

**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-0004478
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:	Kieran Murphy
Support inspector(s):	Noelle Neville
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 February 2016 10:00	04 February 2016 18:00
05 February 2016 08:45	05 February 2016 16:00

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

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

Summary of findings from this inspection

This was the first inspection of a centre that had made an application to register as a designated centre with the Authority. The centre was managed by the Brothers of Charity Services. The Brothers of Charity provided a range of day, residential and respite services in Cork. The Brothers of Charity Services was a not-for-profit organisation and was run by a board of directors and delivered services as part of a service agreement with the Health Services Executive (HSE).

The centre provided a home to 15 residents and was based in three separate locations each in a community setting in a large town in West Cork. One of the houses catered for five residents who were "actively retired". The residents in the other two houses had moderate to high support needs, some of whom also had complex healthcare needs. Inspectors found that residents' social and healthcare needs were being met. However, the management of healthcare information required improvement. In particular the format of healthcare files made it difficult to retrieve information efficiently with duplication of information throughout.

As part of the inspection, inspectors met with the residents, families and staff members. One resident said to inspectors that they "were happy living here". Feedback sheets were also received from nine families and five residents before the inspection. In general the feedback about the centre was positive. One family commented that they were their loved one "gets wonderful care. As a family we could not be any happier". Another family said that their loved one "sees the centre as their home and no doubt this is a reflection of how safe and well cared for he feel".

The service had introduced a forum where residents, family and staff could meet once a month for coffee and a chat. At the most recent meeting issues discussed included health promotion and food/nutrition. There was an opportunity at these forum meetings for people to make presentations on topics of interest. The community had recently come together to celebrate one resident's 25 year anniversary.

The service in their contract with each resident outlined that the resident was "expected to make a contribution towards the running of the house". However, it was not articulated in the contract or in the booklet that residents could refuse to pay this contribution. There was no evidence that residents were suitably supported to make an informed decision as to whether or not they wished to make this voluntary contribution. The person in charge confirmed that one resident out of the 15 had decided not to pay the contribution.

Of the 18 outcomes inspected three were at the level of major non-compliance.

Outcome 14: Governance

The nominee on behalf of the Brothers of Charity was the director of services for the Cork area. The nominated person in charge was a registered nurse in intellectual disability. Inspectors were satisfied that the person in charge was suitably qualified and experienced to discharge her role. However, she was appointed as person in charge for six centres in total. In addition to being the person in charge of these six designated centres, she was the manager of the Day Services which provided a range of activities and work placements for people with a disability. The inspectors outlined concerns that these management arrangements across a wide type and variety of services could not ensure effective governance, operational management and administration of the designated centres concerned.

Outcome 12: Medication management

One of the residents required medication for the management of pain. This medication was on schedule 2 of the Misuse of Drugs Acts (commonly known as controlled drugs). However, the service medication management policy and the local medication management policy did not have any guidelines on the use of schedule 2 drugs. Staff had not received any training on the use administration of this pain medication and there were no clear instructions on how the medication was to be administered.

Outcome 1: Rights

The statement of purpose was a written document that described the service provided in the centre and the manner in which care was provided to reflect the diverse needs of residents. The statement of purpose outlined that "residents do not have tenancy rights. At holiday times, for example at Christmas, the residents could be asked to consider facilitating a service user from another house to join them (in the centre)". Some clarification was provided by the person in charge that this occurred only on a few occasions during the year. However, there was no evidence that residents were consulted in relation to these visits from other residents. There was no documentation available outlining what safeguarding measures were in place to ensure the safety of all residents involved in any such irregular overnight visits.

In addition to the items mentioned in this summary the Action Plan at the end of the report identifies other areas where improvement was required. These included:

- Fire precautions
- risk assessment
- behaviour support guidelines
- statement of purpose.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The statement of purpose was a written document that described the service provided in the centre and the manner in which care was provided to reflect the diverse needs of residents. The statement of purpose outlined that "residents do not have tenancy rights. At holiday times, for example at Christmas, the residents could be asked to consider facilitating a service user from another house to join them (in the centre)".

Some clarification was provided by the person in charge that this occurred only on a few occasions during the year. However, there was no evidence that residents were consulted in relation to these visits from other service users. There was no documentation available outlining what safeguarding measures were in place to ensure the safety of all residents involved in any such irregular overnight visits.

In the feedback received from families prior to the inspection one family said that their loved one "can make her own decisions. When support is required she can make an informed decision." There was evidence that residents were consulted with and participated in decisions about their care and the organisation of the centre. There were meetings with residents, generally on a monthly basis. The minutes of the last four meetings for one house were seen by inspectors and issues discussed included an advocacy conference, house decorations and menu planning. One family outlined that "regular meetings are held with (the resident) and his care workers where he is given the opportunity to voice any wishes or problems he may have".

The service had recently asked residents to participate in a service user survey with the aim of getting residents' opinions on their lives. The review found that in general people were satisfied with where they lived, that rights were respected, there was choices available and that people were included in plans about their own lives.

There was a human rights committee that had a remit across the entire service. The person in charge outlined that she was the chairperson of the human rights committee for the service. Any restrictions that imposed on residents' lives were referred to the human rights committee. The process involved acceptance of the referral, representation sought from relevant parties, consideration of the information by the panel and a final decision/recommendation. Inspectors noted that there had not been any specific referrals on behalf of residents in this particular centre.

There was an advocacy group in place, which was facilitated by the social work department and included representatives from across day services and people living in residential services. The advocacy group met every second Thursday. There was also a yearly national advocacy conference coordinated by the Brothers of Charity and one of the residents had made a presentation at the most recent national conference.

Inspectors found that residents could keep control of their own possessions. There was an up to date property list in each resident's personal outcomes folder which identified when the resident bought or received items like furniture or bedside lamps. There was adequate space for clothes and personal possessions in all bedrooms.

There was a complaints policy which was also available in an easy to read format was displayed throughout the centre. Inspectors reviewed the complaints logs and saw records including six separate complaints regarding one resident upsetting other residents by being "noisy". The person in charge outlined that there was a new complaints form in place that included a summary of the complaint, the outcome, whether the complainant was satisfied and any learning for the service from the complaint.

Judgment:
Non Compliant - Major

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:

A number of residents had communication notebooks which clearly outlined their background, family support, home life, work life, likes/dislikes and any particular area where support was required. The inspector observed a communication board in the kitchen areas which contained a picture rota of which staff were on duty.

Television was provided in the main living rooms and a number of residents had televisions in their own room.

One of the residents with a hearing impairment had a specialised smoke alarm. This was interconnected with the conventional audible alarm and a strobe light in the resident's bedroom. If one of the alarms sensed smoke, all alarms sounded and the strobe flashed waking the resident.

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:

Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to be involved in the lives of residents. Positive relationships between residents and family members were supported. In the feedback received prior to the inspection one family said there was "excellent communication between the service and the family". Inspectors met with one family who said that they could "call any time for a cup of tea and a chat" and there was lots of communication between the centre and the family. Ample space was provided in the centre for residents to receive visitors in private.

Many residents spent weekends and holidays with family. One resident was supported to go to Poland every year to visit family who lived there. Residents were facilitated to keep in regular contact with family through telephone calls. Staff stated and inspectors saw that families were kept informed of residents' well being on an ongoing basis.

The service had introduced a forum where residents, family and staff could meet once a month for coffee and a chat. At the most recent meeting issues discussed included health promotion and food/nutrition. There was an opportunity at these forum meetings for people to make presentations on topics of interest.

The service had recently asked families to participate in a survey with the aim of seeing if families were satisfied with the quality of care provided. The review found that in general people were satisfied with the attitude of staff, the level of consultation/communication with families and the level of choice offered to residents.

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:

Inspectors reviewed a number of contracts. In relation to cost of care the contracts outlined that "If you live in a house that does not have nursing cover you are expected to make a contribution towards the running of the house. A booklet explaining the detail of these costs and contributions will be made available to you".

Inspectors reviewed the booklet explaining the detail of these costs and contributions. This booklet was entitled "voluntary contributions towards the community residential programme". The booklet outlined that the "Health Service Executive (HSE) funded support staff and the basic costs of running the house but does not however fund any extra items towards the cost of recreational and social outings". This booklet further outlined that: "the HSE have advised us that it is alright to ask for contributions towards the extra running costs of the house provide the person concerned has their own income available to do this (for example, from you Disability Allowance)". The booklet continued: "we are now asking you to organise to contribute €80 per week (pro-rata if not fulltime resident) towards the running costs of your community based support programme."

However, regarding this voluntary contribution it was not stated what particular costs the contribution covered, for example did it include electricity, food or water. It also was not clearly articulated in the contract or in the booklet that residents could refuse to pay this contribution. The person in charge confirmed that one resident out of the 15 had decided not to pay the contribution.

Inspectors also reviewed the money management accounts for residents who were making this voluntary contribution. In some cases if there was a shortfall between expenditure over income, this was being made up for with a withdrawal from the person's savings account. The impact of this voluntary contribution was that resident's savings were being accessed and depleted.

There was a policy on admissions. However, it did not take account of the need to protect residents from abuse by their peers.

Judgment:

Non Compliant - Moderate

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 person centred plans seen by the inspector were in an easy to read format. One resident showed the inspectors their person centred plan and explained each section. Each person centred plan included assessment information regarding:

- Living arrangements
- communication
- likes/dislikes
- choice around daily routine
- supports needs.

The person centred planning folder also contained healthcare information and included:

- Annual health check form, completed by staff with the resident
- healthcare assessments and care plans
- summary of interdisciplinary support received
- recording of weight and blood pressure, if required.

There was conflicting information received from families in relation to the personal planning and goal setting for residents. One family outlined that they attended "the annual review to discuss how he is getting on, what is important to him and plans for

the next 12 months". However, another family said that they were not aware of the personal plan". One family commented that "there was not enough support to go through with ideas which are proposed at the planning meetings". In the sample care plans seen by inspectors there was evidence of resident and family involvement in the setting of the goals following the care planning process. There were agreed time-frames in relation to achieving identified objectives with named staff members responsible for pursuing objectives with residents. The inspectors noted that there was a circle of support identified in each resident's person-centred plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

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

Findings:

The centre consisted of three houses approximately one mile apart near the centre of a large town.

The first house was located in a community estate and provided a home to five residents who were "actively retired". Each resident had their own bedroom. One of the bedrooms was downstairs and had en suite facilities. There was a large/kitchen area, a lounge room, a second sitting room and a downstairs bathroom. There was also a large garden and the house overlooked a communal green area at the front.

The second house was a detached house set on its own large grounds. One of the residents was a keen gardener and explained to inspectors that "he looked after the garden". This house had four single bedrooms and the top floor of the house had been converted into a separate apartment for one of the residents. Downstairs was a kitchen/dining room and a lounge room. There was a second sitting room which contained a set of drums. One of residents gave a demonstration of their playing skills to the inspectors. There were three bathrooms in this house.

The third house was also detached and also had four single bedrooms with the top floor of the house converted into a separate apartment for one of the residents. Downstairs was a kitchen/dining room and a lounge room.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The risk management policy included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. All of these issues were also identified as hazards and had been separately assessed and risk rated. One of the residents had been assessed as requiring a moving and handling chart. However, there hadn't been input from a suitably qualified professional in moving and handling. There was a possibility that the resident and/or staff could be injured while following these instructions.

Inspectors reviewed the incident reporting system from January 2014 to February 2016 and incidents included 19 accidents, 9 medication errors and 19 incidents where a resident required support to manage their behaviour. All incidents had been followed up by the person in charge and were reported to senior management of the service at a regional level to review for trends.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. The centre had recently been upgraded to take account of fire safety precautions including the availability of emergency lighting throughout.

There were monthly fire evacuation drills being undertaken involving the residents and the records of these drills indicated that it had taken between two minutes and five minutes to evacuate the premises in drills. Each resident had a personal emergency evacuation plan in place which indicated what supports, if any, residents needed to leave the building in the event of a fire. However, one of the residents at times stayed in the house on their own. There were not any records of separate fire training for this resident or a fire drill for the resident to ensure they were aware of the procedure to be followed in the case of fire.

One of the residents was under the care of a Consultant Physician in Infectious Diseases. There was a care management plan in place for this resident with standard universal precautions in place. Staff spoken with were aware of the care plan.

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:

In relation to residents who required positive behaviour support guidelines there was inconsistency in how these were being implemented and reviewed. One resident's behaviour support plan had been drawn up prior to their transition from a congregated setting to their current community based house. It had been prepared by a clinical psychologist in 2013 but had not been updated since then. These guidelines were still being used despite staff recording that the behaviours identified in 2013 had reduced since the resident had moved to their current house.

The directions in the behaviour management plans in relation to the use of as required medication (or PRN) were not always clear for staff. In one example staff were instructed to give PRN medication if the resident "was particularly anxious that day and refer to PRN guidelines". However, the PRN guidelines only indicated the dose and the maximum amount that could be given in a 24 hour period. The guidelines did not indicate at what point the PRN medication was to be given. In another care management plan the instructions for staff were to "contact the community nurse regarding giving PRN and about the resident's depression if you are not familiar with the resident". This did not provide clear direction to staff.

There was evidence of good access to specialist care in psychiatry, with a consultant psychiatrist available to residents at a clinic in the day service. There was evidence that each resident who required psychiatric support was reviewed at least every six months. The service was developing "stay well plans" for residents who required psychiatric support. These plans were being developed with input from the service clinical psychologist, staff and the resident. There were clearly identified strategies developed

for help the resident to “stay well”. However, older strategies were still in place in resident’s files which could potentially lead to inconsistency in care being given to residents.

In one resident’s person centred planning folder there was a record sheet titled “awake during night” record. This recorded whether the person was shouting at night, whether they had epileptic seizures or were laughing/talking loudly at night. Inspectors were not satisfied that this was an accurate record of these activities as staff were asleep during the night and could not record all these activities.

There was a service wide behaviour standards committee chaired by a clinical psychologist. This committee was available to review any restrictions that limited a resident’s life with the introduction of a behaviour consultancy clinic. This committee reviewed what restriction was in place (for example if the restriction was an environmental restraint, chemical restraint or physical restraint) and discussed why the restrictive procedure was in place. The committee issued recommendations regarding the use of the restrictive procedure. The person in charge confirmed that there hadn’t been any referral to this committee from residents in the centre but that the committee was available to all.

There was an up to date policy on, and procedures in place for, the prevention, detection and response to abuse. Training records indicated that all staff had received training on the protection of vulnerable adults. The senior social worker was the designated liaison person if there was any issue relating to protection of residents. Their contact details were available throughout the centre.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

It is a requirement that all serious adverse incidents are reported to the Authority. A record of all incidents occurring had been maintained and all notifications had been sent to the Authority as required.

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:

There was a policy on access to education, training and development. Each resident had an independent living skills assessment which identified skills in relation to things like cooking, cleaning, shopping and eating. A number of residents had moved from a congregated setting to this community based centre over the last number of years. Residents said that they were "happy with the move". One family commented that since the move to the community based house their family member had become "more independent".

Each resident had a day service, including the residents in the "active retirement" house who had varied and busy routines during the week. One resident worked in an art project in Cork four days per week. Another resident had recently had an exhibition of their art work in a local shop in the town.

There was evidence of good community involvement through the use of public cafes and the library for meetings and events.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The person in charge outlined that residents had the option of attending a general practitioner (GP) of their own choice. The inspectors reviewed a sample of resident healthcare files and found evidence of regular GP reviews.

The GPs requested review of residents' healthcare needs by consultant specialists as required. There was correspondence on file following these appointments and reviews. In one case an epilepsy care plan had been recently signed by the resident's consultant neurologist.

There was evidence that residents were referred for treatment as required by allied health professionals including speech and language therapy, psychology, physiotherapy and occupational therapy. A referral had recently been sent to an occupational therapist in relation to environmental adaptations that may benefit a resident living in a three storey house. Another environmental assessment had been completed in February 2016 by the occupational therapist for a resident in another house regarding difficulty in going up and down the stairs. The typed report from this assessment wasn't available at the time of inspection. Inspectors saw a previous environmental assessment in relation to this resident from January 2014. However, this was not filed in the "active folder" and staff were not aware that this assessment had been completed. The filing of healthcare information is discussed in more detail in Outcome 18: Records Management.

In the feedback received from families prior to the inspection one family said that their loved one "needs support to help with their weight problem". There was a policy and guidelines on food and nutrition and inspectors noted that residents were referred for dietetic review as required. For example, records indicated that one resident had been seen by a dietician every six months from 2013 onwards. Some residents had healthy eating plans that had been prepared with a dietician input. Another resident had diabetes care plan which included details of an upcoming screening appointment for diabetes.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

One of the residents required medication for the management of pain. This medication was on Schedule 2 of the Misuse of Drugs regulations (commonly referred to as controlled drugs/Schedule 2 drugs). However, the service medication management policy and the local medication management policy did not have any guidelines on the use of Schedule 2 drugs. Staff had not received any training on the use administration of this pain medication and there were no clear instructions on how the medication was to be administered. The storage of this medication was not suitable as this Schedule 2 medication was not locked in a separate cupboard/container from other medications to ensure further security.

Medications for residents were supplied by a local community pharmacy. Staff confirmed that there was appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland.

Some medication needed to be stored in a medication fridge. However, the temperatures on the medication fridge were not being recorded daily and therefore the stability of the stored medication could not be guaranteed.

In the sample prescription sheets reviewed it was not clear that a record of each drug and medication was signed and dated by the doctor. The signature of the doctor was not in place for each drug prescribed in the sample of drug charts examined. In some cases the date was also not included for each medication.

As an example of good practice, there was information available for non-nursing staff on each resident's medication administration record with details of the medication and the reason why the resident was taking the medication. Inspectors observed that compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.

Judgment:

Non Compliant - Major

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 did not have sufficient information in relation to:

- Other service users staying in the centre
- the specific care and support needs the centre was intended to meet, for example it didn't specify that some of the residents were actively retired
- day service, for example it didn't specify that five residents who were actively retired had a day service provided from their home
- criteria used for admission to the designated centre, including the policy and procedures (if any) for emergency admissions.

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):

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

Findings:

The nominee on behalf of the Brothers of Charity was the director of services for the Cork area. The person in charge was a registered nurse in intellectual disability. Inspectors were satisfied that the person in charge was suitably qualified and experienced to discharge her role. However, she was appointed as person in charge for six centres in total. In addition to being the person in charge of these six designated centres, she was the manager of the Day Services which provided a range of activities and work placements for people with a disability. The inspectors outlined concerns that these management arrangements across a wide type and variety of services could not ensure effective governance, operational management and administration of the designated centre concerned.

An annual review of the quality and safety of care of the service dated June 2015 had been completed. The review looked at issues in each house separately and not the overall centre. This review looked at a limited number of issues namely:

- Residents' rights
- personal care planning
- risk management (including fire safety)
- safeguarding/safety

- education/training opportunities for residents.

The provider had ensured that unannounced visits to each house within the designated centre had been completed. However, there had only been one in the previous 12 months and not two as required by the regulations. As with the annual review not all issues relevant to quality and safety in the audit tool were reviewed. In addition, there were examples of issues that had been identified in this quality and safety review that had not been remedied. For example it had been identified that there was potential for medication error in relation to one resident's prescription. However, this had not been remedied.

The service had recently introduced a system of staff appraisal to support staff to deliver a quality and safe service.

Judgment:

Non Compliant - Major

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:

Inspectors found that adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The provider was aware of the need to notify the Authority in the event of the person in charge being absent.

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 formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The centre was maintained to a good standard inside and out and had fully equipped kitchens, bathrooms and laundry facilities. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly.

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:

Residents spoke highly of staff and said they were very kind and caring and looked after them well. Feedback from relatives via questionnaires was in general very positive about the staff. However, some feedback included that "every second Sunday there is only one staff on from 3pm so the residents have to stay in the house". Another family member said "there were no activities from 3pm on Friday until Monday at 11am".

The staff rota was made available to inspectors. Each house had a social care worker who was there at all times when residents were in the centre. The person in charge outlined that there was also additional support staff available up to 100 hours per week to facilitate residents to do activities both in the evening and on the weekend. Some residents had one to one staffing while they were in the centre. There was a unit leader

in one of the houses who worked between 9am and 5pm. The unit leader also did one 12 hour day per fortnight. There were also two community liaison officers that supervised staff in all community houses. They worked from 12 midday to 10pm each weekday and alternate weekends.

In relation to training one family also commented that "staff should be trained to support someone with autism". Inspectors met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to assist them in a respectful and dignified manner. Staff who spoke with inspectors said that they had completed all required training including, fire safety, protection of vulnerable adults and positive behavioural support for residents who required it. Training records seen by inspectors confirmed that all mandatory training had been completed by all staff.

There was a volunteer providing support to one resident with community activities. There was a volunteer agreement in place which outlined roles and responsibilities and garda vetting had also taken place.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

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

Findings:

The management of healthcare records required improvement.

There were two sets of resident records, the person-centred planning folder (the "active folder") and a separate file for medical records (the "green folder"). The social care aspect of the person's life were contained in the person centred planning folder and this is discussed in more detail in Outcome 5: Social Care Needs. The "active folders" also contained recent medical information, including care plans.

The format of the "active folder" made it difficult to retrieve information efficiently. In particular, there was duplication of information throughout the folder. For example, leisure activities were included in three separate parts and the personal planning review records were not with the goal setting records for residents.

The remainder of the medical correspondence and healthcare information was kept in the "green folder" described above. This contained mainly historical information, for example older blood test reports. The "green folder" also contained a lot of current information including review records from consultant specialists from outpatient appointments in acute general hospitals.

All reviews by the resident's own medical doctor were recorded by the doctor in the "green file". As mentioned in more detail in Outcome 11 dealing with healthcare there was very good access to general practitioners with all urgent healthcare needs being met. However, because of the two sets of files social care staff were recording the outcome of doctor reviews in the resident's "active folder". However, this did not occur in all cases with the potential that staff were not aware of the most up-to-date healthcare information relevant to the resident.

Inspectors saw that the communication diary contained a number of original hospital consultant out-patient appointment records stapled into the diary. This filing method could not guarantee the confidentiality of residents' personal information. In addition, it was not always clear if a plan of care for these identified healthcare needs was being developed prior to and following these healthcare appointments.

Judgment:
Non Compliant - Moderate

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:

Kieran Murphy
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-0004478
Date of Inspection:	04 February 2016
Date of response:	01 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:

There was no evidence that residents were consulted in relation to these visits from other service users. There was no documentation available outlining what safeguarding measures were in place to ensure the safety of all residents involved in any such irregular overnight visits.

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) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

The practice of accommodating overnight visitors with the consent of service users has ceased in the centre. This will not be recommenced and staff and service users will be advised of this decision.

Proposed Timescale: 30/04/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

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

2. Action Required:

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

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

The Admission policy which sets out criteria for transfer and discharge will be reviewed to ensure it clarifies safeguarding procedures for all residents

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

It was not articulated in the contract or in the booklet that residents could refuse to pay the voluntary contribution. There was no evidence that residents were suitably supported to make an informed decision as to whether or not they wished to make this voluntary contribution. The impact of this voluntary contribution was that resident's savings were being accessed and depleted. There was no evidence that residents were suitably supported to make an informed decision as to whether or not their own funds could be accessed in this way.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

A brochure on Charges and Contributions has been finalised and will be issued to all residents.

Proposed Timescale: 08/04/2016

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:

One of the residents had been assessed as requiring a moving and handling chart. However, there hadn't been input from a suitably qualified professional in moving and handling with the hazard that the resident and/or staff could be injured while following these instructions.

3. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The Manual Handling Policy which forms part of the Safety Statement will be reviewed and staff will be trained on updated procedures.

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

There weren't any records of separate fire training for this resident or a specific fire drill for this resident to ensure they were aware of the procedure to be followed in the case of fire.

4. 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:

Local fire training and a specific fire drill will be arranged for this resident.

Proposed Timescale: 01/04/2016

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:

1. The directions in the behaviour management plans in relation to the use of as required medication (or PRN) were not always clear for staff.
2. Older reactive strategies were still in place in resident's files which could potentially lead to inconsistency in care being given to residents.

5. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

- The directions in the behaviour management plans are being reviewed to provide clear instruction to staff on the use of PRN medication.
- Only current reactive strategies will be held on file i.e. older reactive strategies have been removed from files.

Proposed Timescale: 08/04/2016

Theme: Safe Services

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

In relation to residents who required positive behaviour support guidelines there was inconsistency in how these were being implemented and reviewed.

6. 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:

- The behaviour support plans will be reviewed with the input from Behaviour Support Services.

Proposed Timescale: 30/04/2016

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:

In relation to medication on Schedule 2 of the Misuse of Drugs Acts practices in relation to administration and storage were not sufficient.

7. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

- The Services Community Nurse attached to the residents day service has been scheduled to administer the Schedule 2 Medication once a week as prescribed [10/2/2016]

- The medication is stored in a locked box within the locked medication press. [6/2/2016]

- Residential Staff received initial training on the Storage, administration, signing and disposal of this pain medication, [12/2/16]

- Staff Training on procedures for schedule 2 drugs is scheduled for 3/5/2016.

- The local medication management policy is being updated to include procedures for schedule two drugs. This will be done as part of the training. [3 May 2016]

Proposed Timescale: 03/05/2016

Theme: Health and Development

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

Some medication needed to be stored in a medication fridge. However, the temperatures on the medication fridge were not being recorded daily and therefore the stability of the stored medication could not be guaranteed.

8. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- The temperatures of the medication fridge are now being recorded.

Proposed Timescale: 06/02/2016

Theme: Health and Development

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

Medication was not always individually prescribed and dated.

9. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Relevant GPs have been asked to rewrite medication charts and sign each medication individually.

Proposed Timescale: 28/02/2016

Theme: Health and Development

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

One of the residents required medication for the management of pain. This medication was on schedule 2 of the Misuse of Drugs Acts (commonly referred to as controlled drugs/schedule 2 drugs). However, the service medication management policy and the local medication management policy did not have any guidelines on the use of schedule 2 drugs. Staff had not received any training on the use administration of this pain medication and there were no clear instructions on how the medication was to be administered.

10. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- The local medication management policy is updated to include guidelines on the use of Schedule 2 drugs.

- Staff have received training on the administration of this pain medication.

Proposed Timescale: 14/04/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not have sufficient information in relation to:

- Other service users staying in the centre.
- The specific care and support needs the centre was intended to meet, for example it didn't specify that some of the residents were actively retired.
- Day service, for example it didn't specify that five residents who were actively retired had a day service provided from their home.
- Criteria used for admission to the designated centre, including the policy and procedures (if any) for emergency admissions.

11. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

1. The Statement of Purpose will be revised to include the specific issues identified and will be check to ensure compliance with Schedule 1.
2. Any reference to other service users staying in the centre will be removed.

Proposed Timescale: 30/04/2016

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 management arrangements across a wide type and variety of services could not ensure effective governance, operational management and administration of the designated centres concerned.

12. 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 Provider Nominee and the Person in Charge have identified a revised workload which will enable the Person in Charge to devote more time to the Designated Centre

Proposed Timescale: 01/04/2016

Theme: Leadership, Governance and Management

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

The annual review did not meet the requirements of the Regulations. The review looked at issues in each house separately and not the overall centre. The review looked at a limited number of issues and it could not demonstrate that care and support was in accordance with standards.

13. 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 format of the Annual review undertaken in 2015 has been amended to ensure that it reflects on the quality and safety of care provided and it provides for consultation with all key stakeholders. [See action 15 below for more detail]

Proposed Timescale: 31/07/2016

Theme: Leadership, Governance and Management

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

There had only been one unannounced visit in the previous 12 months in relation to quality and safety of care and not two as required by the regulations. As with the annual review not all issues relevant to quality and safety in the audit tool were reviewed. In addition, there were examples of issues that had been identified in this quality and safety review that had not been remedied.

14. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

1. Two six monthly reviews are planned for 2016. The reviews are overseen by the Quality Department to ensure they are completed on a timely basis. The six monthly

reviews will be expanded to examine the core outcomes – 5, 7,8,11,12,14,17.

2. The format of the Annual Review will focus on quality and safety and will involve feedback questionnaires and meetings involving staff, service users and families/circles of support. The review team will track evidence of actions from HIQA and 6 monthly provider reviews, reports from the accident and incident reporting system (AIRS), complaints logs, risk register etc. The Sector Manager and the PIC compile an action plan and complete the final report. The report is signed off by the local Sector Manager and copied to the Director of Services and Quality Coordinator. The PIC will implement the action plan arising from the review with the staff team. [31 July 2016]

3. Timely attendance on follow on actions identified from the reviews will be attended to.

Proposed Timescale: 31/07/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The management of healthcare records required improvement:

- The format of the "active folder" made it difficult to retrieve information efficiently. In particular there was duplication of information throughout the folder.
- Social care staff were to record the outcome of doctor reviews in the resident's "active folder". However, this did not occur in all cases with the potential that staff were not aware of the most up to date healthcare information for the resident.
- Inspectors saw that the communication diary contained a number of original hospital consultant out-patient appointment records stapled into the diary. This filing method could not guarantee the confidentiality of residents' personal information. In addition, it was not always clear if a plan of care for these identified healthcare needs was being developed prior to and following these healthcare appointments.

15. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

1. A full review of the filing and maintaining of health care records will be undertaken to ensure that all records are held in one file.
2. Staff will be trained on how these records should be maintained and updated.

Proposed Timescale: 31/05/2016