

**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 Galway
Centre ID:	OSV-0002263
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Galway
Provider Nominee:	Anne Geraghty
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 January 2016 09:30 To: 28 January 2016 14:00

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

Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management

Summary of findings from this inspection

This inspection took place following an application to register the designated centre under the Health Act 2007. The application was to provide services for 10 adults in two community based houses. However, during the course of the inspection, the inspector was informed of the provider's intent to discharge four residents from one community house. This was as the house was not suitable to meet the needs of the residents. The inspector's findings substantiated this decision.

As a result the provider made the decision to divide the two community houses into two designated centres. The provider informed the inspector that they would formally notify the Chief Inspector of their intention to cease the operation of the designated centre. This notification was submitted following on from the inspection.

The inspector conducted a monitoring event the purpose of which was to ascertain if the services provided to residents in the interim were safe.

Major non compliance was identified in Outcome 6, as the premises were not fit for purpose. Notwithstanding, the provider's intention to cease the operation of the centre, improvements was required in the interim to ensure the services provided were safe and effective.

The inspector met with residents and staff, observed practice and reviewed documentation. Staff were observed to engage with residents in a respectful manner and they were aware of the needs of residents.

A review of personal plans evidenced that they did not adequately address the needs of residents as communicated by staff and observed by the inspector. A review was also required of the positive behaviour support provided to residents. The inspector also identified hazards which had not been adequately assessed.

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 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 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 designated centre consists of a four bedroom house, a two bedded apartment and a one bed apartment, all of which are located on the one site. The inspector was informed that the provider had commenced plans to discharge residents from the centre. This decision was as the centre did not meet the needs of residents. The inspector's findings substantiated this decision.

Two residents reside in the house, which is a dormer bungalow. Each resident had their own bedroom. The bedrooms were decorated in line with the needs of the residents. There were two vacant bedrooms upstairs. There was a gate at the end of the stairs to prevent residents from accessing upstairs as a risk was associated with this due to their mobility needs.

There were three bathrooms/shower rooms, one for each resident and one for the use of staff. The communal areas consisted of a kitchen/dining room, sitting room and utility room. The communal space was insufficient to meet the needs of residents, as there was insufficient storage. This resulted in equipment being stored in the dining room area.

As a result the dining table was located in the kitchen; therefore there was inadequate space for residents to mobilise. The inspector observed staff supporting a resident to mobilise in this area and identified a risk in respect of safe manual handling practices. This was not adequately addressed in the personal plan of the resident.

The inspector also observed the corridor leading to the sleeping area to be narrow. One resident required the support of staff to mobilise however, there was insufficient space for two people to safely walk down the corridor.

Improvements were required to the decor and furnishings of the centre. The inspector observed flooring to be worn, paint to be chipped on the wall and radiators to have rust. The bathrooms were not reflective of a homely environment, with one bathroom containing a steel sink and toilet.

The two bedded apartment was attached to the main house via a corridor. The apartment was personalised and appeared reflective of the resident residing there. It contained a sitting room/kitchen area, two bedrooms (one vacant on the day of inspection) and an en suite.

The one bed apartment contained a kitchen/dining area, sitting room, bedroom, shower room and staff room. This apartment was decorated sparsely however, the inspector was informed that this was in line with the choice of the resident.

There was adequate external space for residents however, a large proportion of the back garden was not accessible to residents based on their mobility needs.

Judgment:
Non Compliant - Major

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 policies and procedures in place to promote the Health and Safety of residents, staff and visitors. There was also a risk management policy as required by Schedule 5 of the regulations. There was a system in place in which individual and collective risk was assessed and subsequent control measures identified.

The inspector found that improvements were required as the risk assessment did not include all of the hazards identified by the inspector on the day of inspection. For example, there were environmental hazards such as narrow corridors, raised flooring, inadequate floor space in the kitchen and insufficient storage which had not been assessed. Therefore the inspector could not determine the actual risk to residents and staff.

Of the risk assessments completed, a review was required of the control measures in place to ensure that they adequately reduced the risk not only to residents but to staff. For example, one control measure to support a resident to smoke was that staff would always be present in their home with them. This assessment of risk did not include the

impact to staff of this control measure.

There were procedures in place for the prevention and management of fire. The inspector reviewed records which demonstrated that equipment such as the fire alarms, fire extinguishers and emergency lighting were serviced at appropriate intervals. Of the sample of training records reviewed, staff had received training in the detection, prevention and management of fire.

The inspector found that significant improvement was required in the practices of the designated centre to ensure that the procedures were robust. For example, the fire alarm panel for the entire centre was located in one of the apartments. The procedure stated that upon hearing the alarm staff would first search for the location of the fire, prior to commencing evacuation of residents. Records of fire drills evidenced that the highest number of residents could be evacuated with the lowest compliment of staff in two minutes. However, these drills did not account for the amount of time it could take to locate the fire. There was also a fire drill, dated May 2015, which stated that a resident refused to engage with the drill. The control measure in place was to repeat the drill in one month. This had not occurred.

There were also improvements required to the premises to ensure effective control measures were in place. For example, some doors had been fitted with self closers, which the inspector observed to be broken. Final fire exits contained key lock as opposed to thumb turn locks. The inspector found in some instances there was not a break glass unit located beside the exit. Fire exits had illuminated signage indicating their purpose. However, due to the layout of the designated centre, there were points in which the direction to follow in the event of an emergency were not clear.

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:

There had been no notification to the Chief Inspector of an allegation or suspicion of abuse in the centre. Staff had received training in the protection of residents and informed the inspector of the appropriate practices. There were policies and procedures in place to support allegations and suspicions of abuse.

Staff had received training in positive behaviour supports. Residents had positive behaviours supports plans in place. The inspector found that the supports plans had not been reviewed in line with the recommendations of the relevant Allied Health Professional.

In one instance, a plan dated April 2014, stated that it should be reviewed every two months. This had not occurred. The resident had 43 incidents of challenging behaviour from January 2015 to January 2016. A review of the incidents did not provide adequate information of the effectiveness of the proactive and reactive strategies employed for each incident. The inspector was informed by staff that there had been an absence of appropriate Allied Health Professionals in this time period however, this had been rectified and residents' plans were currently being reviewed.

Judgment:

Non Compliant - Moderate

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:

Of the sample of personal plans reviewed, residents had access to their General Practitioner (GP) at regular intervals. There was also access to services such as the dentist, an optician, chiropody and physiotherapy. The healthcare needs of residents were acknowledged in their personal plans. Improvements were required to ensure they adequately informed of the supports residents required in their home to ensure their needs were met. For example, one resident was diagnosed with a medical condition; the only support stated was access to their GP. However, the condition was documented as 'severe' therefore the inspector determined that a more comprehensive plan of care was required.

Residents required support with their nutritional intake. The inspector spoke with staff who stated that they encouraged food which was not processed to meet the needs of residents. For one resident, the plan of care was specific to the types of food that they

should eat. There were also clear parameters of what their fluid intake should be. Records were not maintained of residents' food and fluid intake. Therefore the inspector was not in a position to ascertain if the food provided to residents was in line with their dietary needs.

A resident was also documented as requiring support to maintain a healthy weight. There were specific goals identified for weight loss on a weekly basis. The inspector reviewed the records and found that the resident's weight was not recorded at appropriate intervals. Staff stated that this was as there was no appropriate equipment located in the centre. Therefore residents utilised the equipment in another designated centre. The resident required support of two staff when outside of their home. The standard staffing levels in the house were generally three staff on duty during the day. However, there had been times in which only two staff were available. As a result there were insufficient resources available to support the resident to meet that need.

Judgment:
Non Compliant - Moderate

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:

The designated centre had policies and procedures in place for the management of medication. The inspector observed that medication was stored in a secure location. Staff had received training in the safe administration of medication.

The inspector reviewed a sample of prescription sheets and administration sheets. Of the sample reviewed, the times of administration corresponded with the times prescribed. The centre had recently introduced a new system for managing the receipt and return of medication to the pharmacy. The inspector was guided through the new system by staff and found that it promotes safe medication management practices.

One area of improvement was the absence of appropriate hand hygiene facilities in the area in which medication was stored.

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:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0002263
Date of Inspection:	28 January 2016
Date of response:	8 March 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 06: Safe and suitable premises

Theme: Effective Services

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

The designated centre did not meet the needs of some of the individuals residing there.

1. 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

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

of residents.

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

The residents currently living in the designated centre will be moving to newly constructed apartments. The premises has been sourced and planning permission has been approved for internal re-structuring of the premises.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

The structure of the designated centre presented a risk to residents' safety due to the supports they required to mobilise.

2. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

1. A review of the mobility needs of the residents in the designated centre has been conducted and actions to ensure their safety have been agreed and are being put in place, for example, grab rails in the bathroom, a ramp at the front door and additional lighting outside the bathroom. 29/04/2016

2. The residents currently living in the designated centre will be moving to newly constructed apartments. The premises has been sourced and planning permission has been approved for internal re-structuring of the premises. The new apartments will be fully accessible for the residents. Application for a Disability Access Certificate is in process at present.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

The designated centre did not meet the requirements of Schedule 6 as:

- rooms were not of a suitable size and layout suitable for the needs of residents
- there was an absence of suitable storage
- baths and showers were not of a suitable standard.

3. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The residents currently living in the designated centre will be moving to newly constructed apartments. Planning permission has been approved for internal restructuring of the premises. The new apartments will be fully accessible for the residents and will include adequate storage. Application for a Disability Access Certificate is in process at present.

Proposed Timescale: 30/09/2016

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 risk assessments did not include all of the hazards identified by the inspector on the day of inspection. Of the risk assessments completed, a review was required of the control measures in place to ensure that they adequately reduced the risk not only to residents but to staff

4. Action Required:

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

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

(a) The environmental hazards identified by the inspector will be mitigated when the residents move to their newly constructed apartments. 30/09/16

(b) The review of risk assessment and control measures re the resident smoking and possible impact on staff and service users has been completed. 07/03/16

(c) A review of all of the environmental, operational and clinical risks has been completed and all outstanding actions identified have been addressed. 08/04/2016

(d) The Annual Safety Checklist for 2016 has been completed and outstanding measures identified. 12/04/2016

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Some self closers on doors were broken.

5. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

1. Door closers are currently being repaired. 11/03/16

2. The fire risk register is reviewed regularly and staff have notified the Area Manager/PIC and maintenance as soon as any broken equipment is identified.
01/04/2016

Proposed Timescale: 01/04/2016

Theme: Effective Services

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

Final fire exits contained key lock as opposed to thumb turn locks. Directions to fire exits was not always clear and in some instances there was not a break glass unit located beside the exit.

6. 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:

1 Additional directional signage is being installed to ensure safe evacuation from the premises in the event of fire. 11/03/16

2. Thumb turn lock and break glass unit installed. 02/03/16

Proposed Timescale: 11/03/2016

Theme: Effective Services

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

Fire drills did not adequately evidence that the procedures in place were effective.

7. 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:

Fire drills now take account of the length of time required to locate the fire and record that residents have exited the building within the required time.

Proposed Timescale: 08/03/2016

Theme: Effective Services

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

There was also a fire drill, dated May 2015, which stated that a resident refused to engage with the drill. The control measure in place was to repeat the drill in one month. This had not occurred.

8. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Fire drills are carried out and recorded in line with the regulations. Where a resident has refused to evacuate the building there will be follow up training with the resident on the importance of immediate evacuation.

Proposed Timescale: 08/03/2016

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:

A review of the incidents did not provide adequate information of the effectiveness of the proactive and reactive strategies employed for each incident.

9. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Review of positive behaviour support plans has been prioritised and will be completed by 15 May 2016 and this will include the effectiveness of the proactive and reactive strategies employed for each incident.

In addition on-going regular multi-disciplinary reviews take place. This is the forum where analysis of strategies to manage challenging behaviours, medical issues, physical issues and mental health issues are considered and agreed upon.

Proposed Timescale: 15/05/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Improvements were required of personal plans to ensure that they adequately informed of the supports residents required in their home to ensure their needs were met.

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. All care plans will be reviewed by service coordinator to ensure that the needs of residents are fully met. 15/03/16
2. Care plan re medical condition completed by Service Coordinator and team. 08/03/16

Proposed Timescale: 15/03/2016

Theme: Health and Development

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

Evidence did not support that the food provided to residents was in line with their dietary requirements.

11. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

Food diary to be maintained for one resident with specific medical/dietary requirements for a five-week period after which a dietician will be consulted re the dietary requirement followed by training for full staff team if required.

Proposed Timescale: 30/04/2016