

**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-0005091
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; Shane Grogan
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
07 July 2015 09:30	07 July 2015 18:50
08 July 2015 09:30	08 July 2015 17:20

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 a centre in the Comeragh services 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 HSE.

The centre consists of two houses which can each accommodate four residents, a total of eight residents reside in the centre. The inspectors visited both houses one which was a detached dormer bungalow situated in a rural location outside Tramore

and the second house was a detached two story house in a well established housing estate in the city of Waterford. As part of the inspection the inspectors met with residents, the person in charge, the regional services manager, Clinical Nurse Manager (CNM2), social care leaders, the social worker, the nurse educator, administration staff and numerous 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 person in charge works full time and was seen to be 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. The houses were overseen by a CNM2 residential team leader . Social care leaders took responsibility for the day-to-day organisation and management of the houses. 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 generally 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 learning from previous inspections of the service had been transferred to this centre and improvements were seen throughout. The inspectors found that fire preventative measures required improvement in the provision of emergency lighting, fire doors and alarm systems. The inspectors also identified that there were improvements required in relation to staff training and further protections to be put in place in relation to residents' finances.

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 had a complaints policy which was reviewed within the past three years as required. Each house within the centre had an easy-to-read complaints policy, called 'I'm Not Happy', displayed in a prominent place. Staff were familiar with the complaints procedure and there was an appeals process open to complainants. The inspectors met the social worker who received all the "I'm not happy" issues and he clearly outlined the process and was very familiar with the residents from the service. His picture and contact details were seen displayed in both houses. He informed the inspectors that he provides training to all residents on the complaints procedure so that they are aware of their rights. Inspectors reviewed a number of complaints which had been made in relation to the service. The documentation in relation to complaints was comprehensive and complainants were kept informed of progress. However, the documentation and correspondence in relation to complaints was filed in separate locations and there was no complaints log kept in the centre. In addition, there was no clear procedure in the centre for using complaints to inform changes in practice. There was one complaint which was made collectively by four residents in one house. Staff could not locate any documentation to show that this complaint had been satisfactorily resolved.

In the Brothers of Charity Waterford and Tipperary there is a regional advocacy council. 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 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. The minutes demonstrated that residents generally had 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.

Residents and staff confirmed that there was an open visiting policy and that they could receive visitors at any time. 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:

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):

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

Findings:

The inspectors noted that residents had access to appropriate media, such as television, and radio. Residents had televisions in their rooms and inspectors noted that there were large flat screen televisions in communal rooms. There was a computer in both of the houses and residents had access to the internet as required. One resident also had her own laptop. Some of the staff were trained in communication techniques such as LAMH and Picture Enhanced Communication Systems (PECS) to aid communication. In one house all of the residents the inspectors met had good communication skills and were able to communicate verbally with the staff and inspectors. In the other house there were a small number of the residents who did have communication difficulties and staff who spoke to the inspectors demonstrated awareness of individual communication needs of residents in their care and they could outline the systems that were in place to meet the diverse communication needs of residents. The inspectors noted that individual communication requirements had been highlighted in personal plans and were also reflected in practice. A number of resident's activity plans were set out in pictures to take into account the communication difficulties. The inspectors noted that staff used communication approaches such as gestures, signals, facial expressions and vocalisations to communicate with some residents and residents had communication passports and communication symbols. One resident sat and went fully through her communication passport with the inspectors and demonstrated her use of LAMH and other communication techniques.

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.

The residents guide and numerous notices were seen around the centre. There were notice boards in the houses which contained a picture of the staff on duty. Pictures were also used to aid communication for menus and other areas. The inspectors saw that other relevant information was also available to residents in an accessible format. From talking to residents and observing staff the inspectors were satisfied that good communication took place in the centre.

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:

There was an open visiting policy where visitors were welcome to visit at different times and contact was kept with families via the telephone. There was evidence of this telephone contact with pictures of family on the phone buttons to enable one resident to ring directly that family member. Other residents' family contact numbers were kept on an easy to use format beside the telephone.

The inspector saw that residents are supported to develop and maintain personal relationships and links with the wider community. A number of the residents went out to their families for visits and for holidays. Staff facilitated one resident by taking her on a fortnightly visit to her family. Regular social outings took place to areas of local interest, the seaside, parks and residents enjoyed trips to local restaurants and pubs.

The inspectors received a number of completed questionnaires from relatives. The collective feedback from all was one of great satisfaction with the care and support their relatives received. They expressed confidence in the staff and services provided. The inspectors saw and relatives confirmed that relatives were updated as required in relation to residents' progress. The inspector saw in residents' personal plans that families were involved in meetings and had signed off on their relatives' personal plans. The inspectors saw that these meetings were held on a regular basis. There was evidence that relatives could bring any issue directly to staff and the person in charge and that staff were very responsive to any such issues raised.

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. Staff and residents spoke to inspectors about when they moved in to their respective accommodation. Efforts were made to ensure that residents were compatible and, where possible, knew the other prospective residents when being admitted to the centre. The providers do not accept emergency admissions. While the practice around admissions took account of the need to protect residents from abuse by their peers, this was not clearly set out in the admissions policy.

Each resident had a written contract which outlined the terms and conditions of the service to be provided. All 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. The contract clearly set out the fees to be charged and what services were included in this charge.

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):

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

Findings:

The centre currently consists of two houses in the community with four residents living in each house. Inspectors were informed by staff that there were a number of options available for residents in relation to social activities. All residents attended activities and day services. The inspectors saw that residents were supported to access and take part in social events and activities of their choices, which reflected the goals chosen as part of their personal plan. Residents to whom inspectors spoke described the many and varied activities they enjoyed and spoke of the day trips out and about dining out and going into town. Family involvement was encouraged with some residents visiting their family weekly others fortnightly.

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. 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 social care staff 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. Other staff from day services and residential services also provided assistance with gathering information with the resident to inform the personal planning process. The centre had changed their system of documentation following on from a previous inspection and the residents file accompanies staff to day services so all staff are working from the one file which ensures better communication and prevents duplication of information.

There was evidence of family input with family members being invited to a circle of support meeting to assist with planning the resident's goals for the year. There were agreed time-frames in relation to achieving identified objectives.

Inspectors saw that specific support plans were in place for residents identified needs. This included plans for issues like intimate care, nutrition support, medication support and behavioural support. There was evidence of input from relevant healthcare professionals in the development of these support plans. 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.

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 consists of two houses which can each accommodate a total of four residents. The inspectors visited both houses one which was a detached dormer bungalow situated in a rural location outside Tramore and the second house was a detached two story house in a well established housing estate in the city of Waterford. The inspectors 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 very clean throughout. There was adequate sitting and dining space separate to the residents' private accommodation which allowed for a separation of functions. There was evidence of personalisation of rooms such as posters on walls and personal music collections. Photographs of residents and their families were seen throughout the houses.

Both houses had ample outdoor space. The gardens had outdoor patio areas to accommodate suitable garden seating for residents' use. Laundry facilities were provided within the premises and were adequate. Staff said that laundry is generally completed by staff but residents are encouraged to be involved in doing their own laundry. Equipment for use by residents or people who worked in the centre included wheelchairs, 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 however the inspectors noted that some areas of maintenance required attention. These included the carpet on the stairs in one house was torn in a number of areas and could prove a trip hazard, paint was noted to be off the walls particularly in the sitting dining area in one house and the outside of the house required painting.

Transport is provided by the service to assist residents in accessing work, education and recreational opportunities and the centre had its own transport

Judgment:

Substantially 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 that required attention.

Each house within the centre had a safety statement and an emergency plan. The safety statement described how staff should identify hazards, assess risks and provide first aid etc. The emergency plan 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 staff e.g. escape routes, smoke alarms. Fire equipment (i.e. fire blankets and extinguishers) had been regularly serviced. All staff had up-to-date fire and manual handling training. 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. There was evidence to demonstrate that staff and management took steps to implement learning from the fire drills. However, both houses in the centre were not fire compliant as they did not have emergency lighting, fire doors or a fire alarm in place. Smoke alarms were in use but one house did not have such an alarm in the kitchen area.

Each house within the centre had a risk register. A number of relevant risks were identified (e.g. unexplained absence of a resident, use of chemicals, behaviours that challenge, hot objects) and controls were in place. There were also individual risk assessments for residents within the centre. For example, leaving the house unsupervised, opening seat belts while travelling, making hot drinks unsupervised. 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, hand gels and hand hygiene posters were available in the centre and the inspectors formed the opinion that steps were taken to prevent cross contamination.

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. All staff had up-to-date training in positive behaviour support and abuse and 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 practitioner who also provided training for staff on all aspects of recognising and responding to abuse.

The inspectors viewed the policy on finances and personal property and saw that, where possible, residents were supported to manage their own finances. All cash and bank transactions were recorded and entered into a log on a month-by-month basis but not all transactions had been signed for. Inspectors noted that, on a very small number of occasions, transactions had occurred for which there was no signature. Inspectors also observed that in one house where residents were aware of their money and were given an amount to spend each weekend which they kept themselves, these residents were not given the opportunity to countersign any transactions. There was a policy in place whereby management would check the resident's transactions' and ensure the balance in their account reflected what was in their wallet. On the day of the inspection, however, Inspectors were informed that this check had only been performed once in the previous six months due to time constraints. Overall the inspectors formed the opinion that the system in place was not sufficiently robust to ensure the safeguarding of residents finances.

There was a policy on challenging behaviour and the inspectors saw that staff had received training on 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. There were no residents using bed rails, lap belts or other forms of restraint at the time

of the inspection and any medication used is under strict review by the psychiatrist. Training records confirmed that one staff member did not have up to date training on dealing with behaviours that challenge.

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 received all notifications to date 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. There was a policy on access to education, training and development. Inspectors noted that opportunities for further education were afforded to residents and the educational achievements of residents was valued. This was shown through the display of achieved

awards.

Residents who communicated with inspectors described recent or upcoming social activities such as visits to national parks, cinema visits and social outings.

There was evidence of the residents' preferences being facilitated when it came to choice of employment with residents working in a variety of roles. Inspectors also noted that residents had roles and responsibilities within the household which included keeping the house tidy, setting tables for meals, participating in food preparation and clearing up after their meals.

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 residents were assisted to access community based medical services such as their own GP and were supported to do so by the nurse educator or staff that would accompany them to appointments and assisted in collecting the prescription as required. Out of hours services were provided by the local doctor on call service who attended the resident at home if required. There was evidence of multidisciplinary involvement in residents' care. Psychiatry, social work, speech and language therapy and psychology services were available through the Brothers of Charity services and regular multidisciplinary team meetings were held where all residents care is discussed and reviewed. The inspectors saw evidence of these reviews and minutes of MDT meetings in residents' files.

The inspectors met the nurse educator assigned to the centre and she outlined in role in ensuring all residents' health care needs were attended to and that they received their annual medicals blood tests and other routine tests. There were planned supports in place where a resident had to attend an out-patient appointment in a hospital. The nurse educator outlined that she would generally accompany the resident. One resident had a fear of hospitals and regular visits were made to the hospital to ensure her familiarity with the hospital prior to her appointment for a procedure there. The resident records indicated that staff kept a medical appointment record for each hospital visit by the resident or review by a healthcare professional. This included a summary of what was the reason for the healthcare appointment and the outcome of the review. The residential records also had written discharge letters following reviews in the Emergency

Department and on call doctor services.

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 evidence in residents' personal plans of referrals to and assessments by allied health services and plans put in place to implement some treatments required. Overall the inspectors were satisfied that the residents health care needs were well met.

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 a relaxed social occasion particularly in one house where residents stayed around the kitchen table to socialise and chat following their evening meal.

The food was seen to be nutritious with adequate portions. The inspectors observed that residents had access to fresh drinking water at all times.

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 comprehensive. The inspectors saw that the residents own GP generally prescribes all residents medication and this is supplied from the local pharmacist for each resident. The houses had medication supplied in a 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 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. Medications were seen to be stored securely in a locked cupboard in a locked room. There was also information in the residents files in relation to each medication and the directions for administration and the effect and side effects of same.

Staff demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. The staff said they would contact a member of nursing staff if they ever had a query in relation to medication. Non nursing staff had undergone two days training on safe medication

administration and in accordance with the centre's policy staff and recommendations from previous inspections of the service had undertaken refresher and were assessed as competent by a nursing staff. The inspectors saw evidence of this training in staff files and staff confirmed their attendance. The inspectors saw that medication errors, incidents and near misses were all recorded in accordance with legislative requirements.

The staff told the inspectors that the pharmacist gives advice to the residents and staff in relation to the medications provided. There was evidence of an audit of medication management undertaken and issues identified had been addressed. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication, maximum doses were prescribed for PRN medications. There were no residents that required scheduled controlled drugs at the time of the inspection and the inspectors noted there was very little PRN medication being used. There was evidence that when a PRN was required three times in a week the resident and their medication prescription was reviewed.

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):

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 Comeragh 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.

The statement of purpose outlined the aim of the service which is to enable each service user to "positively engage in the social and economic life of their local towns". 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):

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

Findings:

The centre is 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 is a director of services who reports to the board of directors. The Brothers of Charity Services South East is 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 of whom has additional responsibility for Health, Safety and risk.

There is a senior management team for Waterford which comprises RSM, Services Managers, Speech and Language Therapist and Recreation Manager.

The Comeragh services is managed on a day to day basis by the service manager who is the person in charge supported by the CNM2 who is the residential team leader. The person in charge works full-time and has managed the service for numerous years. There was evidence from training records that the person in charge had a commitment to his own continued professional development. The person in charge is a qualified nurse in psychiatry and intellectual disability; He holds further qualifications in psychology for nurses, teaching methods, a certificate in behaviour therapy for nurses and a certificate in nurse management. The inspectors formed the opinion that the person in charge had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. The (CNM2) takes responsibility in the absence of the person in charge for the residential service supported by the regional manager. Additionally the person in charge and CNM are available on call.

Inspectors noted that residents were familiar with the person in charge and approached him with issues and to chat throughout the inspection. 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.

Staff who spoke with the inspectors said they had team meetings with the CNM and received good support from the CNM and person in charge and they had recently undertaken an appraisal with the person in charge.

The regional services manager, the person in charge and CNM were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate 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 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, 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. However due to the number and geographical location of some of houses in the Comeragh services the person in charge said it was difficult to visit as much as he would like to. The team leader for the centre was actively involved in auditing of the services along with the staff. There was evidence of changes to the service as a result of the audit and quality assurance process.

A very comprehensive annual report was completed which was seen by the inspectors. It outlined the review of the quality and safety of the centre taking into account complaints, comments and feedback from residents and relatives. The annual review identified action plans and improvements required and set objectives for the year ahead.

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):

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

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. The provider was aware of the obligation to inform the chief inspector if there was to be any proposed absence.

Support and acting up arrangements were comprehensive; the regional manager was assigned to cover for the person in charge when she was away and was supported by the CNM residential services 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. 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. In addition, the person in charge advised inspectors about a 'Wishes and Dreams' fund which was used to support residents meet certain goals or aspirations. The fund was managed by a committee who sought to ensure that all residents had equitable access to the fund for their benefit.

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.

A number of staff in the centre generally worked alone but stated they felt well supported by the person in charge. There was a senior manager on call at all times who staff can contact for advice or assistance. The staff said they kept in contact with other houses in the community which helped them to feel more supported.

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. Staff training records demonstrated a proactive commitment to the on going maintenance and development of staff knowledge and competencies.

All mandatory training was provided and in date with the exception of one staff who had not attended challenging behaviour training which is actioned under outcome 8 . Further education and training completed by staff included, first aid, code of practice, epilepsy management, LAMH, and national governance statements.

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:

Compliant

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 policies 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
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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-0005091
Date of Inspection:	07 July 2015
Date of response:	27 August 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 no process for using learning from complaints to change practices in the centre.

Action Required:

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

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

A process has been put in place whereby complaints will be reviewed at team meetings and learning shared.

Proposed Timescale: 20/07/2015

Theme: Individualised Supports and Care

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

There was no central complaints log in the centre. There was no documentary evidence to show that one complaint had been resolved.

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:

The PIC now retains and populates a central complaints log.

The documentary evidence to show that the one complaint referred to above had been resolved is now in the relevant personal files and in the central complaints log.

Proposed Timescale: 27/08/2015

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:

The admissions policy did not specify the measures in place to take account of the need to protect residents from abuse by their peers.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The Admissions Policy has been amended.

Proposed Timescale: 27/08/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

the following respect:

Parts of the premises were noted to require redecoration and general upkeep.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Remedial measures are in hand, i.e. painting and fitting new stair carpet.

Proposed Timescale: 01/09/2015

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 no emergency lighting in the centre.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

We will comply with all legally binding regulations when informed of what is required. Meanwhile, we will get a Fire Officer to recommend immediate actions which we need to take to improve fire safety.

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Fire detection (alarm) systems were inadequate and fire doors were not in place in the centre.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

We will comply with all legally binding regulations when informed of what is required. Meanwhile, we will get a Fire Officer to recommend immediate actions which we need to take to improve fire safety.

Proposed Timescale: 31/12/2015

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:

One member of staff did not have up to date training in positive behavioural 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:

This staff member is booked to attend the training.

Proposed Timescale: 01/09/2015

Theme: Safe Services

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

the system in place to manage residents finances was not sufficiently robust.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The Residential Team Leader (PPIM) and/or the Service Manager, (PIC) will check on a monthly basis, that book totals for personal accounts match amounts in residents wallets/purses.

Proposed Timescale: 01/09/2015