose what meals they wanted, when they wanted to eat out, what social activities they wished to take part in and what trips out they wanted to go on.

The person in charge informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care was provided. Residents all had their own bedrooms which promoted their privacy and dignity, however it was noted that there was no lock on a toilet door in one of the house, staff said this toilet was currently not being used by residents. In the other house there was access to the bathroom via a laundry room, and although the bathroom door had a lock on it the laundry room did not and therefore somebody could enter the bathroom via this door. Both houses had

mixed gender residents and not having locks on these doors did not protect the privacy and dignity of the residents living there.

In Waterford Brothers of Charity there is an advocacy sub-group that is part of a regional advocacy team. This is a forum for residents to air their views to senior management about how services are delivered to them and to advocate both for individuals and groups of individuals about the services they receive. The service also employs a quality, training, development and advocacy manager who coordinates the advocacy services for the residents.

The provider had in place an accessible complaints system for residents. Each resident has an 'I'm Not Happy' card that they can place in an 'I'm Not Happy' box in their house or day service. This card will notify the assigned social worker that they wish to have their support in making a complaint. These cards were seen by the inspectors to be present in the centre. There was evidence of residents having completed an I'm not happy with assistance of staff which is being addressed and followed up by the social worker as seen in the resident's file. The complaints procedure was viewed by the inspectors and was found to meet the requirements of legislation. The inspectors noted that a summary copy of the complaints process was clearly displayed in the houses. The complaints log was viewed which detailed complaints made investigations, actions taken. However it did not state whether the complainant was satisfied as required by legislation.

Inspectors noted that, where possible, residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The inspectors noted that residents had access to appropriate media, such as television, and radio. Some residents had televisions in their rooms and inspectors noted that there were large flat screen televisions in communal rooms. There was a computer in the house and residents had access to the internet if required.

There was an up-to-date communication policy available on the day of inspection and

staff who spoke to the inspectors demonstrated awareness of individual communication needs of residents in their care and could outline the systems that were in place to meet the diverse communication needs of residents. In addition, inspectors noted that individual communication requirements including residents with complex communication needs had been highlighted in personal plans and were also reflected in practice. The inspectors noted that staff used communication approaches such as gestures, signals, facial expressions and vocalisations to communicate. Some residents and staff informed the inspectors they were trained in LAMH a sign language system which they used to communicate with some residents. In addition, staff used a variety of picture charts, communication passports and communication symbols with some residents. Communication passports were seen in residents notes and residents had easy read pictorial personal plans which they kept a copy of . Inspectors noted from residents' personal plans that there had been input from multi-disciplinary professionals including speech and language therapists and occupational therapists to assist residents meet their range of communication needs. Staff to whom inspectors spoke outlined how residents were facilitated access, where required, to assistive technology and aids.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The inspectors noted there was an open visiting policy and relatives could visit without any restrictions. There was evidence in residents' personal plans showing visitors attending the centre at different times as well as regular planned visits.

The inspector saw in residents notes that they were updated as required in relation to residents' progress and many relatives attended residents' circle of support meetings. The inspector saw in residents' personal plans that these meetings were held on a regular basis. There was evidence that resident' representatives could bring any issue directly to staff and relatives questionnaires confirmed to the inspectors that staff were very responsive to any such issues raised.

The inspectors saw that residents were supported to develop and maintain personal relationships and links with the wider community and families are encouraged to get involved in the lives of residents. Residents went out to their family homes and relatives for the day, weekend or for holidays and this was all documented as part of their

personal plans. Regular phone calls to relatives took place and these were scheduled in their personal plans and in the diary so that they were not forgotten. One resident received a daily phone call from his mother which he so looked forward to. Residents told the inspectors that the phone calls were very important to them. Another resident met her family out in a shopping centre on a weekly basis, all of this contact was supported facilitated and encouraged by staff.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

All applications for admission to services were made to the director of services who passed them on to the enrolment team for assessment. The offer of any place is made in consultation with the HSE based on prioritisation.

Inspectors were satisfied that admissions to the centre were person-centred and that each resident had a clear service agreement/contract. The providers do not accept emergency admissions. A number of residents currently within the centre were due to be transferred to a different unit within the same centre or a new centre. Inspectors were satisfied that this process was being managed effectively by staff and management with multi-disciplinary team input. Staff had scheduled regular visits for residents who were moving to new centres in an effort to familiarise them with the new environment.

Each resident had a written contract which outlined the terms and conditions of the service to be provided. Most of the contracts viewed by inspectors had been signed by the resident and/or their next of kin as well as by a representative of the service provider. There was one resident who did not have a signed contract but there was evidence that the provider had made every effort possible to address this matter. The contracts clearly set out the fees to be charged and what services were included in this charge.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

There were a number of centre-specific policies in relation to the social care and welfare of residents. The two houses in the centre were home to active residents who generally liked to go out and about during the day and at weekends.

The inspectors saw that each resident's personal plan reflected their individual wishes regarding social activities. The activities offered each week are also reflective of the wishes of the residents. Evidence of this was seen in the residents' meeting book. Staff encouraged residents to engage in activities of their choice within their local community and transport is provided to facilitate same. The costs of social outings such as visits to the cinema or theatre are covered by the residents' personal funds. Residents to whom inspectors spoke talked about the many and varied activities they enjoyed. Many of the residents generally attended day services but it was the holiday period and some of the day services were closed. The inspectors saw that there was a good schedule of daily activities planned for the holiday period and residents were out and about on the days of the inspection.

The inspectors reviewed a selection of personal plans which were personalised, detailed and reflected residents' specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. The personal plans were found to be very comprehensive and included very detailed plans to direct care. The personal plans were also available in an easy read pictorial version which were seen by the inspectors. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. Inspectors were informed that nurses and care assistants who worked with the residents fulfilled the role of individual residents' key workers in relation to individual residents care and support. These key workers were responsible for pursuing objectives in conjunction with individual residents in each resident's personal plan. They agreed time scales and set dates in relation to further identified goals and objectives. There were also user-friendly pictorial versions of the personal plans which were found to be very comprehensive, easy to follow and well organised giving all essential information required.

There was evidence of interdisciplinary team involvement in residents' care including, medical and General Practitioner (GP), speech and language, dentist and chiropody services. These will be discussed further in Outcome 11 healthcare needs.

The inspectors noted that there was a circle of support identified in each resident's person-centred plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. As previously outlined there was evidence in residents' personal plans that the resident and their family members ,where appropriate, were involved in the assessment and review process and attended review meetings.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre comprises of two houses which were on the Belmont campus. The inspectors visited both houses which were detached bungalows and saw that each resident had their own bedroom and some bedrooms had their own en-suite facilities. The houses were found to be bright, well ventilated, had central heating and were decorated to a good standard. There was adequate sitting and dining space separate to the residents' private accommodation which allowed for a separation of functions. There was also extra sitting rooms/conservatory for visiting with families or just quiet time. One of the houses had a sensory room which was enjoyed by the residents there.

Both houses had good grounds and gardens which had outdoor patio areas to accommodate suitable garden seating and tables provided for residents' use. Laundry facilities were provided within the premises and were adequate. Staff said that laundry was generally completed by staff but residents were encouraged to be involved in doing their own laundry. Residents to whom inspectors spoke were happy with the current laundry system and inspectors saw staff returning freshly laundered clothing to residents bedrooms.

Equipment for use by residents or people who worked in the centre included wheelchairs, specialised chairs, hoists and other specialist equipment were generally in

good working order and records seen by the inspectors showed that they were up-to-date for servicing of such equipment. Overall the accommodation provided in both houses was of a good standard and the décor was particularly homely and residents bedrooms were much personalised. One resident had an apartment type accommodation with his own sitting area with couches and table and chairs beside his bedroom and en-suite bathroom.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that the centre had adequate measures in place to ensure the health and safety of residents, staff and visitors. However, there were a number of issues in relation to fire safety and training that required attention.

Each house within the centre had a general safety statement and a local, ancillary safety statement. The safety statements described how staff should identify hazards, assess risks and provide first aid etc. The centre also had an emergency plan which detailed the procedure to be followed should an adverse event occur. Evacuation notices were in prominent places in the centre and were in an easy-to-read format. In addition, each resident had a personal emergency evacuation plan (PEEP) which described their particular needs in the event of a need for evacuation. The PEEP was located in the resident's file and displayed in their bedroom.

Both houses within the centre maintained a fire register. The register contained documentation on daily/weekly/monthly checks carried out by the centres staff on escape routes, smoke alarms equipment and alarms. Fire equipment such as fire blankets and extinguishers had been regularly serviced however the inspectors noted that the fire alarm and emergency lighting had not been serviced quarterly as per requirement of the fire regulations. Fire drills were carried out regularly within the centre, including at night time. Inspectors reviewed the documentation on the fire drills and found that they were meaningful and used as a learning mechanism and times of evacuation of the building were within minutes. There was evidence to demonstrate that staff and management took steps to implement learning from the fire drills. However the Inspectors noted that there were a number of staff who did not have up-to-date fire training. Staff in the centre were unsure if all the doors in the centre were fire doors and some bedroom doors were being held open by wheelchairs or hooks at the top of the

doors which meant the doors would not close in the case of fire. The inspector recommended a review of the centre to ensure it was compliant with fire safety. It was also noted that a number of residents required assistance with mobility and used hoists for transfers and training records showed that there were a number of staff who did not have up to date training in manual handling/patient lifting training this will be actioned under workforce outcome 17.

Each house within the centre had a risk register. A number of relevant risks were identified (e.g. road safety, aspirating/choking, falls, lone working) and controls were in place. There were also individual risk assessments for residents within the centre. For example, leaving the house unsupervised, falls. There was a risk management and risk assessment policy in place which met the requirements of legislation and described the precautions to be in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- and self-harm.

The policy also outlined the arrangements for identification, recording investigation of and learning from serious incidents or adverse events involving residents.

There were measures in place to control and prevent infection, protective personal equipment such as gloves and aprons and hand hygiene posters were available in the centre. Although hand gels were available they needed to be more easily accessible to ensure that all steps were taken to prevent cross contamination.

All of the assistive equipment in use in the centre was seen to be in good working order and there was documentation to confirm that they had been regularly serviced. The inspectors viewed policies in relation to vehicles used to transport residents. The centre owns its own vehicles. Up-to-date service records were seen and all vehicles were taxed and insured. Staff were required to have a full clean driving licence to drive the vehicles.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Policies and procedures were in place for the prevention, detection and response to abuse. Inspectors were satisfied that there were robust measures in place to ensure that residents were protected from abuse. Staff spoken to demonstrated to the inspectors their awareness of what to do if there was ever an allegation of abuse. The person in charge informed inspectors they have in place a designated person to deal with any allegations of abuse. The designated person is a social worker who also provided training for staff on all aspects of recognising and responding to abuse. However training records confirmed that there were a number of staff that had not had up-to-date training in positive behaviour support and abuse prevention.

Where possible, residents were supported to manage their own finances. Staff had carried out a money management competency assessment with the resident. The assessment gave a judgement on the level of support required by the resident in order to manage their money safely. Most residents had a personal wallet which was kept in a safe. All cash and bank transactions were recorded and entered into a log on a month-by-month basis. All transactions were signed by staff but there were occasions where there was one staff signature as opposed to two. Records reviewed by the inspectors demonstrated that the provider had measures in place whereby a staff member from outside of the centre would check the residents transactions' and ensure the balance in their account reflected what was in their wallet.

There was a policy on challenging behaviour and the inspectors saw that staff were competent in dealing with behaviours that challenge. From a selection of personal plans viewed by the inspectors it was noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviours that challenge. There was evidence of regular review by the psychologist and the psychiatrist. Although the majority of staff had received training on dealing with behaviours that challenge there were a number that required this training particularly as there was a number of residents in the centre that presented with behaviour that challenged.

There were a number of residents using bed rails and positioning belts. Some of these were used as enablers and others were used as a restraining device and the inspectors saw that there were some risk assessments completed including comprehensive bed rail assessments and bed rail checks. There was evidence that other least restrictive alternatives had been tried with the resident and there was evidence of regular checks on the resident when restraints were in place and restraint was only used for the shortest possible duration.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspector saw that there was a process for recording any incidents that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. All incidents and accidents were recorded in a comprehensive incident log and a copy was sent to the person in charge for checking and for countersigning all incidents/accidents. The team leader also outlined the arrangements to ensure that a written report was provided to the Authority following any notifiable incident and at the end of each quarter period of any occurrence in the centre of any incident as required.

The authority generally received all notifications in a timely manner as required by legislation.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported.

Residents who communicated with inspectors described recent or upcoming social activities such as visits to the city centre, shopping, cafes and restaurants. Regular day services for residents were not operating at the time of inspection due to summer holidays. However, staff advised inspectors that some residents were facilitated to attend day services as it was felt necessary to maintain their routine.

Staff were able to demonstrate that they were knowledgeable about each residents' personal tastes and wishes.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspectors saw that as both houses in this centre were on the campus there was a GP who was contracted to provide a regular service to the residents and on the day of the inspection he had been in early that morning to take blood from one resident. Out-of-hours services were provided by the local on call doctor service who attended the resident at home if necessary. The inspectors saw that residents receive an annual medical health check which is signed by the GP and that medications are reviewed on a regular basis. Psychiatry, social work, speech and language therapy and psychology services were available through the Brothers of Charity services and regular multidisciplinary team meetings are held where all residents' care is discussed and reviewed. The inspectors saw evidence of these in residents' files.

Residents were seen to have appropriate access to other allied health care services such as physiotherapy, occupational therapy, chiropody, optical and dental through the HSE and visits were organised as required by the staff. There was large amount of evidence in residents' person-centred plans of referrals to and assessments by allied health services and plans put in place to implement treatments required. Residents were accompanied to all out patient appointments by staff and one resident had gone to an appointment in Cork on one of the days of the inspection. One resident was also in hospital, while she was in hospital she was receiving ongoing support from the staff in the centre as well as from the family.

The centre was nurse-led and there were a number of residents with complex physical and nursing needs. The centre had introduced a number of validated assessment tools for dependency, falls and nutrition. The centre also provided end of life care and the inspectors saw comprehensive end of life planning in some residents files. One of the team leaders had undertaken training in palliative and end of life care and directed the care for the residents. She told the inspectors that the local palliative care team provided a service to the residents as required. Wound care charts and ongoing scientific assessments, measurements and treatment plans were seen to be in place for

one resident who had a chronic wound. There was evidence of the involvement of the tissue viability nurse from the local hospital for advice and support. The inspectors were satisfied that there was a good standard of evidenced based care provided to the residents in the centre with appropriate access to health services as required.

The inspectors saw that residents were fully involved in the menu planning. Weekly meetings were held with the residents to plan out the meals for the week. The staff demonstrated an in-depth knowledge of the residents likes and dislikes. Meal times were seen to be very person-centred and residents were seen to sit at the dining table to enjoy their meals. Assistance was provided to residents who required help to eat and drink in a dignified manner. The food was seen to be nutritious with adequate portions. The inspectors observed that residents had access to fresh drinking water at all times. The inspectors saw evidence of comprehensive dietary plans in residents files outlining what can be eaten, what consistency of diet required, best positioning of the resident and the residents likes and dislikes to achieve the best nutritional and enjoyment value. There was evidence of input from speech and language and dietitians input into these plans.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

There were centre-specific medication management policies and procedures in place which were viewed by the inspectors and found to be require review to cover medication management in this centre. The centre was a nurse led service and nurses were transcribing medications generally in line with best practice guidelines however the medication management policy did not guide that practice. Also the centre had one resident that required scheduled controlled drugs at the time of the inspection. The medication policy did not include the management of scheduled controlled medications and as there was not always two nurses available to check and administer these medications, then a local policy is essential to guide local practice. The inspectors were satisfied that controlled medications were safe but an updated policy was required with immediate effect.

Inspectors were informed and saw that the GP generally prescribed residents' medication and that medications were obtained from the residents' local pharmacist for

each resident. The houses had medication supplied in a version of monitored dosage system. The inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

The centre's policy was that non-nursing staff were to have undergone two day training on safe medication administration and be assessed as competent by a nursing staff prior to any administration of medications to residents. Inspectors saw evidence of this medication training in staff files. The staff told the inspectors that the pharmacist gives advice to the staff in relation to the medications and had undertaken an audit in the centre on the 13 of May 2015.

Staff who spoke to the inspectors were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medications were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose was available which reflected the day-to-day operation of the centre. The statement of purpose also clearly outlined the services and facilities provided by Cairdeas Services in the centre. It was presented in a clear, concise and easy to follow format and contained all of the relevant information necessary to meet the requirements of legislation.

Inspectors observed that staff displayed knowledge of the residents needs and

preferences and tailored the services outlined in the statement of purpose based on that knowledge.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The centre was one of a number of designated centres that come under the auspices of the Brothers of Charity Services South East. The Brothers of Charity South East provides a range of day, residential, and respite services in Waterford and South Tipperary. It is a not-for-profit organisation and is run by a board of directors and delivers services as part of a service agreement with the HSE. There was a director of services who reports to the board of directors. The Brothers of Charity South East was managed by the Director of Services supported by a senior management team which comprises of two regional services managers, head of social work, head of psychology, consultant psychiatrist, heads of human resources, finance, advocacy, training and development and service managers, one service manager has additional responsibility for health, safety and risk. The Brothers of Charity services in Waterford was managed by a senior management team which comprises of a regional services manager, service managers, a speech and language therapist and recreation manager.

Cairdeas Services management team comprises the Cairdeas Services Manager and Team Leaders (CMN2) who have responsibility for specific centres and services within the service area.

The service manager was the person in charge for the service. The person in charge works full-time and has managed the service for fifteen years. There was evidence that the person in charge had a commitment to her own continued professional development. The person in charge was a qualified nurse intellectual disability; she had also completed a diploma in management and industrial relations, and a higher diploma in intellectual disabilities studies. In 2014 she completed a three year programme on Leadership and Community Empowerment. The inspectors formed the opinion that she had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre.

The regional services manager had responsibility in the absence of the person in charge supported by the team leaders. Additionally the person in charge was available on call and staff told inspectors that they have called her in the past.

The nominated provider, regional services manager, the person in charge and team leader were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had a good knowledge of 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.

Inspectors saw that there was a copy of the National Standards and Regulations which were available to staff in the houses along with other relevant documentation. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspectors were clear about whom to report to within the organisational line and of the management structures in the centre.

Inspectors noted that throughout the inspection the person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents. There was a health and safety "Annual HIQA audit". A six- monthly assessment report was completed which outlined findings from on-going audits of the service. Audits were completed in relation to safety, fire drills, documentation, medication management and other areas of the service to monitor the quality of care and experience of the residents. The person in charge had conducted unannounced visits to the houses to ensure effective systems were in place that supported and promoted the delivery of safe, quality services. The team leaders for the centre was actively involved in auditing of the services. There was evidence of changes to the service as a result of the audit and quality assurance process.

An annual report was completed which was seen by the inspectors. It outlined the review of the quality and safety of the centre and identified action plans and improvements required. The inspectors were satisfied that the system implemented to monitor the quality of care and experience of the residents was adequate to ensure the delivery of safe, effective services.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There had been no periods where the person in charge was absent from the centre for 28 days and there had been no change to the person in charge. However the person in charge informed the inspectors that she planned to take extended leave in September. The provider was aware of the obligation to inform the chief inspector of this proposed absence.

Support and acting up arrangements were comprehensive; one of the team leaders was assigned to cover for the person in charge when she is away and will be supported by the regional manager.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

This was the centre's first inspection by the Authority.

Findings:

The inspectors formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The premises were maintained to a high standard to ensure compliance with regulatory requirements.

The accounts and budgets were prepared and allocated by the accounts department and were managed by the team leaders and overseen by the person in charge. The person in charge told the inspectors that the residents' care would not be compromised by lack of budget and if specialist equipment was required funding would be provided.

The inspector saw that there was sufficient assistive equipment to meet the needs of residents with servicing records for assistive equipment up-to-date. Residents had choice in relation to activities and could access activation facilities in the local centre and in day services provided in the wider community. The inspectors noted that there was accessible transport services provided for residents and that residents were regularly transported to different venues including social occasions as required. Residents were adequately resourced to meet their personal goals.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

There was a planned and actual staff roster in place which showed the staff on duty during the day and night for both houses. The inspectors observed that residents were familiar with staff, and pictures of regular staff were on the notice board in the dining area to inform residents of who was on duty. The inspectors spoke to staff on duty during the inspection and found that they were competent and aware of their roles and responsibilities. The staff were very knowledgeable about residents and their needs.

Staff who spoke to inspectors stated they felt well supported by the person in charge. The staff in both houses worked closely together. In the event of an emergency each staff member had a panic alarm which would alert staff elsewhere that they required assistance. This was seen in operation on the day of the inspection and staff members from other houses were there immediately.

There was a policy on recruitment and selection of staff and evidence of effective recruitment procedures and a comprehensive induction procedure. Inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of 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 were fulfilled.

Staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors noted some gaps in training and some of these are discussed under Outcome 6: Safety and Safeguarding, and Outcome 7: Health and Safety and Risk Management. It was also noted that a number of residents required assistance with mobility and used hoists for transfers and training records showed that there were a number of staff who did not have up to date training in manual handling/patient lifting training. Further education and training

completed by staff included, first aid, code of practice, epilepsy management, LAMH, and safe administration of medication.

The inspector noted that staff meetings took place and that staff were facilitated to communicate with fellow staff and the person in charge around issues relevant to the residents and the centre. A formal appraisal system had been recently implemented and staff confirmed they had undertaken an appraisal with the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

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 were maintained. The centre was adequately insured against accidents or injury to residents, staff and visitors. The inspectors reviewed the centres policies and procedures and found that the centre had 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.

Staff to whom inspectors spoke demonstrated an understanding of specific polices such as medication policy and managing allegations of adult abuse in practice. In relation to residents' records such records were generally complete and up-to-date.

The inspectors reviewed the directory of residents and noted that the directory was completed for each resident and contained the required information.

The inspectors found that records were accurate and complete and were generally maintained in a manner that allowed them to be easily retrieved by staff.

Judgment: 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:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0005077
Date of Inspection:	05 August 2015
Date of response:	03 September 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:

There was not a lock on a toilet door and access to the bathroom was not secure which did not protect residents privacy and dignity.

Action Required:

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

A lock has been put in place in both bathroom areas within the two houses.

Proposed Timescale: 03/09/2015

Theme: Individualised Supports and Care

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

There was no evidence that the complainant was satisfied in the record of the complaints.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person 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 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 will be maintained by the Person in Charge.

Proposed Timescale: 03/09/2015

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:

There was not evidence that fire alarms and emergency lighting were tested on a quarterly basis last documented test was February 2015.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Arrangements have been put in place for the quarterly testing of the fire equipment

Proposed Timescale: 03/09/2015

Theme: Effective Services

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

Not all staff had up to date fire training.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The staff requiring this training will complete fire training.

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

Staff in the centre were unsure if all the doors in the centre were fire doors and some bedroom doors were being held open by wheelchairs or hooks at the top of the doors which meant the doors would not close in the case of fire.

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Maglocks will be fitted to the doors which were being held open to ensure that they can close in the event of fire.

Proposed Timescale: 30/10/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff had up to date training in positive behaviour support.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Two day training has been scheduled for 17th & 18th September, the staff requiring this training will attend.

Proposed Timescale: 30/09/2015

Theme: Safe Services

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

Not all staff had received training in safeguarding residents.

Action Required:

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

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

Safeguarding training has taken place on 01/09/15, all core staff in the house have now attended this training. One locum staff who still requires training will receive it when the next training session is held on 21/10/2015

Proposed Timescale: 30/10/2015

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 medication policy did not include the management of scheduled controlled medications and as there was not always two nurses available to check and administer these medications then a local policy is essential to guide local practice.

The medication policy did not include and full outline the practice of transcribing that was being undertaken by registered nurses in the centre.

Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The local policy will be reviewed and amended as necessary.

Proposed Timescale: 30/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had up to date training in moving and handling as is required on a minimum three yearly basis.

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:

The staff who have been identified as not having this training will complete manual handling training at the next training session.

Proposed Timescale: 30/09/2015