

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services South East
<b>Centre ID:</b>	OSV-0004724
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services South East
<b>Provider Nominee:</b>	Johanna Cooney
<b>Lead inspector:</b>	Gary Kiernan
<b>Support inspector(s):</b>	Conor Dennehy
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	1

## 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: 15 March 2016 08:30 To: 15 March 2016 16:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This report details the first inspection of this designated centre for people with disabilities. The centre comprises two bungalows with one located in a rural area and the other in an urban area in County Waterford. At the time of inspection the centre provided residence for eight individuals with one vacancy.

As part of this inspection, which took place over one day, inspectors met with residents, staff and the person in charge and visited both units which make up the centre. Documentation should such as care plans, maintenance records and operational policies were also reviewed.

Overall inspectors were satisfied that residents received a high quality service. There was evidence that residents had access to meaningful social activities and were supported appropriately by staff. A suitable person in charge was in place and there were effective processes in place to oversee the operation of the centre. Residents were supported to achieve best possible health.

Some improvements were required with regard to fire safety. These are discussed in the body of the report and in the resulting action plan.

**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 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Residents had personal plans in place which provided sufficient guidance to ensure that social goals were met.

Inspectors reviewed a sample of residents' care plans which were based on appropriate assessments. These care plans were updated at yearly intervals or more necessary if required. Inspectors also saw evidence of multidisciplinary input in the review of these care plans. There was evidence that residents were involved in the process and consulted about their preferences.

Residents had varied goals in place in line with their wishes. For example one resident had a goal to attend a new day service while another resident's goals were geared towards the resident becoming more independent with the overall aim to support the resident to live independently. From talking to staff members and reviewing the residents' care plans it was apparent that residents were being adequately supported to work towards and meet their social care needs.

It was also evident that residents were fully involved in the review and setting of personal plans and social care goals. Family were also involved in this area as evidenced by the minutes of circles of support meetings which were facilitated to take place at regular intervals if required.

It was clear from talking to residents that residents were facilitated to achieve their goals and engage in meaningful social activities on a regular basis. For example residents spoke of various activities such as trips away from the designated centre,

playing sports and going out for coffee. The residents spoken with reported a high level of satisfaction with their level of social engagement.

One resident was in transition away from the centre at the time of inspection and the Person in Charge outlined the supports that were in place to facilitate this transition.

**Judgment:**  
Compliant

### **Outcome 07: Health and Safety and Risk Management**

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

**Theme:**  
Effective Services

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

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

#### **Findings:**

The health and safety of residents, staff and visitors was being promoted but some improvements were required with regard to fire safety.

A safety statement was in place which was supplemented by an ancillary safety statements for both units of the designated centre. It was noted by inspectors that detailed health and safety audits had been recently carried out for both units. An emergency plan was in place which detailed the response to be taken in the case of a number of emergencies such as fire or natural disasters arising.

A risk management policy was in place which provided guidance to the staff. Risk registers were in place for both units of the centre each containing resident specific risk assessments which outlined required control measures to mitigate risks. These risk registers had been recently updated and staff members spoken to were familiar with the contents of these registers.

The designated centre had a fire alarm, emergency lighting and fire extinguishers in place which were serviced at the required intervals. Internal staff checks were also being carried out. It was noted however that there was an inconsistent use of fire doors throughout the designated centre. For example in one of the units there were fire doors in some resident bedrooms but there was no fire door leading to the kitchen area where a fire would be most likely to originate. The person in charge informed inspectors that the use of fire doors within the centre was being assessed.

Fire drills were carried out at regular intervals in both units of the designated centre and documented accordingly. However when reviewing the records for these drills it was noted that no drill of a deep sleep evacuation had taken place since the beginning of 2015. Where necessary residents had personal evacuation plans in place and staff

spoken to were familiar with these. Residents also informed inspectors of the processes to be followed in the event that an evacuation was necessary and it was clear that they were very familiar with what to do in the event of an emergency.

While reviewing staff training records it was noted that one member of staff had not undergone any fire safety training at the time of inspection.

**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):**

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

**Findings:**

Inspectors found that systems were in place to protect residents from the risk of abuse.

A sample of positive behaviour support plans were reviewed by inspectors. These were found to have been recently updated with input from a clinical psychologist, nursing staff and social care staff as well as the residents themselves. Such plans clearly outlined the triggers for certain challenging behaviour and the supports necessary to respond to these behaviours. From speaking to staff it was evident that they were aware of the contents of such plans.

Inspectors reviewed the safeguarding policy and noted that it did not reference the Health Service Executive (HSE) National Policy on Safeguarding. The Regional Services Manager informed inspectors that the relevant National policy had been referenced through an addendum which had been recently approved. Following the completion of inspection inspectors were provided with this addendum which was dated 01 March 2016 and made reference to the relevant National policy.

The centre had access to the support of the provider's social work team. In accordance with the provider's policy a designated liaison person was in place who responded to any allegations of abuse. Inspectors met with this person during the course of inspection and he outlined the steps to be taken by the provider should an allegation arise. The designated liaison person also discussed any safeguarding plans that were in place in

relation to this centre.

Inspectors queried safeguarding procedures with staff members. Staff were knowledgeable regarding the various forms of abuse and the need to notify should an allegation or suspicion of abuse arise. Inspectors were informed that there were plans to display the contact details for the designated liaison person in each part of the centre. Staff training records were reviewed and it was found that all staff had received safeguarding training in line with provider's policy at three yearly intervals.

Residents were supported to manage their finances and inspectors were satisfied that there were appropriate safeguards in place to protect residents from financial abuse. Residents spoken to indicated that they felt safe in the designated centre while appropriate safeguarding plans were found to be place at the time of inspection.

A restraint-free environment was promoted and no forms of restrictive practice were in use the centre. There was no PRN (as required) psychotropic medication in use. There was process in place whereby any issues which could constitute a form of restraint were referred to a human rights committee for screening and review.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

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

**Theme:**  
Health and Development

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

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

#### **Findings:**

Residents were supported to achieve their best possible health.

Inspectors reviewed a sample of resident files and it was noted that residents had undergone annual health assessments. Any issues identified during these assessments were addressed by a general practitioner or other allied health professional as required. For example a resident who was assessed as having swallowing difficulties was referred to a speech and language therapist.

Appropriate care plans were put in place in response to identified needs. One resident, who had specific dietary needs, had been reviewed by a dietician. A resulting care plan had been put in place and inspectors saw evidence that this was being followed in practice. For example monthly weights were being recorded while the resident's food diary indicated that a balanced diet was being followed in accordance with the

recommendations given. Following this plan had lead to positive outcomes for the resident involved.

A nurse educator was available to the centre who helped to oversee healthcare for residents. It was also apparent that residents within the designated had good access to a range of allied health professionals such as a physiotherapist and a speech and language therapist. If residents were unable to gain timely access to such allied health professionals publically, the designated centre ensured that access to such services was done so privately.

Staff members spoken to were aware of the healthcare needs of residents and the contents of their care plans in place. Any regular checks which residents needed to monitor their health were carried out and documented accordingly.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**  
Inspectors reviewed medication management within the centre and found that there were appropriate procedures in place to ensure residents' protection in this regard.

Storage facilities were seen by inspectors and found to be suitably secure and provide sufficient space for individual resident's medication to be kept separate. In addition a separate space for any returns was available if required. Medication records were also reviewed and found to contain all of the necessary information.

Medication audits had recently been conducted in both houses of the centre and any issues identified were followed up and actioned. For example one of the audits identified a lack of storage space for medication and following this an extra storage unit had been added in response. Issues identified regarding the stock control of medication had also been addressed.

Most of the staff who worked in the centre had recently undergone training in the safe administration of medications (SAMs). However it was noted that one staff member had not received any training in this area since 2010. This is addressed under Outcome 17. Staff members spoken to were aware of the procedure to be followed in the event that a medication error took place.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

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

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

**Findings:**

Inspectors were satisfied that there were appropriate management systems in place to oversee a safe and quality service for residents.

The Person in Charge of the centre had the necessary qualifications and experience to carry out the role. During the inspection process the Person in Charge demonstrated full knowledge of her regulatory responsibilities. She served as the Person in Charge for this and two other designated centres but it was clear that she had a strong knowledge of the health and support needs of the residents. It was also evident that residents and staff alike were well aware of who the Person in Charge was and received support from her as needed.

There was a clear management structure in place. The Person in Charge was supported in her role by residential team leader and a regional services manager, both of who attended the feedback session for this inspection. The residential team leader also played an active part during the inspection process. Within the management structure in place various meetings were taking place and those in the structure were clear about their roles and responsibilities.

Various audits had taken place in the centre in areas such as medication and health and safety. Any issues identified in these audits were appropriately followed up.

Unannounced visits on behalf of the provider had been carried out in both units of the centre. While it was noted that such visits focused on a number of issues impacting on the quality of the service, such as residents' rights and personal relationships, it was noted that the visits did not have a sufficient focus on the safety aspects of the service, for example safeguarding, risk management, accidents and incidents.

An annual review had been carried for 2015 within the designated centre. This review covered a range of issues affecting residents such as communication, clinical supports, social activities and money management. However when discussing this annual review with the Person in Charge it was found that this review had not been prepared with consultation from residents and their representatives as required by the Regulations.

**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):**

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

**Findings:**

Based on the resident numbers at the time of inspection and the future plans of the designated centre inspectors were satisfied that there were sufficient numbers of staff with the necessary skill mix to meet the needs of residents. Throughout the inspection process warm interactions between residents and staff were seen by inspectors. It was apparent that residents placed a great deal of trust in staff members.

Inspectors reviewed a sample of staff files and found that they contained all of the required information such as Garda vetting, references and proof of identity. Inspectors were satisfied that staff received appropriate supervision from the Person in Charge and the residential team leader in place. Inspectors also saw evidence of staff appraisal and probation assessments where issues such as training needs were discussed and identified.

Training records were also reviewed. As mentioned under Outcome 12 one staff member had not undergone any SAMs training since 2010. This staff member had been booked in to receive such training in March 2015 but had not undertaken the training on this date. The Person in Charge informed inspectors that this staff member was booked to receive this training in April 2016.

There were some volunteers who were involved in the designated centre. A sample of volunteer files was also reviewed with the necessary documentation contained within. Inspectors were also satisfied that volunteers received appropriate support and supervision. One resident told inspectors of their satisfaction with the volunteer that they were working with.

<b>Judgment:</b> Substantially 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:***

Gary Kiernan  
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<sup>1</sup>

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0004724
Date of Inspection:	15 March 2016
Date of response:	22 April 2016

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 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:**

Fire doors were not in place in some parts of the designated centre.

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

**1. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The Registered Provider will:

- Following publication of Fire Regulations for designated centres for people with disabilities full compliance will be adhered to. In the interim fire doors will be installed to compartmentalise the kitchen from the rest of the centre.

**Proposed Timescale:** 31/05/2016

**Theme:** Effective Services

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

One staff member had not undergone fire safety training at the time of inspection.

**2. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The Registered Provider will:

- Prioritise this staff member to attend the next scheduled fire safety training.

**Proposed Timescale:** 09/05/2016

**Theme:** Effective Services

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

A deep sleep fire evacuation drill had not taken place since the beginning of 2015.

**3. Action Required:**

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

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

The Registered Provider will:

- Conduct an annual deep sleep drill in both houses in this designated centre.

**Proposed Timescale:** 15/05/2016

## Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

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

The annual review had not been prepared in consultation with residents and their representatives.

### **4. Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The Registered Provider will:

- Consult with residents and their representatives in the preparation of the next annual review of this designated centre.

**Proposed Timescale:** 31/12/2016

**Theme:** Leadership, Governance and Management

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

Unannounced visits did not place a sufficient focus on safety.

### **5. Action Required:**

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

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

The Registered Provider will:

- Review and amend the six monthly report to include information on accidents/incidents; safeguarding plans and risk management.

**Proposed Timescale:** 01/07/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

One staff member had not undergone any training in the safe administration of medication since 2010.

**6. 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:**

The Person In Charge, (PIC), will:

- Prioritise this staff member to attend the next scheduled refresher training on the Safe Administration of Medication.

**Proposed Timescale:** 16/05/2016