

**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 Southern Services
Centre ID:	OSV-0005148
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Una Nagle
Lead inspector:	Julie Hennessy
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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 April 2016 10:00	05 April 2016 16:00
06 April 2016 09:30	06 April 2016 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was the first inspection of this centre carried out by the Authority and was carried out in response to an application by the provider to the Health Information and Quality Authority (HIQA) to register the centre.

The centre being inspected was an unoccupied centre. The centre intends to provide care and support to residents with moderate to severe levels of intellectual disability, including persons with autism. Three residents were moving from another centre within the service to this centre and the fourth vacancy was in progress.

As part of the inspection, the inspector reviewed the premises and met with the person in charge of the centre and members of the staff team involved in the transition period. The inspector reviewed care and support plans for the three residents who were due to move into this centre, where they related to the transition process. With respect to other areas of safety, care and support, the arrangements or systems in place that would be implemented once the centre was occupied were assessed.

The centre comprised a two-storey detached house on a large private site in a scenic rural area several kilometres from a village. There was a large garden to the front and a patio and garden to the rear, which provided a pleasant bright space for residents to enjoy. The staff team had identified residents' needs as they related to the premises and significant modifications had been made to the premises to meet such needs. The inspector spoke with staff and found that they knew residents' and their care and support needs, wishes and abilities well. The person in charge was suitably qualified and experienced to fulfil that role. The provider and person in charge demonstrated that planning was underway in order to ensure that residents were supported during this time of change.

Non-compliances in relation to meeting prospective residents' needs were identified in relation to a number of areas, many of which were already in progress. A health and safety assessment and an environmental assessment of the centre were in progress. An emergency plan, personal emergency evacuation plans (PEEPs) and risk assessments would be required prior to residents moving into the centre.

Two outcomes were identified to be at the level of moderate non-compliance. It was not demonstrated that residents' right to choose who they wished to live with and where had been facilitated. Also, an assessment of each resident's individual needs to reflect a significant change in circumstances involving the transition from one centre to another was not completed by members of the multi-disciplinary team (MDT) involved in the care and support of the individual residents concerned.

Findings are detailed in the body of the report and should be read in conjunction with the actions outlined in the action plan at the end of the report.

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

There was a complaints procedure in place in the centre and a user-friendly version for residents. The person in charge confirmed that a complaints log would be introduced for use. Staff demonstrated an understanding of the importance of capturing different forms of complaints.

Arrangements were in place in relation to ensuring the privacy and dignity of residents. The inspector observed that an intimate care protocol was in place for all residents and would be applicable when residents moved to this centre. Privacy locks had been installed to the bathroom door. Residents had their own bedrooms. The centre had been renovated and designed in such a way as to ensure that residents had access to adequate private space, as required.

A review of residents' personal plans indicated that concerns had been expressed in relation to meeting residents' choice about who they wished to live with and where. These concerns were confirmed by the person in charge, who outlined the steps that had been taken to allay such concerns. These steps included the creation of additional space in the centre, increased staffing levels to facilitate one-to-one time and community activities and dedicated transport to support community participation. The person in charge told the inspector that the suitability of the centre to meet the individual wishes and needs of each resident and the compatibility of residents living together would be a fixed item for review through the personal plan going forward. Notwithstanding the steps taken by the service to address the nature of the concerns, it was not demonstrated that residents' right to choose who they wished to live with and where had been facilitated.

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:

There were arrangements in place to ensure that residents' communication needs were met.

The inspector reviewed residents' support plans and spoke with staff and the person in charge in relation to how residents' needs were assessed and met. Residents with communication needs had access to a speech and language therapist. Residents had a communication support plan and a communication passport that outlined information about individuals and means of communicating with individual residents in a person-centred way. Residents were supported to communicate through the use of visual schedules, visual planners, social stories and other aids (such as a talking mat). Communication needs and suggested responses were also detailed in behaviour support plans. Social stories would be developed to support residents during the transition period and this action was outlined in residents' personal plans.

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 person in charge outlined how positive family relationships will be supported in the new centre. Some family members had already visited the centre and others were due to do so.

The centre is situated a number of kilometres from the nearest village. This had been identified as an area of concern by some family members and by key workers, on behalf of residents. The staff team demonstrated that this challenge had been considered and discussed in detail. As outlined in Outcome 1, plans to manage the impact of this challenge had been put in place, including in relation to increased staffing and the provision of dedicated transport for the centre. The transition plan for each resident outlined how residents would be integrated into their new community, including to the local library, coffee shop, shops, cinema and church. The person in charge told the inspector that residents would be facilitated to continue accessing the same general practitioner (GP), pharmacist and dentist following their move, should they wish to do so.

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:

There was an organisational policy and procedures in place for admissions in the service. The Statement of Purpose outlined the criteria for admissions to the centre. An 'admissions, discharges and transfers' (ADT) committee was in place to oversee the process.

A transition plan had been developed to support three residents moving from another centre to this centre. The plan outlined specific actions, timeframes and persons responsible for those actions.

The transition plan outlined that individual assessments of need for each resident were completed by the person in charge and key worker, which would inform personal plans. The personal plan would in turn be reviewed by the multi-disciplinary team at the ADT committee. However, given the complex support needs of residents, it was not demonstrated that this process met the requirements of the Regulations. The

assessment of individual needs is further discussed and included in the associated action under Outcome 5.

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:

The inspector reviewed the personal plans for residents who would be moving into this centre.

A change in circumstances was underway for residents that involved transferring to this centre from another centre. With respect to this change, input from MDT had been sought in relation to some areas. An occupational therapist had reviewed the house in the context of its suitability for residents due to move into this house. The speech and language therapist had recommended the development of social stories to support residents during their period of transition. However and as mentioned under Outcome 4, the assessment of individual needs to reflect this change in circumstances was not completed by members of the multi-disciplinary team (MDT) involved in the care and support of the individual residents concerned.

Each resident had a written personal plan. Information was individualised and specific. Personal plans included information pertaining to individuals likes and dislikes, people important in their lives, personal goals and the supports required to achieve the best possible health and other areas of their lives. Information was in an accessible format. However, inconsistencies were found in personal plans. For one plan, it was clearly demonstrated that the personal plan reflected a resident's assessed abilities and needs, outlined supports required both to maximise personal development and in relation to living and day service arrangements. However, information was not clearly outlined in other plans. In addition, the system in place did not ensure that the review of the personal plan would be multi-disciplinary. The provider was aware of this gap and was reviewing the system across the service.

Judgment:

Non Compliant - Moderate

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 inspector found that the design and layout of the centre was suitable for its stated purpose.

The centre was located on a large site in a scenic rural area several kilometres from a village. There was a large garden to the front and a patio and garden to the rear, which provided a pleasant bright space for residents to enjoy.

Rooms were of a suitable size and layout for the needs of residents. There was adequate space and suitable storage facilities. There was adequate communal space in the form of a large sitting room. There was a separate large dining room, which the person in charge also said would accommodate a seating area, should residents wish to have time apart from their peers.

The staff team had identified residents' wishes and needs as they related to the premises. For example, residents required ground-floor accommodation and flat-level access to the centre to meet mobility needs and adequate private space to support residents in relation to behaviours that may challenge. The choice of bedroom location was based on residents' needs for staff support and whether access to en-suite facilities was appropriate.

Ventilation, heating and lighting was provided and in working order. There were adequate facilities to facilitate laundering and washing of clothes. There was a separate kitchen area and a new kitchen had been fitted.

The person in charge completed a 'snag list' and said that outstanding items would be completed prior to residents moving in.

Baths, showers and toilets were of a sufficient number and standard to meet the needs and preferences of residents. An assessment of the suitability of the bath had been completed by the occupational therapist (OT), who had identified the need for grab-rails

in that room. Two bedrooms were en-suite and these were both accessible 'wet rooms'. The OT was due to complete a full environmental assessment of the house the day following the inspection (6 April 2016).

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:

There were organisational policies and procedures in place for risk management, health and safety and infection control.

The facilities manager had commenced a health and safety assessment of the centre and the person in charge said that this would be completed prior to residents moving into the house.

The inspector found that there were arrangements in place in relation to the identification of hazards and the completion of risk assessments. A risk register system was in use across the service and would be compiled for this centre, along with risk assessments for any specific risks to individual residents. The person in charge told the inspector that he would be completing risk assessments prior to residents moving into this centre. The person in charge demonstrated that he was aware of the risks that may need to be assessed specific to individual residents based on knowledge of their current support needs.

There was a system in place in the organisation for the recording and reporting of incidents.

The inspector reviewed the training records for staff who had been identified as transferring to the centre. All staff had received training in relation to infection prevention and control. There were facilities in place for the prevention and control of healthcare acquired infection, including adequate hand hygiene facilities. However, no system in place to monitor the effectiveness of infection prevention and control practices or procedures, such as auditing of hand hygiene practices or the standard of environmental hygiene in the centre.

Advice in relation to fire safety had been sought from a suitably qualified person. Fire equipment, emergency lighting and fire doors had been installed throughout the centre. The inspector viewed recent records for servicing of such equipment, including the fire panel. The inspector observed templates that would be used for the completion of an emergency plan and personal emergency evacuation plans (PEEPs) prior to residents moving into the centre. However, the inspector observed that a resident's sleeping accommodation was accessed via the kitchen from the remainder of the centre. As a result of this layout, practice fire drills would have to simulate all possible scenarios to ensure the safe evacuation of the occupant of this bedroom in the event of an emergency. The inspector did however observe mitigating factors including an exit door in this bedroom leading to the outside and a waking staff member on duty at night-time.

Judgment:
Substantially Compliant

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:

There were policies and procedures in place in the organisation for the safeguarding of vulnerable adults, in relation to the protection of residents' finances and personal belongings, supporting residents' during intimate care, supporting behaviours that may challenge and restrictive practices.

The organisation had a committee in place that reviewed requests relating to the use of restrictive practices. The inspector reviewed a sample of referrals to that committee and found that they were very comprehensive and the decision-making process was clear. The person in charge outlined ways in which alternatives were being actively considered to avoid the use of restrictive practices in the centre where at all possible.

The person in charge and staff members were aware of what to do in the event of an allegation, suspicion or allegation of abuse and demonstrated a positive approach to supporting residents with behaviours that may challenge.

The inspector reviewed a sample of residents' intimate care protocols and found that they outlined the supports each resident may require while also supporting and promoting independence.

Where residents had behaviours that may challenge supports structures and systems were in place. Residents had access to psychiatry and positive behaviour support services. Residents had a behaviour support plan. Proactive and reactive strategies were clearly outlined. The effectiveness of the behaviour support plan was reviewed through periodic service review meetings. Residents with mental health needs had a mental health care plan. Other plans had been completed to support resident's individual needs, such as a protocol to support interactions and promote consistency and a 'stay well' plan. Monitoring records were completed as required e.g. anxiety monitoring.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a system in place for recording all incidents occurring in the centre. The person in charge was aware of his responsibilities in relation to the notification of incidents to the Authority.

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:

Residents accessed a day service and continuity of this service would be maintained following transition to the new centre.

Input from day service was evidenced during review of residents' personal plans. Where challenges arose relating to the provision of a suitable skills programme, these challenges and how they were addressed were recorded e.g. through the provision of an individualised programme or 1:1 staffing.

However, full compliance with Regulation 13(1) was not demonstrated. While it was recorded that residents' skills programme or day service was suitable for residents, it was not clear how this conclusion had been reached. A record was not available for each resident to demonstrate that the suitability of such programs had been assessed or reviewed.

Judgment:

Substantially 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:

Residents had access to their own general practitioner (GP) and other medical consultants, such as psychiatry and orthopaedic surgeons. Residents had access to allied health care, including speech and language therapy, dentistry, physiotherapy, chiropody and podiatry. Residents were supported to access medical and allied health appointments. However, the inspector found that reports were not on file for completed assessments. As a result, it was not demonstrated that the healthcare being provided was in accordance with treatment or recommendations made by clinicians. In addition, the status of an outstanding occupational therapy referral made at least one year previously was unclear.

Residents had a 'hospital passport' to communicate healthcare needs in the event of an admission to the acute sector. Health assessments had been completed for identified healthcare needs, including in relation to assistance required during mealtimes, swallowing difficulties and weight reduction.

Judgment:
Substantially 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 written policies and procedures in place relating to the ordering, administration, storage and return of medication. The person in charge described the involvement of the pharmacist in the centre, including how audits would be facilitated. Such audits would be complimented by internal auditing by service managers.

The person in charge outlined the procedure in place for the ordering of medications. This includes a check of medicines that arrive in the centre and a visual check prior to administration of any medications.

The person in charge outlined the procedure in place for the safe storage of medicines. A medication fridge would be purchased, which will be capable of being locked. Medications would be safely locked away. The medicines fridge and medicines cupboard have yet to be purchased for the centre.

The person in charge outlined the procedure in place for the safe administration of medicines. Staff had received training in relation to medication management. A 'biodose' system would be used in the centre, with which staff transferring to this centre are already familiar.

There was a system in place for the administration and oversight of PRN "as required" medication. The administration of psychotropic medication was reviewed on a regular basis by each resident's psychiatrist. The inspector observed that residents had an individual medication management plan in place and a PRN protocol, where PRN was prescribed.

There were organisational procedures in place to approve the use of any chemical restraint, which appeared to be robust, based on a review of a sample referral to the relevant committee.

The person in charge outlined the procedure in place for the withholding of any medicines that need to be withheld.

The person in charge outlined the procedure in place for the segregation and return of any medicines that are used or out-of-date.

There was a system in place for the reporting, recording and review of any medication errors.

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 consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The person in charge confirmed that the Statement of Purpose would be made available to residents and their representatives.

The inspector found that minor amendment to the Statement of Purpose was required in terms of specifying the gender and age range of residents for whom it is intended that accommodation should be provided. This was addressed and resolved by the person in charge prior to completion of this report and the amended version was submitted to the Authority.

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:

There was a clearly defined management structure in place in the centre. Social care workers and care assistants reported to the social care leader. While the post for social care leader was vacant, this had been advertised. The social care leader would report to the person in charge. The person in charge reported to the sector manager, who in turn reported to the provider nominee. The system in place was for the person in charge and social care leader to meet formally every six to eight weeks and for the person in charge and sector manager to meet formally on a monthly basis.

The person in charge was suitably qualified and experienced to fulfil the role of person in charge. He had 10 years experience as a social care leader and a year in the role of person in charge. There were suitable deputising arrangements in place with the sector manager deputising in the event of such an event.

The person in charge was responsible for more than one designated centre. The person in charge was responsible for six centres, comprising eight houses across Cork city and surrounding suburbs and into East Cork. Based on the current remit and geographical spread of centres, the person in charge said that he would visit centres on a weekly or fortnightly basis. As previously mentioned in Outcome 5, inconsistencies in personal plans were found on this inspection. The person in charge did however attend staff meetings and review meetings concerning residents' personal plans and progress.

However based on the current arrangements as outlined, it was not demonstrated how the person in charge was facilitated to ensure the effective governance, operational management and administration of the designated centres concerned. The provider nominee confirmed during the meeting at the close of the inspection that the role and remit of the persons in charge, including the person in charge of this centre, was currently under review across the service.

There were systems in place for the completion of an annual review and bi-annual visits of the quality and safety of care within the service.

Judgment:

Substantially 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 not been any instance where the person in charge had been absent from the centre for 28 days or more. The provider was aware of the requirement to notify the Authority of any expected absence or absence as the result of an emergency as outlined in the Regulations. There were suitable arrangements in place in the event of the absence of the person in charge for 28 days or more with the social care leader deputising in such an event.

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 inspector found that the facilities in the centre reflected the Statement of Purpose. The centre had been substantially renovated to meet residents' needs. For example, a separate living space had been created to meet residents' need for personal space. Accessible en-suite facilities had been provided where required. Fire equipment, fire doors and improvement works had been completed.

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:

The inspector met with the person in charge and members of the staff team during the inspection. Staff knew residents and their needs and abilities well.

The proposed staffing levels and skill mix of staff was outlined in the Statement of Purpose. As previously mentioned, staffing levels had been reviewed in the context of the pending move. Staff with whom the inspector spoke said that the provision of three staff during weekday evenings and during afternoons and evenings at weekends would meet the three residents' needs for one-to-one time with staff.

The inspector reviewed a sample of staff files and found that they were in line with the requirements of Schedule 2 of the Regulations.

Residents' personal plans emphasised the importance of routine and staff consistency to supporting residents' wellbeing. The person in charge outlined how the same staff members who were currently supporting residents would be transferring with residents to this centre.

There was a vacant team leader post and this had been advertised. The person in charge and provider outlined how there would be an overlap or handover period prior to the move to aid with the transition period.

The person in charge also told the inspector that increased staffing would be facilitated during the transition period and that his input into the centre would be increased at that time also in order to provide maximum support to residents during this time of significant change.

Training records indicated that one staff member required training in relation to fire safety and one staff required training in relation to manual handling.

Judgment:

Substantially 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:

Arrangements were in place to ensure that the records listed in Schedules 3 and 4 of the Regulations were maintained in the centre.

All of the key policies as listed in Schedule 5 of the Regulations were in place and these policies were made available to staff who demonstrated a clear understanding of these policies. However, some policies in place needed to be revised in accordance with best practice. Required revisions had been identified at other inspections and was in progress at organisational level. The medicines management policy required review as it did not outline robust measures to ensure the safe administration of non-prescription and complementary medicines by staff. The food and nutrition policy did not outline the monitoring and documentation of nutritional intake as required by the Regulations. As previously discussed under Outcome 7, improvements were required to the infection control policy to reflect national policy and evidenced-based practice. Finally, the restrictive practices policy required updating to reflect current definitions of seclusion.

Records were kept securely, were easily accessible and were kept for the required period of time. Residents' records were stored securely.

There was a template in place for completion of the Directory of Residents once residents moved into this centre.

Judgment:

Substantially 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:

Julie Hennessy
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 Southern Services
Centre ID:	OSV-0005148
Date of Inspection:	5 April 2016
Date of response:	28 April 2016

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:

It was not demonstrated that residents' right to chose who they wished to live with and where had been facilitated.

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

1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

During the Transition process the service users will exercise the choice and control over their new residential home, selection and décor of bedrooms.

The service users right to choose with whom they wish to live and on where to live will continue to be part of their Personal Goals interview conducted each year and the identified goals will form part of their individual plans. The Personal Plans will be updated within 28 days of relocation to the Centre.

Proposed Timescale: 04/07/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

The assessment of individual needs to reflect a significant change in circumstances relating to a move from one centre to another was not completed by members of the multi-disciplinary team (MDT) involved in the care and support of the individual residents concerned.

2. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The assessment of need has commenced with Adult Multi-Disciplinary Team on health, personal and social needs of each of the service users. This will be completed prior to transition commencing.

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

The system in place did not ensure that the review of the personal plan would be multi-disciplinary.

3. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

Review of Person Centred Plans will have input from Adult Multi-Disciplinary Team. Behaviour support plans are regularly reviewed by members of the Multi-Disciplinary Team.

Proposed Timescale: 30/06/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The OT was due to complete a full environmental assessment of the house the day following the inspection (6 April 2016).

4. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

Occupational Therapy environmental recommendations will be implemented prior to residents relocating. Individual reports will also be completed prior to the transition.

Proposed Timescale: 03/06/2016

Theme: Effective Services

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

The 'snag list' was to be completed prior to residents moving in.

5. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The 'snag list' is now completed (25/04/2016). The builder will complete all necessary works to high specification.

Proposed Timescale: 13/05/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The following had been commenced and required completion prior to residents moving into the centre:

A health and safety assessment;
Risk assessments.

6. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. The Local Health and Safety Statement will be completed
2. An environmental Health & Safety Assessment will be completed when snag list items complete
3. All risk assessments will be service user and site specific.

Proposed Timescale: 03/06/2016

Theme: Effective Services

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

There was no system or arrangements in place to monitor the effectiveness of infection prevention and control practices or procedures, such as auditing of hand hygiene practices or the standard of environmental hygiene in the centre.

7. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

All staff will receive Infection Control Refresher Training and a system will be put in place to audit hand hygiene practices in line with Guidelines for hand hygiene in Irish health Care Settings, January 2015.

Proposed Timescale: 03/06/2016

Theme: Effective Services

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

An emergency plan and personal emergency evacuation plans (PEEPs) would be required prior to residents moving into the centre.

8. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Emergency Plans and Personal Emergency Evaluation Plans will be completed prior to the residents relocating and plans reviewed within the first week of their relocation.

Proposed Timescale: 03/06/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Full compliance with Regulation 13(1) was not demonstrated: While it was recorded that residents' skills programme or day service was suitable for residents, it was not clear how this conclusion had been reached. A record was not available for each resident to demonstrate that the suitability of such programs had been assessed or reviewed.

9. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The day service staff attend the information gathering and goal setting review meeting of the Person Centred Planning process of the individual service user. The review meeting forms part of the Annual Assessment of Need and will inform the Person Centred plans. The plans will include summary information of goals, activities and programmes carried out in day service.

Proposed Timescale: 31/05/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

However, the inspector found that reports were not on file for completed assessments. As a result, it was not demonstrated that the healthcare being provided was in accordance with treatment or recommendations made by clinicians. In addition, the status of an outstanding occupational therapy referral made at least one year previously was unclear.

10. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

1. The most recent Multi-Disciplinary reports will be available in the main file.
2. The outstanding referral will be followed up and relevant assessment arranged

Proposed Timescale: 30/06/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

It was not demonstrated how the person in charge was facilitated to ensure the effective governance, operational management and administration of the designated centres under his area of responsibility.

11. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The Services will review the management structure to ensure the Person in Charge, who is responsible for a number of Designated Centres, is in a position to operate effective governance, operational management and administration in each centre under his remit.

Proposed Timescale: 31/05/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Training records indicated that one staff member required training in relation to fire safety and one staff required training in relation to manual handling.

12. 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:

Staff are scheduled on the relevant training on the next available dates. Training will be complete prior to the opening of the Centre scheduled for 7th June 2016

Proposed Timescale: 07/06/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies in place needed to be revised in accordance with best practice:

the medicines management policy required review as it did not outline robust measures to ensure the safe administration of non-prescription and complementary medicines by staff;

the food and nutrition policy did not outline the monitoring and documentation of nutritional intake as required by the Regulations;

the infection control policy to reflect national policy and evidenced-based practice

the restrictive practices policy required updating to reflect current definitions of seclusion.

13. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

1. The Services policy on (1) Medication Management, (2) Food and Nutrition, (3) Infection Control and (4) Restricted Practices are currently under review and will be finalised by 31 May 2016

Proposed Timescale: 31/05/2016