

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rosshaven Services
Centre ID:	OSV-0005275
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Galway
Provider Nominee:	Anne Geraghty
Lead inspector:	Ivan Cormican
Support inspector(s):	Anne Marie Byrne
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 October 2016 10:00	24 October 2016 19:00
25 October 2016 09:00	25 October 2016 17:30

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

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

Summary of findings from this inspection

Background to the inspection:

The purpose of the inspection was to inform a registration decision and to assess the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

Inspectors met with four residents, staff members and the management team during the inspection process. Inspectors observed practices and reviewed documentation

including personal plans, accident and incident reports, policies and procedures, fire management related documents and various risk assessments.

Description of the service:

This service is managed by the Brothers of Charity. This centre accommodates five residents on a part time basis and caters for residents with moderate to severe intellectual disability from 18 years of age to end of life. The centre provides residential and respite services for residents. The Person in Charge (PIC) had the overall responsibility for the service. The PIC was supported in their role by Persons Participating in Management (PPIMs). The Team Leader for the centre works directly within the centre and has oversight of the day to day operations. The PIC reports directly to the Provider. The centre is a bungalow building which has spacious communal areas for resident use. Sufficient bedroom and bathroom facilities were available to meet the assessed needs of residents. The centre was found to be clean and well maintained and provided a secure garden area for residents to enjoy.

Overall judgement of our findings:

The findings of this inspection identified compliance and substantial compliance in 16 outcomes and moderate non compliances with the regulations in two outcomes, Health and Safety and Risk Management and Statement of Purpose.

These findings are discussed further in the report and included in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors observed that residents were consulted with and participated in decisions about their care and in the daily operations of the centre. Residents had access to advocacy services through an external service and information about their rights was displayed within the centre. Inspectors observed visitors and family members being welcomed into the centre to visit. However, inspectors noted that some improvements were required in relation to the recording of complaints.

The actions from the previous monitoring inspection had been addressed with new arrangements in place for staff meetings, ensuring that meetings are held at times where residents are not present in the centre. Furthermore, inspectors noted that alternative transport arrangements were in place to facilitate residents to go to the day care centre where the centre's vehicle was not available.

Inspectors reviewed the localised procedures in relation to the management of residents' finances. Residents' monies were securely stored and transactions were monitored through the use of the centre's own recording and checking system. Residents' monies were balanced daily by staff and a balance report was reviewed by clerical staff on a weekly basis. Each resident was observed to have their own bank account. A log of bank statements was maintained by the centre which allowed for further auditing of residents' monies on a three monthly basis. Residents were facilitated to access their monies as they wished and a log of all transactions was maintained by the centre. This checking system was reviewed by inspectors and no errors in the system were noted.

Inspectors reviewed the centre's complaints policy. The policy identified two nominated persons in the centre to deal with complaints. An easy read and audio visual version of the policy was observed to be in operation to guide and support residents on how to make a complaint within the centre. The complaints procedure was also prominently displayed in the centre. Inspectors noted that residents had recently viewed the audio visual version of the complaints policy and a log of viewings was maintained by the centre.

Inspectors spoke with various staff members in relation to the recording and management of complaints. Staff stated that it was common practice to record the management of complaints within residents' daily notes. This practice was not in line with the centre's complaints policy and inspectors found that this practice impacted the auditing of received complaints. Inspectors also found that some staff were unable to identify a person participating in the management of the centre, as a nominated person to deal with complaints.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that the communication needs of residents were met.

Inspectors observed staff greeting and addressing residents in a respectful manner. Alternative formats of communication processes were in place to support residents' communication needs. Detailed communication passports were available for each resident. These passports clearly outlined the specific communication needs of residents to include those in use of sign systems, picture exchange communication techniques and objects of reference.

Personal Emergency Egress Plans (PEEPs) were also observed to contain a detailed account of residents' specific communication needs as to ensure staff guidance in the event of an emergency. Daily communication notice boards were in use displaying staff photographs to inform residents of which staff members were on duty.

Residents were observed to have good access to internet services and to multi-media

devices such as television, audio visual systems and radio.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that relationships between residents and their families were supported. Family members were observed to freely visit residents and a welcoming atmosphere for these visits was observed by inspectors.

The centre operated a log of family contact which documented the frequency of communication between residents and their families. Some personal goals reviewed by inspectors placed focused on maintaining or re-establishing family links for residents. Inspectors observed that family involvement was further promoted in the development and review of resident personal plans.

Residents were observed to be encouraged to maintain links with the local community and this was promoted through facilitating residents to attend local events. Resident personal plans displayed photographs of residents' attendance at various local activities and community events.

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):

No actions were required from the previous inspection.

Findings:

Each resident was observed to have an agreed written contract which supported the care and welfare of the resident.

The contract of care referred to the services to be provided and all fees were outlined. Inspectors noted that a listing of additional charges was included within the contract. An easy read version of the contract was also available to meet the communication needs of residents. The admission process was guided by the centres policy. Inspectors observed this process gave consideration to the wishes, needs and safety of the individual and safety of other residents currently living in 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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that each resident's wellbeing and welfare was maintained to a high standard of evidenced-based care and support. Each resident had opportunities to participate in meaningful activities that were appropriate to their interests and preferences.

A comprehensive plan of resident activities was in place in the centre. Residents were encouraged and facilitated to access local community based services on regular basis. Residents were observed to attend day care services at the time of inspection. Staff spoken to informed that where residents did not wish to attend such services, alternative activity based arrangements would be made by the centre. Inspectors observed that scheduled activities for the centre were guided through resident consultation.

Inspectors reviewed a sample of residents' personal plans. Personal plans were found to

be comprehensively detailed and updated within annual review timeframes. Personal plans were noted to identify residents' individual needs and choices. A documented record of residents' multi-disciplinary assessment was available which was observed to inform the interventions within personal plans. Residents' or representatives' signatures were observed on personal plans to indicate their consultation in the development and review of personal plans.

Residents' personal goals were noted to be resident focused and resident led. However, inspectors observed that although individualised goals were identified with specific timeframes for achievement, it was difficult to ascertain if some goals had been achieved within the said timeframe. Inspectors also noted that the actions required for specific personal development goals for one resident had not been implemented as documented. Inspectors reviewed behaviour support plans and also found that one behavioural support plan was outside the annual review timeframe.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Inspectors found the location, design and layout of the centre to be suitable for its stated purpose and met resident's individual and collective needs in a comfortable and homely manner. There was appropriate equipment for use by residents and staff which was maintained in good working order.

The centre was found to be clean and maintained to a high standard at the time of inspection. There was adequate kitchen and dining space for residents to participate in preparing a meal and enjoy a comfortable dining experience. Living rooms were spacious and had comfort arrangements in place to meet the needs of residents.

Each living room was observed to be a good source of natural light and softly decorated to provide a nice homely space for residents to enjoy. Some living areas were noted to open out into an enclosed garden area. The external grounds of the centre were found to be clean and well maintained. Residents' bedrooms were spacious and residents were facilitated to bring in personal furniture and belongings as they wished. Bedrooms were

observed to be personalised with personal photographs and belongings. There was also sufficient toileting and wet room facilities to meet the assessed needs of residents.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, inspectors observed that the health and safety of residents, visitors and staff was promoted and protected within the centre. Some improvements were identified in relation to risk management practices of the centre.

The risk management processes within the centre were guided by the centres risk management policy. Potential risks and hazards within the centre were noted to be identified, assessed and risk rated using risk assessment tools. Accidents and incidents were reviewed on a monthly basis by the management team and the findings trended to inform risk management activities of the centre.

However, inspectors observed various gaps in the risk management process which included:

- Some risk assessments reviewed did not contain the signature of the assessing staff member
- The actual risk being assessed for some residents was not clearly outlined on risk assessments. This impeded staff ability to focus on the specific risk that needed to be mitigated
- The assessment of multiple risks on the same risk assessment was observed. This practice did not provide clear guidelines on the control measures to be implemented for each specific risk
- Where resident related incidences were reviewed by the centre, the root cause of the incident was not always identified as being a potential risk for the resident. This impinged the centres ability to correctly identify the actions to be taken to safeguard the resident from the same incident reoccurring.
- Conflicting control measures were observed for residents who accessed kitchen appliances
- Residents who experienced episodes of self injurious behaviour did not always have a supporting risk assessment

Inspectors observed the centre operated a restriction on kitchen access in the evening to safeguard some residents from risk when in use of the kitchen unsupervised. Upon review by inspectors, this restriction was not supported by a risk assessment to identify the actual risk to residents entering the kitchen unsupervised.

At the time of inspection, some residents of the centre were identified as being at risk of absconsion. Inspectors observed that missing persons' protocols were in place for residents' and that the centres' absconsion arrangements were supported by policy and procedure.

Personal Evacuation Egress Plans (PEEPs) were in place for residents. These were observed to comprehensively detail residents' needs in the event of an evacuation, giving clear guidance on the communication and behavioural support needs of residents. Fire doors were noted to be in place throughout the centre and fire equipment reviewed by inspectors was observed to be maintained in line with manufacturers' guidelines. However, inspectors found that maintenance of the fire panel was required. Inspectors further noted that general fire alerts which were displayed throughout the centre did not provide guidance to the reader on where to access information on resident evacuation plans in the event of a fire.

Judgment:

Non Compliant - Moderate

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:

Measures to protect residents being abused or suffering abuse were in place. Residents were provided with emotional, behavioural and therapeutic supports that promoted a positive approach to behaviours that challenge. Staff were trained in managing behaviours that is challenging including de-escalating and intervention techniques. Efforts were also being made to identify and alleviate the underlying causes of behaviour that is challenging for each resident. Alternative measures were considered by the centre before the implementation of a restrictive procedure. The use of restrictive procedures was carefully monitored to prevent abuse or overuse of the procedure.

The centre received two actions pertaining to the safeguarding and safety of residents in its previous inspection report. Inspectors were satisfied that actions were addressed subsequent to the inspection. Significant improvements were observed since the last inspection to ensure the adequate response and management of abuse related incidences within the centre. There was a policy on the prevention, detection and response to abuse. Staff spoken to were knowledgeable of the policy and of their requirement to report any suspected abuse to the relevant personnel. Staff displayed strong knowledge of each resident's needs and inspectors observed staff addressing residents in a respectful manner. The Person in Charge (PIC) informed inspectors that significant works had taken place since the last inspection to ensure the suitable placement of residents to mitigate the risk of peer on peer abuse in the centre.

The centre operated a monthly review of incidents and accidents within the centre to inform the centres risk management activities. No incidents of suspected abuse had occurred at the time of inspection. Inspectors observed the centres Right to Feel Safe information booklet which was regularly discussed with residents.

One staff member was observed to not have up-to-date safeguarding training at the time of inspection. This staff member was noted to be working within the centre since May 2016. Inspectors were informed that training was scheduled for this staff member for November 2016. The PIC had put in place provisions to ensure this staff member was fully supported and supervised in their role for the interim period. Inspectors spoke with the staff member who showed a clear understanding of the centre's safeguarding policy and of their responsibility in the reporting of any suspected abuse allegation.

Best practice was observed in relation to restrictive practices. Inspectors observed the use of protocols within the centre where residents were prescribed once off psychotropic medications in advance of medical procedures. These protocols were observed to be specific in detail, used on a once off basis and provided clear guidance to staff on supports required by residents in advance of some medical procedures. Inspectors noted that the centre regularly sought the guidance of the Human Rights Committee in relation to the use of restrictive practices.

The centre's arrangements surrounding the management of behaviours that challenge had been reviewed since the last inspection. Inspectors observed a local protocol on the management and reporting of unexplained bruising. Staff spoken to were aware of the role and function of the protocol and the PIC voiced a significant decline in staff confusion on the procedure to be followed where residents present with unexplained bruising. This protocol was noted to be in place for all residents.

Inspectors reviewed behaviour support plans for residents who were assessed as requiring support with behaviours that challenges. One of the plans reviewed was observed to be outside the annual review timeframe. This was also discussed under outcome five.

Judgment:
Substantially Compliant

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Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: On the day of inspection, inspectors found that the person in charge had maintained a record of all notifications submitted to HIQA. Inspectors interviewed the Person in Charge who demonstrated a detailed knowledge of the notifiable incidences to be submitted to HIQA within the specified timeframes. The action from the last monitoring inspection had been addressed with revised procedures in place in regards to the notifications which are required to be submitted to HIQA.
Judgment: Compliant

Outcome 10. General Welfare and Development <i>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.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: Resident opportunities for new experiences, social participation, education, training and employment was facilitated and supported. There was a policy in place on resident access to education, training and development. Residents were observed to be engaged daily in social activities internal and external to the centre. These activities were scheduled in accordance with residents preferences.
Judgment: Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors observed residents' healthcare needs were met in line with their personal plans through timely access to health care services and appropriate treatment.

A specific reference form was in operation by the centre to guide staff on what management plans were in place for residents with specific healthcare needs. A sample of these management plans were reviewed by inspectors and were observed to contain clear guidance to staff on the monitoring for, response to and treatment of the said condition.

A log of Allied Health Professional (AHP) involvement was maintained by the centre which indicated the dates of review and outcome of treatments. A further record was maintained by the centre which referenced reviews by residents' chosen medical practitioner. The use of communication passports outlining residents' communication needs were also in place for AHPs' reference where the resident was attending such appointments.

Inspectors observed that specific protocols were in place to support residents where various procedures were being carried out. These protocols were found to provide clear guidance to staff on the emotional and behavioural support required by the resident in advance of procedures to ensure the comfort and emotional needs of the resident were supported.

No residents were availing of modified diets at the time of inspection. Monthly weight monitoring of residents was observed to be routinely practiced within the centre. Residents were facilitated to choose the menu choices and the chosen menu was displayed for resident reference. Residents were also facilitated to dine out if they wished to do so. Inspectors observed residents being assisted by staff to access and prepare snacks and beverages in the kitchen area.

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):

No actions were required from the previous inspection.

Findings:

Inspectors noted that there were written operational policies and procedures relating to the ordering, prescribing, storage and administration of medications to residents.

Medications, prescription sheets and medication administration records were observed to be stored in a locked press. Medications were noted to be dispensed in blister packs which were clearly labelled with residents' details. Topical medications which were not dispensed in blister packs, were also observed to be clearly labelled with the residents' details. Arrangements around the storage of medications within the centre was observed to be audited annually by a pharmacist. A check of the centre's medication stock system is further completed by staff on a monthly basis.

A number of prescription sheets were reviewed by inspectors. These were found to provide details on the identification of the resident the medication was prescribed for, the name of the medication prescribed, the dosage, route and time of administration. Each prescription sheet outlined the date of commencement and discontinuation of prescribed medications. Upon review, inspectors observed a resident's medication to be incorrectly signed as discontinued following a recent change to the resident's prescription. A further error was noted by inspectors where the dosage prescribed of another medication was unclear to the administering staff member. Inspectors noted that the Person in Charge ensured both medication errors were rectified at the time of inspection.

Inspectors reviewed a sample of residents' administration records. The records were found to be in good condition and provided separate sections for the administration of regular medication and for as required medications. Medication administration records contained residents' personal details and photographs for identification purposes. Additional control measures were also observed through the use of a staff signature page and a staff reference guide on numerical codes for non-administrations.

No residents were self administering their own medications at the time of inspection. Inspectors found that residents were not routinely risk assessed for self-administration upon admission or thereafter. This practice impeded residents' opportunity to take responsibility for their own medications should they wish to do so in line with their age and nature of their disability.

A number of staff members had completed safe medication administration training at the time of inspection. Staff spoken with were knowledgeable on the centres medication management policies and of the procedure to be adhered to in the event of a

medication related incident.

Inspectors observed the use of protocols within the centre where residents were prescribed once off medications in advance of medical procedures. These protocols were observed to be specific in detail, used on a once off basis and provided clear guidance to staff on supports required by residents in advance of some medical procedures.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose for the centre which was accessible at the time of inspection.

Upon review by inspectors, not all information was observed in the statement of purpose to ensure it accurately described the services and facilities to be provided to residents.

Inspectors noted that the following improvements were required;

- Admission criteria for residents
- Arrangements surrounding pre-admission visits by potential residents
- The purpose and function of the internal suite and its arrangements for use.
- Arrangements for respite services within the centre.
- Whole time equivalents for all staff working in the centre.
- Arrangements for residents to access education, training and employment opportunities
- Arrangements for the more frequent review of residents personal plans during the annual interim review
- The centres use of emergency lighting
- Provision of advocacy services for resident use
- Arrangements in place for residents to access Allied Health Professional services

Judgment:

Non Compliant - Moderate

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:

Inspectors found that significant improvements had been made to the management structure of the designated centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The Person in Charge (PIC) was found to be knowledgeable of the operations of the centre and in regard to the functions and responsibilities of their senior management role. The PIC was supported by two Persons Participating in Management (PPIM), one of whom was the Team Leader for the centre. Since the last inspection, the PIC had increased their weekly onsite visits to the centre to ensure sufficient oversight of the care and support provided to residents.

Inspectors observed that staff meetings were held on a regular basis within the centre. The PIC informed inspectors that where they were unable to attend these meetings, they would be represented by one or both of the PPIMs. Accident and incidents were noted to be reviewed and trended on a monthly basis by the management team and findings of same incorporated as part of staff meetings agendas.

An annual review of services was completed at the time of inspection. This was observed to be completed by the Provider and focused on residents' social care needs and on the progression of the centres action plan generated from the last HIQA inspection. Inspectors noted that six monthly audits were being completed within the centre and findings were actioned. Each action report outlined the personnel responsible for completion, estimated close out dates and each actions' current status update. Inspectors found that action reports were reviewed regularly with all involved members of staff.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated

centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found that suitable arrangements were in place in the absence of the Person in Charge (PIC). The PIC is supported by two Persons Participating in Management (PPIMs), one of whom is the Team Leader for the centre. Inspectors also found that the PIC had knowledge as to when HIQA should be notified in regards to their absence.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that the centre was resourced to ensure the effective delivery of care and support in accordance with the centres Statement of Purpose.

Inspectors noted that sufficient resources were in place to support residents to achieve their personal plans. Staffing resources and skill mix were based on the assessed needs of the residents. The centre was fitted with suitable equipment and furnishings to meet the needs of residents who lived there.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection inspectors found that there were appropriate staff numbers and skill mixes to meet the assessed needs of residents.

Inspectors were informed of arrangements for staff supervision that were currently in place for management. The PIC informed that similar plans were plan place for the same supervision process to be initiated for all staff. In the interim, staff were supported through regular staff team meetings and through the onsite support of a nominated Team Leader. Staff were observed to engage freely with other members of staff and residents.

Inspectors observed that there was a planned roster for the centre. This roster indicated the name and role of the staff members rostered for duty, however upon review, inspectors found that the exact times of shift commencement and completion were not clearly defined.

Inspectors also reviewed a sample of staff files and found them to contain the requirements of schedule 2 of the regulations.

Training records reviewed demonstrated the nature of staff training conducted within the centre. Staff had received training and fresher training in areas such as client protection, Studio III, fire safety and manual handling. The staff training matrix for the centre was reviewed by inspectors. The findings of same are discussed in outcome 8.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Written operational policies were in place to inform practice and inspectors found that all policies set out in Schedule 5 were in place.

The statement of purpose and resident's guide were available in the centre and was available in easy read format for residents.

Information relating to residents was securely maintained in the main office of the centre and was easily retrievable. A directory of residents was maintained in the centre.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0005275
Date of Inspection:	24 and 25 October 2016
Date of response:	07 December 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:

The provider failed to ensure that an appropriate record of complaints was maintained in line with the designated centre's complaints policy.

1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

We have placed the Organisations complaints policy on the Agenda of the next team meeting where we will remind staff as to how complaints should be received, recorded, and, where required, to whom complaints should be passed on to

Proposed Timescale: 16/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

1.The provider failed to ensure that the actions for residents' goals were implemented as stated in the residents' personal plan.

2.The provider also failed to ensure that all behavioural support plans were reviewed on an annual basis.

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:

1. We have introduced a quarterly Keyworkers meeting where we will ensure that all individual goals are reviewed with relevant progress or lack of progress being documented. We have reviewed the individual goal that was highlighted by the inspector and have changed how we record this activity to ensure that the relevant information is recorded on both the individuals activity recording sheet and on his Personal Outcome review sheet, at the same time.

2. We have arranged a review meeting with the Psychologist and CNS for Behaviour to update the identified Behaviour Support Plan, and will ensure that all behaviour support plans are reviewed on an annual basis.

Proposed Timescale: 16/12/2016

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 provider failed to ensure that risk assessments were:

- signed
- clearly outlined the identified risk
- clearly outlined control measures for the identified risk
- included risks such as self injurious behaviour.

3. 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:

We have arranged individual review meetings with the Psychologist and CNS for Behaviour for each resident, in respect of the individual risk assessments required to ensure that all risk assessments:

- are comprehensive,
- are of a consistent standard,
- are relevant to the needs of each individual including any risk from self injurious behaviours,
- clearly outline the identified risk along with the relevant required control measures in respect of each risk,
- are signed by all relevant staff.

Proposed Timescale: 16/12/2016

Theme: Effective Services

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

The provider failed to ensure that the fire panel was appropriately maintained.

4. Action Required:

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

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

The face of the fire panel will be secured.

Proposed Timescale: 25/11/2016

Theme: Effective Services

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

The provider failed to ensure that displayed fire evacuation procedures included information on how residents may be evacuated from the designated centre.

5. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The fire action plan will be amended to reflect the relevant information as to how residents are to be evacuated in the event of a fire, including the clear display of a service user friendly evacuation plan.

Proposed Timescale: 25/11/2016

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:

The provider failed to ensure that all staff had received safeguarding training.

6. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

1 new staff member in the designated centre had not undertaken Safeguarding training since commencing employment. This training was scheduled and was undertaken by the staff member on the 16th of November.

Proposed Timescale: 16/11/2016

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:

The provider failed to ensure that residents were assessed to manage their own medications.

7. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

We will complete the Self-Medication Assessment in respect of each individual resident

Proposed Timescale: 20/01/2017

Theme: Health and Development

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

The provider failed to ensure that appropriate prescription sheets were maintained.

8. 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 two irregularities noted on two separate medication prescription sheets have been rectified.

Proposed Timescale: 25/10/2016

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 provider failed to ensure that the designated centre's statement of purpose contained the requirements of Schedule 1, as listed in the Regulations.

9. 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 Centre's Statement Of Purpose is being amended to ensure that it accurately reflects the services and facilities provided to residents.

Proposed Timescale: 16/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure that the staff rota showed the exact times of staff on duty day and night

10. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The duty roster of the designated centre has been amended to show the start and finish time of all shifts.

Proposed Timescale: 13/11/2016