

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Barr-an-Chnoc Residential Service
Centre ID:	OSV-0001780
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 August 2016 15:30 To: 24 August 2016 20:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The purpose of monitoring inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Eleven of the 18 outcomes were reviewed at this inspection and the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as health and social care files, medication records and health and safety documentation. The inspector met and interacted with six residents during the inspection, in addition to four staff and the person in charge. Residents who met with the centre appeared to be happy and comfortable in the centre and in their interaction with staff. Some residents also indicated to the inspector that they liked living in the centre and enjoyed time spent with staff.

Description of the service:

The centre was a two storey building divided into two self-contained units. Each unit was comfortable, appropriately furnished and well maintained. The house was located in a rural village. The service was available to six adult men and women with an intellectual disability and or autism, who present with associated complex needs such as visual impairment, epilepsy and mental health difficulties.

Overall judgment of findings:

During the inspection, the inspector found a good level of compliance with the regulations, with six of the eight outcomes reviewed being assessed as compliant and two as substantially compliant. While good practice was identified, some improvement was required in:

- the storage of unused and out-of-date medication (outcome 12)
- the comprehensive identification of quality improvement in the annual report (outcome 14).

Good practice was identified in areas such as:

- the complaints process had been suitably upgraded (outcome 1)
- residents' social care needs were being well met (outcome 5)
- health and safety (outcome 7)
- there were measures in place to safeguard residents from abuse (outcome 8)
- health care (outcome 11)
- sufficient staff on duty to deliver care to residents (outcome 17).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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):

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

Findings:

This outcome was not examined in full at this inspection, but a failing identified at the previous inspection in January 2015 was reviewed and found to have been satisfactorily addressed.

During the previous inspection, the inspector found that some of the information in the complaints policy and procedure, such as the roles of the complaints officer and who to contact for an independent appeal, were not clear.

Since that inspection, a revised complaints policy has been developed, which clearly explained the complaints process, including the roles and responsibility of the complaints officer, the appeals process and arrangements to oversee and review the complaints register.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that each resident's social wellbeing was maintained by a high standard of care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre, in the day service and in the community.

Each resident had a personal plan which contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out residents' social interests, health care supports required and identified life goals.

There was an annual meeting for each resident attended by the resident, his or her family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing. Arising from these annual meetings, personal plans were developed for residents. These were person centred and focussed on improving the quality of residents' lives.

On reviewing plans and discussing goals with residents and staff, the inspector found that the goals identified were based on proposed new experiences which were of importance to residents, such as development of independent living skills and foreign travel. A resident told the inspector of a goal to take a foreign holiday, which she was looking forward to. Detailed plans had been made to achieve this and it was to happen in the coming weeks. During the inspection, another resident went out with a staff member to further arrangements for travel abroad which was one of this resident's identified goal. The person in charge ensured that sufficient staff support was provided to meet these goals.

There were a range of other activities taking place in day services and residents' involvement was supported by staff.

Staff also supported residents' access to facilities in the local community such as shopping, eating out, meeting their families, swimming, leisure outings and attending entertainment events. There was transport available to bring residents to activities they wished to participate in.

There was a large garden at the rear of the centre, where residents grew and harvested fruit and vegetables. Residents gathered organic kitchen waste which they composted and used in the garden. Since the last inspection, the centre had got some hens, and residents took turns to feed them and collect the eggs.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff.

The provider had measures in place to ensure residents, staff and visitors to the centre were safeguarded in the event of a fire. Service records showed that all fire extinguishers and fire alarms had been suitably serviced. In addition, staff carried out safety checks such as weekly checks of fire alarms, extinguishers and fire doors, and quarterly checks of emergency lighting. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

Training records indicated that all staff had received fire safety training. Staff who spoke with the inspector confirmed this and were knowledgeable regarding the procedures to be followed in the event of fire.

Quarterly fire drills were recommended within the organisation, including at least one annual fire drill during sleeping hours. However, the person in charge had increased the frequency of fire evacuation drills to weekly until each staff member had participated in a fire evacuation drill from each section of the house. The person in charge explained that when she had achieved this target that fire evacuation drills would take place quarterly. Records of fire drills were kept and included information such as the total time taken to evacuate the centre. Records indicated that all evacuations had been undertaken in a timely manner during fire drills. Several of these drills had taken place at night.

Since the last inspection in January 2015, the provider had undertaken improvements to increase the safety of the centre. For example, an additional fire exit had been provided to increase the safety of a resident, a falls alert alarm had been supplied to a resident who lives independently, and hand rails had been provided on both sides of stairways.

There was a risk management policy and a risk register available to guide staff. The risk management policy and risk register identified the procedures for the identification and management of risk in the centre. A range of personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures.

Since the last inspection a resident had been identified as having an increased risk of falls. To manage this issue, the person in charge and staff had carried out falls risk assessments, had arranged appropriate medical and physiotherapy reviews, and had introduced interventions to increase the safety of the resident.

There was an emergency plan in place which outlined clear guidance for staff in the event of any emergency or evacuation of the centre. Arrangements were in place to use alternative accommodation in the event of evacuation.

All staff had received up-to-date training in moving and handling.

Judgment:
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):

No actions were required from the previous inspection.

Findings:
Measures were in place to protect residents from being harmed or abused.

There was a policy on the safeguarding of adults with a disability from abuse and a training schedule which ensured that each staff member attended training in safeguarding. Staff who spoke with the inspector confirmed that they had received training in safeguarding, were very clear on what constituted abuse and on how they would respond to it.

The person in charge understood her responsibilities in relation to adult protection and was clear on how an allegation or suspicion of abuse would be managed. To date no allegations or suspicions of abuse had occurred in the centre. The inspector observed staff interacting with residents in a respectful and friendly manner.

There was also a policy on responding to behaviours that challenge to guide staff, most staff had received behaviour management training and the support of a psychologist was available in the organisation. At the time of inspection few of the residents exhibited

behaviours that challenged or required behaviour management plans. The inspector viewed a behaviour support plan which had been developed for a resident and discussed this resident's support with staff. Staff were very clear about the resident's support needs and explained proactive and reactive measures that would be used.

There were no residents using bed rails or any other form of physical restraint. Chemical restraint was not being used for behaviour management in the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and healthcare services.

All residents had access to general practitioner (GP) services and those who chose to had annual medical checks. Residents also had access to a range of health care professionals including chiropodists, speech and language therapists and dieticians, and staff made referrals as required.

Each resident had a personal plan which outlined the services and supports to be provided to achieve good quality healthcare. The plans viewed contained detailed information around residents' healthcare needs, assessments, medical history and support required from staff. For example, plans of care had been developed for a range of health and personal care needs such as nutrition, epilepsy management and personal care. However, some of this information was recorded in an inconsistent and disorganised manner and the person in charge was in the process of addressing this. For example, some information was clearly and comprehensively recorded in residents files, some was recorded in personal risk management plans and some was recorded in residents' individual plans. All staff who spoke with the inspector, were very knowledgeable of residents' care needs. The person in charge showed the inspector a new template for personal planning that had recently been developed. She explained that all residents' files would be reviewed and rewritten in this format, which would be more user friendly and accessible.

The inspector found that residents' nutritional needs were well monitored and staff stated that none of the residents were losing or gaining weight. All residents were weighed monthly. Referrals to a dietician were made as required. The inspector viewed a holistic care plan for a resident, where nutritional advice to address several healthcare issues were combined in a comprehensive nutritional care plan.

Some residents required modified consistency diets and these were supplied. Residents had been reviewed by a speech and language therapist, whose recommendations were clearly recorded to guide staff. Most staff had had training in preparation and supply of modified diets.

All residents were supported and encouraged by staff to eat healthy balanced diets and partake in exercise. The inspector saw residents eating healthy, home cooked meals which they said they enjoy. Residents had unlimited access to the kitchen, and were involved in food preparation, meal planning and grocery shopping. Healthy snacks were available at all times.

There were no residents in the centre with wounds or pressure ulcers, or assessed as being at risk of malnutrition.

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):

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

Findings:
The inspector found that there were safe medication management practices in place.

During the previous inspection in January 2015, the inspector found that some improvement to prescription sheets, management of medication errors and recording of medication administration was required. On this inspection, the inspector found that these issues had been satisfactorily addressed.

There was a medication management policy to guide staff. Training records indicated that all staff who were involved in administration of medication had received medication management training.

The inspector reviewed a sample of prescription and administration charts and noted that the information required to guide staff on safe medication administration was present. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of PRN (as required) medications was prescribed with clear guidance on administration. Personal administration protocols had been developed for each resident. There were colour photographs of each resident available to verify identity if required.

Overall, there were appropriate systems in place for the ordering, storage and return of medications. Each resident had his or her own individual locked medication cabinet in their bedrooms. There was a secure system for the return of unused and out-of-date medication to the pharmacist. However, unused or out-of-date medication was not sufficiently segregated from other current medication prior to its return to the pharmacy. This increased the risk of medication error. The person in charge outlined a plan to address this, which she planned to introduce in the immediate future.

Since the last inspection in January 2015, the person in charge had introduced systems and an improved medication auditing process to increase the safety of medication administration:

- a medication handover sheet had been introduced, which staff used to clearly exchange medication administration information at change of shift
- a rota for weekly medication audits by staff had been introduced and was structured to ensure that each resident's medication was checked monthly. Sample checks of these audits were also carried out by the person in charge
- documented action plans were created for any medication errors identified, which included actions taken to reduce the risk of further errors.

The person in charge was satisfied that these systems had reduced the occurrence of medication errors.

At the time of inspection, none of the residents required medication to be administered crushed or medication requiring strict controls. Self administration assessments had been undertaken for all residents, as a result of which a resident was involved in partial self administration under staff supervision.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider had established a clear management structure, suitable supports were available to staff, and there were systems in place to review and improve the quality of service.

The person in charge had responsibility for the overall management of the service, for overseeing the quality of care delivered to residents and for supervision of the staff team. She worked closely with a regional manager who was her line manager.

Both the person in charge, and staff who met with the inspector in the centre, knew the care needs of residents and demonstrated a commitment to improving the service offered to these residents.

The role of person in charge was full-time and the person who filled the post was suitably qualified and experienced. There were arrangements in place to cover the absence of the person in charge and there were on call out of hours arrangements in place to support staff.

There were systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and kept under review within the centre for the purpose of identifying trends. The person in charge compiled a three-monthly report of accidents, incidents and complaints which was supplied to the provider nominee.

Members of the management team carried out unannounced visits to the centre every six months to review various aspects of the quality and safety of the service. Findings from these audits were communicated to the person in charge for attention and were also reported to the provider nominee. During the most recent audit health and safety, medication, finances and hygiene were examined.

An annual review of the quality of the service provided had been undertaken. This report represented an overview of the service provided and reflected feedback from residents and families. However, it did not sufficiently focus on areas where the service had improved or measures which had been introduced to increase quality and safety for residents, although examples of improvements were seen during the inspection.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised a schedule of relevant training for staff.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate for the day of inspection.

Staff were present to support residents in the centre and when they wanted to do things in the neighbourhood such as going shopping or for coffee, visiting the hairdresser, going for walks or attending social or sporting events. There were usually three staff on duty when residents were in the centre. Two staff were always present in the centre at night time; one on active duty and one on sleepover. Separate staff supported the residents while at day services.

A range of staff training had been organised. Training records confirmed, and staff who spoke with the inspectors stated, that they had received training in fire safety, safeguarding, manual handling, epilepsy care and first aid. Most staff had also undertaken training in medication management and management of behaviour that is challenging. Some staff had also received training in food hygiene and nutrition.

Staff recruitment was not examined during this inspection.

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:

Jackie Warren
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:	Barr-an-Chnoc Residential Service
Centre ID:	OSV-0001780
Date of Inspection:	24 August 2016
Date of response:	28 September 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 12. Medication Management

Theme: Health and Development

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

Unused or out-of-date medication was not sufficiently segregated from other current medication prior to its return to the pharmacy.

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 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The Person in charge has purchased six plastic containers with clip seal fasteners which are clearly labelled from the pharmacy stating the service user's name, and the name of the out of date stock medication to be returned to the pharmacy. Each container contains an empty bottle with a label from the pharmacy attached. This will safely store out of date or return to pharmacy medication stock ensuring it is separated from all other medical products in accordance with any relevant national legislation or guidance

Proposed Timescale: 01/09/2016

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:

The annual review of the quality of the service did not sufficiently focus on areas where the service had improved or measures which had been introduced to increase quality and safety for residents.

2. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Person in charge will review the annual report to ensure that it will in future set out in more detail service improvements undertaken to improve the quality, support and safety of care provided in the designated centre and that such care and support are provided in accordance with standards

Proposed Timescale: 30/11/2016