Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0004579
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Una Nagle
Lead inspector:	Julie Hennessy
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
20 April 2016 08:00	20 April 2016 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the second inspection of this centre carried out by the Health Information and Quality Authority (HIQA).

The centre was a two-storey house in a rural location with a separate attached one-bedroom self-contained apartment. Three residents lived in the main house and the fourth resident lived in the separate apartment. The centre provides a service for residents with an intellectual disability who require a high support residential placement with full-time supervision.

As part of the inspection, inspectors met residents, the staff team and the new person in charge, who had commenced in the centre since the previous inspection. Residents told inspectors that they liked the staff team and living in the countryside, that they took pride in their work and that access to activities they enjoyed in the community was important to them. Staff interacted with residents in a respectful, appropriate and supportive manner, as on the previous inspection.

The first inspection of this centre took place on 8 March 2016. This inspection was a follow-up inspection due to the high level of non-compliance identified at the first inspection, where 8 of 10 outcomes were found to be at the level of major non-compliance. Ultimately, the provider had failed to demonstrate that the service provided was safe, effectively monitored or provided a therapeutic environment that met residents' specific needs. Following that inspection, the provider was issued with a warning letter. The provider's response to that warning letter was accepted by HIQA and took the form of an action plan. This inspection assessed the progress that the provider had made in relation to the actions as outlined in that action plan.

Overall, inspectors found at this inspection that significant progress had been made to address the failings identified on the previous inspection. The new person in charge was assigned to work in the centre on a full-time basis. This arrangement was having a demonstrable positive impact on progressing required actions. Individualized assessments of need had been completed with multi-disciplinary team (MDT) input and additional required assessments had been identified. Training, information and instruction was in progress for the purposes of facilitating the staff team to fully support residents' specific needs while promoting their independence.

However, two key failings were identified on the day of the inspection and the provider was issued with an immediate action letter and required to take action within a specified short timeframe. First, adequate re-assurance was not provided at this inspection that the number of staff was at all times appropriate to the number and assessed needs of residents; was in accordance with forensic risk assessment recommendations while residents accessed the community and; was adequate to support residents' to participate in the community in accordance with their preferences and choice. Second, risk assessments had not been completed for two identifiable hazards. An environmental restriction that had been in place for safeguarding and health and safety reasons had been removed during renovation works. In addition, there was an unlocked gate leading to a side-road and there was no risk assessment in place that assessed the associated risks (such as absconding or any security risks) and that clearly outlined any required interim controls. The provider's first action plan response was not accepted and the provider submitted a second action plan, having sought input from their own MDT team. The second action plan satisfactorily addressed the failings and provided re-assurance that staffing levels would be adequate for both safeguarding purposes and also, to facilitate residents to access the community in accordance with their wishes and preferences.

Two other outcomes remained at the level of major non-compliance at this inspection. Adequate re-assurance was not provided that significant fallings identified on the previous inspection relating to multi-disciplinary support had been fully addressed. The provider had made progress to address a key failing relating to the inappropriate mix of residents in this centre and the timeframe for this action has not passed. However, as residents were living with or in close proximity to other residents that they had allegedly abused in the past, this failing will remain at the level of major non-compliance until it has been addressed.

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

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
At the previous inspection, it was found that due process was not followed when determining restrictions on residents' lives. Restrictions had not been approved by the relevant organisational committee.

Since the previous inspection, the possible restrictions had been reviewed at a restrictive practice committee meeting (minutes dated 21 March 2016). One item was outstanding and required review. As mentioned in the previous report, each of the bedrooms in the house had restricted access via a 'fob' system and each resident carried a fob for their own bedroom only. Staff had access to a master fob. The restrictive practice committee had not reviewed this arrangement or determined whether or not it constituted a restrictive practice. This will be addressed under Outcome 9:Notifications.

At the previous inspection, it was found that where monitoring was in place via single live-feed closed circuit television (CCTV) in a resident's living quarters, the resident was not aware that the camera was in operation and had not given their consent to its use.

Since the previous inspection, the presence and use of the camera and monitor had been reviewed at a restrictive practice meeting and recommendations made in relation to its use. The person in charge and team leader had met with the resident and explained the use of the camera and monitor and gained the resident's consent for its continued use.

Since the pervious inspection, the works relating to the previously small external area outside of the separate apartment had been progressed. This area had been

substantially increased in size.

At the previous inspection, it was found that residents did not have access to an independent advocate. Since the previous inspection, the person in charge had contacted an independent advocacy service and a documentary evidence was seen in relation to a meeting that was scheduled by the end of the month for the independent advocate to visit the centre.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
At the previous inspection, it was found that a comprehensive assessment of residents' health, personal and social care needs of each resident was not carried out on an annual basis or as required to reflect changes in need and circumstances.

Since the previous inspection, an assessment of needs and care screening tool had been completed by the person in charge and staff team. The assessment considered a range of areas relevant to identifying areas of need including communication, mental health, behaviours that challenge, social care, healthcare, nutrition, hydration and medicines management. The person in charge outlined this assessment facilitated the staff team to identify follow up actions. However, the required follow-up actions were not documented to allow for tracking of outstanding actions and identification of areas of need.

At the previous inspection, it was found that it was not demonstrated that residents' personal plans were based on a comprehensive assessment of their needs. In addition, the link between assessments, planning for residents' future needs and other parallel meetings was not demonstrated.

Since the previous inspection, a forensic risk assessment report contained a recommendation relating to an appropriate model of personal planning for residents living in this centre. The person in charge and provider outlined that training to the staff team will be required and provided prior to the updating of personal plans, using the new model. The date for completion of this action outlined in the action plan submitted by the provider following the previous inspection has not yet passed and is the end of May 2016. As such, this action is still on-going and will be repeated in the action plan at the end of this report.

At the previous inspection, it was found that the review of the personal was not multi-disciplinary and there was a negative impact on residents arising from the absence of a multi-disciplinary review of their personal plans. Since the previous inspection, multi-disciplinary input had been sought in relation to assessments, sourcing an appropriate personal planning tool and recommendations in relation to supervision needs. Referrals had been made for any required assessments and this will be further discussed under Outcome 11: Healthcare needs. The action plan submitted by the provider following the previous inspection outlined that person centred plans would be updated and reviewed with multi-disciplinary supports by the end of May 2016. As such, this action is still on-going and will be repeated in the action plan at the end of this report.

At the previous inspection, inspectors found that the designated centre did not meet the assessed needs of all residents due to the inappropriate mix of residents in the centre. Since the previous inspection, forensic risk assessments had been completed and contained specific recommendations in relation to the appropriate mix of residents. The provider nominee had been actively seeking suitable alternative premises, in line with the recommendations made in the risk assessments. In addition, the provider nominee had submitted a formal written proposal to their funder (the Health Service Executive). The action plan submitted by the provider following the previous inspection outlined that the timeframe for completion of this action was 31 July 2016. As such, this action is still on-going and will be repeated in the action plan at the end of this report.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
At the previous inspection, it was found that the arrangements in place in relation to risk assessment were inadequate. While risk assessments had been completed for specific events, the risk register did not evidence a system in place to identify hazards, assess risks and monitor the effectiveness of controls specific to risks in this centre.

Since the previous inspection, the person in charge, with involvement of the staff team, had updated the risk register. However, some actions relating to the risk register were yet to be completed. Forensic risk assessments recommended activity risk assessments for all elevated risk situations, which should in turn be used to inform the development of written risk assessments. While one activity risk assessment had been completed, it was not clear what other activity risk assessments would be required.

Individualised risk management protocols were in the process of being introduced in the centre. The inspector reviewed a sample of such a completed protocol, which included the forensic risk assessment and supervision requirements for the individual. The forensic risk assessment specified the type and level of risk and controls required to manage the risk. This was linked to the centre's risk register, which in turn included actions to be completed.

However, a major non-compliance was identified in relation to risk management. An environmental restriction that had been in place for the protection of residents in the main house from potential abuse or harm had been removed during renovation works and there was no risk assessment in place that assessed the associated risks and clearly outlined the interim controls in place. In addition, there was a unlocked gate leading to a side-road and there was no risk assessment in place that assessed the associated risks (e.g. the risk of absconding) and clearly outlined the interim controls in place. The provider was required to take immediate action to address this failing. In addition, a number of pot-holes were observed in the exterior area accessed by the resident in separate apartment, which had been caused by the recent renovation works but not repaired, even on a temporary basis.

At the previous inspection, there was under-reporting of incidents in the centre. Verbal abuse was not being recorded as such. Since the previous inspection, a system to allow for the monitoring and tracking of any such incidents had been introduced to the centre and supported by instruction to staff in relation to same.

At the previous inspection, it was found that fire drill records did not evidence that the arrangements in place for evacuating all persons in the designated centre and bringing them to safe locations were adequate. Since the previous inspection, a new template had been introduced to allow for pertinent information to be captured. At this inspection, residents described to the inspector how they self-evacuate the centre in the event of a fire. Where residents had a hearing impairment, the team leader had sent requests to a relevant company in relation to fire measures that may aid in alerting residents to a fire alarm. A fire drill had been completed since the previous inspection and demonstrated that residents were evacuated in a timely manner.

At the previous inspection, it was not evidenced that there were adequate arrangements for detecting, containing and extinguishing fires. Fire doors were not fitted throughout

the premises, there was no emergency lighting in the main house and a certificate was not available for the emergency lighting in the apartment. Since the previous inspection, it was found that fire doors had been installed throughout the centre, emergency lighting had been fitted in the main house and a certification was available for the emergency lighting in the apartment. Other structural improvement works had been completed including the installation of a new patio door.

Medication related incidents were identified, reported on an incident form and there were arrangements in place for investigating incidents. One 'near miss' relating to medicines had been reported since the last inspection and an inspector reviewed the incident form. The person in charge had comprehensively investigated the incident, however, the incident form did not document the learning from the 'near miss' and any preventative actions that were to be implemented to prevent recurrence.

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

Findings:
At the previous inspection, it was not demonstrated that residents were protected from all forms of abuse in the centre, including sexual, verbal, physical and psychological abuse. Residents were living with or in close proximity to other residents that they had allegedly abused in the past. Since the previous inspection, the provider and person in charge had implemented a number of interim measures to address this failing. An installation of an additional en-suite bathroom now meant that residents did not have to leave their rooms at night to access bathroom facilities. An additional staff member was on duty at night-time, and was a 'waking' staff member. The alarm system had been re-programmed to alert staff to any possible safeguarding issue. In the short- to medium-term, suitable alternative accommodation was being actively sought to ensure a more suitable mix of residents in the centre.

At the previous inspection, it was not demonstrated that all alternative measures are considered before a restrictive procedure was used; and that the least restrictive

procedure, for the shortest duration necessary, was used. For example, restrictive practices were in place due to the inappropriate mix of residents in the centre. Since the previous inspection, forensic risk assessments had made recommendations relating to addressing the inappropriate mix of residents in this centre. This was addressed under Outcome 5: Social care needs.

At the previous inspection, it was not demonstrated that where restrictive practices were in place, such procedures were applied in accordance with national policy and evidence-based practice. As previously mentioned, possible restrictions had been reviewed at a restrictive practice committee meeting since the previous inspection (minutes dated 21 March 2016). One possible restriction was outstanding for consideration by the committee and this will be addressed under Outcome 9: Notification of incidents.

At the previous inspection, it was not demonstrated that staff were provided with the knowledge, skills and support that they required to support residents specific needs as they related to behaviours that may challenge and safeguarding. Gaps related to forensic risk assessments; a behaviour support plan or mental health plan where required; supervision protocols and requirements in terms of monitoring and recording of behaviours of concern.

Since the previous inspection, progress had been made to address this failing. Forensic risk assessments had been completed for all residents by the principal clinical psychologist and principle social worker in the service. A referral had been made to psychology for a psychological assessment for each resident and a date for these assessments was to be confirmed. The person in charge said that mental health plans for two residents were required and would be developed. Supervision protocols were in place. Monthly meetings with the staff team were in place and requirements in terms of monitoring and recording of behaviours of concern were addressed via this forum. Where a resident required a behaviour support plan, a referral had been made to the positive behaviour support services. However, the inspector viewed the response to the referral which said that the resident was on a waiting list. It was not demonstrated that the referral system allowed for prioritisation of referrals based on assessed need. This is further discussed under Outcome 11: Healthcare needs.

At the previous inspection, it was found that there were inadequate safeguarding arrangements in place, including staffing arrangements, as it could not be demonstrated how residents' safety protocols could be implemented, including line of sight of residents at all times. Staffing arrangements will be discussed under Outcome 17:Workforce.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
At the previous inspection it was found that the quarterly report submitted to HIQA did not include all restrictions in place in the centre. A retrospective notification had since been submitted to HIQA. Some improvement was required with respect to notifications. Additional detail was required in relation to an environmental restriction in place. In addition, the restrictive practice committee had not reviewed whether or not the fob-accessed bedroom doors constituted a restriction.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
At the previous inspection, it was found that where review was recommended by healthcare professionals, it was not evidenced that this had been facilitated in accordance with those recommendations. Since the previous inspection, the person in charge had completed an assessment of residents' healthcare needs in order to identify any required healthcare assessments.

Outstanding forensic risk assessments at the time of the previous inspection had been completed and reports of those assessments were available in the centre. A review of a sizeable sample of the 77 recommendations contained within those assessments indicated that recommendations were being followed up on and were informing practice and planning.

At the previous inspection, it was not demonstrated that where a resident required services provided by allied health professionals, that access to such services was provided. Since the previous inspection, referrals had been made for assessments based on individual residents' needs and risk profile. A date for these assessments was to be provided. Where a resident required a behaviour support plan, a recommendation had been made on behalf of the restrictive practice committee for a referral to positive behaviour support services "as a matter of priority". An inspector reviewed a response from the positive behaviour support services that the resident was on a waiting list. This response did not demonstrate that supports provided were responsive to residents' needs on a priority basis or to recommendations by healthcare professionals. As a result, adequate re-assurance was not provided that significant fallings identified on the previous inspection relating to multi-disciplinary support had been fully addressed.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
Medicines for residents were supplied a community pharmacy. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Residents with whom inspectors spoke to outlined their interactions with the pharmacist. There was a centre-specific medicines management policy and detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. The inspector noted that medicines were stored securely. Staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection. Compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.

A sample of medication prescription and administration records was reviewed by an inspector. Medication prescription records were available to staff when administering medicines. However, it was noted that two medication prescription records were not complete prescriptions in accordance with the Medicinal Products (Prescription and

Control of Supply) Regulations as each prescription was not individually signed and dated.

Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. However, the inspector noted that while the prescriber identified specific times for medicines to be administered on the prescription records, staff who administered medication did not record the time of administration on the medication administration records. Therefore, it could not be confirmed that medicines were administered as prescribed.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which which allowed for an itemised, verifiable audit trail.

There was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. Stock levels of 'as required' medicines were checked on a daily basis.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

An inspector examined the medicines management audit reports and saw that practices were reviewed on a regular basis. However, the audits were limited in scope and did not examine a number of areas of the medicines management cycle including ordering, review and disposal of medicines. This action is included under Outcome 14:Governance and management.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
At the previous inspection, it was found that the statement of purpose did not meet the requirements of the regulations as it did not accurately describe the specific care and support needs that the service is intended to meet nor was the admissions criteria adequate. This was particularly relevant given the specific nature of this service.

Since the previous inspection, the statement of purpose had been reviewed and revised. It now accurately described the specific care and support needs that the service is intended to provide. However, further improvement was required as the admissions criteria were too broad.

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

Findings:
At the previous inspection, it was not demonstrated that the arrangement in place relating to the person in charge ensured the effective governance, operational management and administration of this designated centre, as evidenced by the level of non-compliance found on that inspection. A person in charge had commenced in the centre three weeks prior to this inspection. This was a temporary arrangement and a permanent full-time role of person in charge of this centre was soon to be advertised (the week of the inspection). The new person in charge was suitably qualified and experienced to fulfil the role of person in charge. Staff told inspectors that she was supportive and approachable. The person in charge demonstrated an understanding of residents' needs and abilities and the actions required to bring the centre into compliance. The person in charge was also being supported in her role by the previous person in charge, who attended the centre on the day of inspection in order to assist with facilitating the inspection.

At the previous inspection, the provider failed to demonstrate that the service provided was a safe service that provided a therapeutic environment to meet residents' specific

needs and was effectively monitored.

Since the previous inspection and as previously mentioned, a forensic assessment report for the centre had been completed. This report included a number of risk management recommendations relating to system and staff needs, in addition to individual and other safety needs. Monitoring recommendations included monthly risk management review meetings and an annual meeting to review overall risk management. Specific recommendations were made in relation to the participants required to attend these meetings. Due to the short time-frame between receipt of the report recommendations and this inspection, a formal structure had yet to be introduced.

Sufficient progress was demonstrated on the day of the inspection to evidence that recommendations relating to meeting residents' need for a therapeutic and safe environment were being implemented or actively progressed. An action plan was required to track progress and ensure that all recommendations arising from the forensic assessment report or other scheduled assessments would be completed in full. Again, the short time-frame between completion of the forensic risk assessments and this inspection is acknowledged.

Judgment:
Substantially Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
At the previous inspection, it was found that the registered provider had failed to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. Following the previous inspection, the provider was required to take immediate action to address this failing.

Since the previous inspection, staffing numbers had been increased to ensure that there was a minimum of two staff members on the duty roster at all times. Night-time staffing levels had been increased from one sleepover staff to a sleepover staff and a waking

staff member. These staffing levels were proposed in an action plan to HIQA by the provider as an interim measure pending outcome of forensic risk assessment for all residents.

Inspectors reviewed the aforementioned forensic risk assessments. A recommendation contained in the risk assessments was that staff levels when accessing the community should be 2:3, where two staff accompanied three residents (the fourth resident did not socialize with the three other residents).

However, a review of the staffing roster demonstrated that in the weekday evenings from 5pm, on Saturdays from 1pm and all day Sunday there were only two staff on the roster. Therefore, should the three residents choose to access the community, only one staff would be available to facilitate such an outing, as the second staff was required to remain in the house and support the fourth resident. As a result, it could not be demonstrated that staff levels when accessing the community were 2:3 as recommended in the risk assessment.

When asked, the person in charge said that there should not be an occasion when the three residents accessed the community at the same time and that one resident would remain in the house in such an eventuality. However, this was not supported by recently updated supervision protocols (dated 28 March 2016), which considered supervision requirements when the three residents accessed the community together as a group. In addition, a staff member and a resident told inspectors that they accessed the community to attend Mass or go shopping together as a group of three on occasion. Finally, the alternative scenario outlined by the person in charge whereby one of the group of three residents would remain in the house in such an eventuality was also unsatisfactory, as it could not be demonstrated how this arrangement facilitated residents' choice or preference.

As a result, adequate re-assurance had still not been provided at this inspection that the number of staff was appropriate to the number and assessed needs of residents at all times. The provider was again required to take immediate action to address this failing. The provider adequately addressed the identified failing within the required time-frame.

At the previous inspection, a review of staff training records indicated that gaps were present. Since the previous inspection, staff had received refresher training in relation to safeguarding and recording and reporting requirements relevant to health and safety or safeguarding. Further training was scheduled by the end of the month specific to risk management and safeguarding requirements in this centre.

In addition, a monthly meeting had been held that included the heads of psychology and social work, person in charge and staff team. The inspector reviewed minutes dated 11 April 2016, whereby pertinent information relating to supporting residents was provided to staff. The meeting included a review of the previous HIQA inspection findings, residents' personal emergency evacuation plans, residents' forensic risk assessments, staffing levels and guidelines, behaviour support training to be arranged and information sharing. Protocols had been developed to guide and support staff. Training in relation to the new personal planning model had been scheduled.

Judgment:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0004579
Date of Inspection:	20 April 2016
Date of response:	24 May 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The individualized assessment of needs required completion.

1. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
The comprehensive assessment of the health personal and social care needs of the residents will be fully completed for all residents.

Proposed Timescale: 25/05/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
As detailed within the findings, this action is carried forward from the previous inspection as the timeframe had not yet passed:

Residents' personal plans were not based on a full assessment of their needs;

The link between assessments, planning for residents' future needs and other parallel meetings was not demonstrated.

2. Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
Staff have commenced training on the new planning system and will complete updated plans for all residents based on the assessed needs of each individual which will also address the relocation plan for some residents.

Proposed Timescale: 30/06/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
As detailed within the findings, this action is carried forward from the previous inspection as the timeframe had not yet passed:

The review of the personal was not multi-disciplinary

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

Please state the actions you have taken or are planning to take:
The Personal Plans are being developed by the Team supported by the Multidisciplinary Team meeting process.

Proposed Timescale: 30/06/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
As detailed within the findings, this action is carried forward from the previous inspection as the timeframe had not yet passed.

Inspectors found that the designated centre did not meet the assessed needs of all residents due to the inappropriate mix of residents in the centre.

4. Action Required:
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
The plan to relocate some of residents to a more appropriate setting is in progress and a suitable property has been identified. The Personal Planning System will engage residents in this relocation plan and every effort will be made to ensure that the location can be secured as close to the target date [31 May 2016] as possible. The Authorities Registration Office will be advised as soon as the property is secured.

Proposed Timescale: 31/07/2016

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 incident form did not document the learning and any preventative actions that were to be implemented to prevent recurrence.

5. Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
The Monthly Team Meetings scheduled with multidisciplinary inputs will review all reports from the Accident Incident Reporting Systems to promote shared learning and of resultant preventative actions taken.

Proposed Timescale: 30/06/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An environmental restriction that had been in place for health and safety reasons had been removed during renovation works and there was no risk assessment in place that assessed the associated risk(s) and clearly outlined the interim controls in place. In addition, there was a unlocked gate leading to a side-road and there was no risk assessment in place that assessed the associated risk(s) and clearly outlined the interim controls in place.

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

Please state the actions you have taken or are planning to take:
The risk assessment and additional controls implemented during the period of the courtyard renovations have been written up and will be kept undated during periods of additional works to be carried out that may necessitate the deactivation of the Fob locked gate.

The documented risk assessment will be reviewed on a regular basis over the next three months as part of the review of restricted practices locally prior to updating the Behavioural Standards Committee.

Proposed Timescale: 22/04/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not demonstrated that activity risk assessments required for elevated risk situations had been identified.

7. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that local procedure is developed with the team that will stress the importance of ensuring risk assessments are completed for all areas of risk. Risk Identification and management will form part of the standing Agenda Items for Team meetings.

Proposed Timescale: 30/06/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of pot-holes were observed in the exterior area accessed by the resident in separate apartment.

8. Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
The uneven surface and pot holes in the garden area have now been rectified.[30 April 2016].

The surface waterways will be examined to identify if extra drainage is required to avoid recurrence of this situation when rainfall is heavy.

Proposed Timescale: 30/06/2016

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:
Dates for the following required assessments were to be provided:
a psychological assessment for each resident;
an assessment for a behaviour support plan;
In addition, a mental health plan for two residents was required.

9. 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:
Psychological Assessment – to commence on 2 June 2016
Behaviour Support – in progress this needs to be resubmitted if a new location is being planned [not a priority at present] Mental Health Plans have commenced and will be finalised in June

Proposed Timescale: 30/06/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The quarterly report did not contain a description of an environmental restriction in place and the restrictive practice committee had not reviewed whether or not the fob-accessed bedroom doors constituted a restriction.

10. Action Required:
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Please state the actions you have taken or are planning to take:
The Restricted Practices Committee will consider the issue of possible restricted practice whereby service users are required to operate fob-accesses to their rooms at it May meeting.

Proposed Timescale: 25/05/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Adequate re-assurance was not provided that significant failings identified on the previous inspection relating to multi-disciplinary support had been fully addressed.

11. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
All referrals to allied health professions have been followed up and dates for commencement of the process have been allocated with the exception of behaviour support services which is currently being resubmitted with supporting documentation to assist in the prioritisation process.

Proposed Timescale: 20/06/2016

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:
Two medication prescription records were not complete prescriptions in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations as each individual prescription was not signed or dated.

The time of administration was not recorded on the medication administration records.

12. 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:
All medication prescriptions have been reviewed and errors on the records have been rectified with the prescriber.

Staff have been refreshed on the local procedures for administration of medication with emphasis on the need to sign, time and date the actual administration.
Medication audits will be broadened to include checks on all stages of the administration process and these audits will be conducted on a regular basis. Errors arising from the audit will be logged on the incident system as near misses and these will be reviewed for staff learning purposes at Team meetings.

Proposed Timescale: 30/06/2016

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:
Further improvement was required to the statement of purpose as the admissions criteria were too broad.

13. 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:
The statement of Purpose will be amended when the relocation plan is finalised and the admission criteria will be streamlined.

Proposed Timescale: 30/06/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As detailed within the findings, formal structures were required to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Medicines management audits were limited in scope.

14. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The Provide and the PIC will finalise the system of monitoring time framed actions from the clinical risk assessments process, the provider inspections and visits, internal audits, annual reviews and actions from regulatory inspections by the Authority.

Medication audits will be broadened to include checks on all stages of the administration process and these audits will be conducted on a regular basis. Errors arising from the audit will be logged on the incident system as near misses and these will be reviewed for staff learning purposes at Team meetings.

Proposed Timescale: 31/05/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate re-assurance was not provided at this inspection that the number of staff was at all times:

- appropriate to the number and assessed needs of residents;
- in accordance with forensic risk assessment recommendations and;
- adequate to support residents' to participate in the community in accordance with their preferences and choice.

15. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
1. An additional protocol has been developed regarding the arrangements to support residents for social activities. This outlines that two residents should not engage in activities at the same time so the maximum group size for activities will be two (i.e. the recommendation of the Clinical Risk Assessment for staffing of 2:3 service users should not be required)
2. The CRA recommendation on staffing levels to support a group of 3 residents will be further clarified with the multidisciplinary team as it seems inconsistent with the other recommendations in the CRA report.
3. A Memorandum has been distributed to the Team members directing them to read the updated supervision protocols and the Person In Charge has spoken with the Team Members to clarify the supervision requirements. (21 April 2016)

Proposed Timescale: 27/04/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Further training was to be completed in order to up-skill staff and ensure that they were provided with training specific to supporting residents in this centre. Scheduled training to be completed included training/instruction in terms of identifying specific indicators of risk, how and what relevant information to record and training in relation to the new personal planning model.

16. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
Training of the Staff Team in relation to the model of support, site-specific risk management and person centred planning has commenced and will be ongoing via the Monthly Meetings with multidisciplinary inputs.

Proposed Timescale: 30/06/2016