

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	No.2 Bilberry
Centre ID:	OSV-0003564
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Southern Services
Provider Nominee:	Una Nagle
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
08 August 2016 10:00	08 August 2016 17:00
09 August 2016 09:00	09 August 2016 13:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was the second inspection of this centre and was carried out in response to an application by the provider to the Health Information and Quality Authority (HIQA) to register the centre. The first inspection took place on 14 and 15 March 2016.

The purpose of this inspection was to follow-up on the non-compliances identified at the previous inspection. There were eight outcomes identified as being at the level of moderate non-compliance at that inspection. The inspector was accompanied on the first day of this inspection by a member of the HIQA registration team, having first sought and received permission from the provider.

Description of the service:

The centre comprised two houses, one occupied and one vacant. Plans were in place to occupy the vacant house. The occupied house was intended to be a five-day

house and the application in place for the vacant house was for it to operate as a full-time residential service.

The occupied house was warm, clean, comfortable and pleasantly decorated. The vacant house had yet to be decorated and residents were involved in choosing the furniture and furnishings for this house. The vacant house had been painted since the previous inspection and was bright and spacious.

How we gathered our evidence:

The inspector met with one resident who lived in the occupied house, and another resident who availed of an individualised day service in the centre. While two residents were away at the time of the inspection, the inspector had met them at the previous inspection. Residents told the inspector that they liked living in the centre during the week and were happy with the staff, living with their peers and having access to nearby amenities. Staff were observed to support and encourage residents' choice and decision-making. Residents accessed the local community independently. Staff and residents knew each other well and interactions between staff and residents were observed to be appropriate and relaxed. A resident who has planned to move into the unoccupied house also visited the centre to meet with the inspector. This resident showed the inspector around their new house, the bedroom they had chosen and explained how they had been involved in preparing for the move.

The inspector also met residents' relatives. While overall relatives were satisfied with the service being provided to their loved ones and spoke highly of staff in the centre, they expressed a need for a full-time residential or respite service.

The inspector met the person in charge of the centre, who facilitated the inspection and a staff member who worked in the centre. The inspector also reviewed residents' personal plans, training records, meeting minutes and the complaints log.

Overall judgment of our findings:

Overall, the inspector found that the provider had progressed or fully addressed the non-compliances identified at the previous inspection. Transition plans were in place for residents moving into the centre that considered any supports required to facilitate a smooth transition. An occupational therapist had completed an assessment of any mobility or accessibility requirements relating to the vacant house.

Two outcomes remained at the level of moderate non-compliance and these related to healthcare needs and medication management. Further improvement was required to ensure that healthcare and medicines management needs were clearly identified with a corresponding healthcare plan. In addition, improvements were required to the management of complaints. Finally, the provider was requested to submit a funded time-bound plan in relation to works in the unoccupied house in this centre.

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, there were two minor gaps in documentation and therefore a documented, verifiable audit trail was not available for some transactions. In addition, there was no contingency plan in place for one resident to access personal monies at all times. The inspector reviewed the arrangement in place for the day-to-day management of residents' monies and found that the failings identified on the previous inspection had been satisfactorily addressed. A verifiable audit trail was in place for all transactions, which was also signed by the residents themselves. Information required to access personal monies was available for residents in the centre.

Since the previous inspection, the consent of residents had been sought in writing for an individualised day service to be provided in the centre two afternoons per week. Completed consent forms were viewed in residents' files.

At this inspection, the inspector reviewed the complaints log and observed that there was an open complaint dating from 21 July 2016. In accordance with the organisation's complaints policy, the verbal complaint had been acknowledged. In addition, the team leader had logged the verbal complaint in the complaints log. The person in charge had ensured that the complaint remained active, pending the outcome of a scheduled meeting. At the feedback meeting at the close of the inspection, it was confirmed that the complaints procedure had been explained to relatives. However, the complainants told the inspector that they were not satisfied with the time taken to respond to their complaint.

Judgment:

Substantially 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):

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

Findings:

At the previous inspection, it was found that the admissions policy did not take account of the need to protect residents from abuse by their peers. At this inspection, the inspector reviewed the revised policy that had been approved and was awaiting circulation to all centres. The outstanding step required to implement this policy will be included in the action under Outcome 18: Records.

A transition plan had been completed for each resident moving to this centre. The transition plan considered what each individual likes or dislikes about the pending move, social, medical and family supports required, health and safety matters, engagement with the new community, items for the new house and practical requirements (for example, a new front door key and new furniture). The inspector was shown around this house by a resident due to move into this house. The resident told the inspector that overall they were happy with the move and how they had been involved in planning for the move. The resident showed the inspector their new room, some items they would like to change in the house and discussed the practicalities around changing geographical location.

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, a comprehensive assessment of the health, personal and social care needs of each resident had not been completed prior to planned admission to the centre, as required by the regulations. In addition, a comprehensive assessment of the health, personal and social care needs of each resident was carried out annually or as required.

Since the previous inspection, an assessment of needs had been completed for residents planning to move into the unoccupied house in this centre. This included an assessment by an occupational therapist of any supports that related to mobility or accessibility needs. An assessment of needs had also been completed for residents currently living in the centre. Improvements were required in relation to the part of the personal plan that related to assessing and reviewing residents' healthcare needs. This will be addressed under Outcome 11: Healthcare Needs.

At the previous inspection, the supports required to meet goals outlined in the personal plan were not clearly outlined. At this inspection, residents told the inspector about their goals, their work, family, friends and the activities and interests they pursued. These were in turn outlined in residents' personal plans. Since the previous inspection, residents' goals were discussed at review meetings and the supports required to meet those goals were identified and documented.

At the previous inspection, it was found that the review process did not meet the requirements of the regulations as the review of the personal plan was not multidisciplinary. Since the previous inspection, this failing has been progressed via meetings with the multidisciplinary team. However, it was not clear how the review of the personal plan ensured that all needs were tracked, for example, where there were questions around residents' compatibility living together.

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):

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

Findings:

At the previous inspection, it was found that an assessment by a suitably qualified person was required to ensure that the unoccupied house in this centre was suitably designed and laid out to meet the needs (if any) of prospective residents. Since the previous inspection, an assessment had been completed by an occupational therapist. A health and safety risk assessment had also been previously completed of the unoccupied house.

At this inspection, the inspector was shown around the unoccupied house by the person in charge and maintenance officer, who outlined works that had taken place since the previous inspection. These works included painting, the installation of a fire alarm panel, emergency lighting, emergency exit signs and a handrail on the staircase. Hazards identified at the previous inspection had been assessed or removed. A number of other works had been identified by an occupational therapist in a report. For example, recommendations had been made in relation to the installation of hand-rails, grab-rails, a ramp leading into the centre and changes to a shower door and sink. The person in charge said that the required works were pending re-assessment and confirmation of those works by the occupational therapist once the house was occupied. The provider was requested to submit a funded time-bound plan to HIQA in relation to any required works.

Judgment:

Substantially 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):

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

Findings:

Actions required following the previous inspection had been addressed. However, action was required to ensure that fire doors would not be wedged open.

At the previous inspection, a date for installation of fire doors in the unoccupied house had been arranged (March 2016) to effectively contain fire and prevent the movement

of smoke and heat throughout the building in the event of a fire. Since the previous inspection, the fire doors had been installed throughout the centre.

However, at this inspection the inspector observed that fire doors were wedged or propped open. As a result, it was not demonstrated that the controls in place to effectively contain fire and prevent the movement of smoke and heat throughout the building in the event of a fire were effective. The person in charge removed the wedges on the day of inspection. Reassurance was required that wedges and props would not be used to hold fire doors open going forward when the person in charge was not in the centre, including at night.

At the previous inspection, personal emergency evacuation plans (PEEPs) were generic in nature and records of practice fire drills did not contain sufficient information to demonstrate that the arrangements in place were effective. The inspector reviewed PEEPs at this inspection and found that they now outlined the specific support or assistance that an individual resident may require to evacuate. Records of drills demonstrated that the centre could be evacuated in a timely manner.

At the previous inspection, improvement was required to risk assessments. Since the previous inspection risk assessments had been reviewed and updated to reflect staff discussions and possible actions.

At the previous inspection, procedures in place were not consistent with the standards for the prevention and control of healthcare associated infections published by HIQA. Since the previous inspection, the provider representative outlined that they had met with the health service executive (HSE) community infection control nurse in relation to the organisation's infection control policy. Infection control audits had been included in the schedule of audits in the centre. All staff had attended or were scheduled to attend hand hygiene and infection control training.

Judgment:
Substantially Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:

At the previous inspection, the assessment process to establish each resident's educational, employment and or training goals was not included in the resident's individual plan to ensure the appropriate opportunities were made available in line with resident's needs. In addition, it was not clearly demonstrated how residents' personal skills and development were assessed and how support was provided in accordance with those assessed needs and their wishes and abilities, as required by the regulations.

At this inspection, the inspector found that reviews of personal plans had been attended by a staff member from the day service in order to inform each resident's general welfare and development plan. However, this review did not evidence that residents' educational, employment and or training goals had been assessed as meeting each resident's assessed needs and abilities.

Residents were supported to access employment in the community. Residents told the inspector about their work and what it meant to them. Residents' personal plans outlined an individual assessment of each resident's skills that related to personal development, such as travel awareness, money skills, cooking, cleaning and laundry, shopping and community engagement. Staff actively supported skills development and personal independence. For example, a travel programme was being implemented to support a resident's ability to access activities and interests independently in the community at weekends.

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:

Overall, improvement was required in relation to meeting residents' healthcare needs. Healthcare plans viewed did not accurately reflect residents' actual healthcare needs.

At the previous inspection, it was not demonstrated that the part of the personal plan that dealt with healthcare needs was based on a comprehensive assessment of residents' healthcare needs and reflected residents' actual and current healthcare needs.

A number of outstanding actions from the previous inspection had been addressed. For example, residents' hospital passports had been updated, all residents' annual checks by their own general practitioner (GP) were on file and an epilepsy protocol had been revised where required.

However and as previously mentioned under Outcome 5, further improvement was required to ensure that the arrangements in place to support residents' healthcare needs were clearly outlined in residents' personal plans. Some information was found to be inaccurate and confusing. For example, an old epilepsy protocol was in one resident's file, a care plan had been completed for rescue medication that had not been prescribed for that resident, and where residents' medical issues were being managed through dietary means, medication regimes or monitoring by the residents' GP, this was not clear. In addition, there were two protocols on file for one resident's p.r.n. (a medicine taken as the need arises) medicine, one of which was unsigned and undated.

At the previous inspection, it was not evidenced that where residents required behaviour support services, that such supports were provided in a timely and adequate manner. Since the previous inspection, input from psychology had been sought where required. Recommended referrals by the psychologist to the occupational therapist, social worker and speech and language therapist had been made. However, the source and reason for the referral to the occupational therapist was unclear and required re-submission.

In addition, the inspector viewed a letter from a behaviour support specialist dated 25 June 2015 that recommended referral to social work and psychology for a resident. The status of the referral was not clear, for example, whether the referral in progress, outstanding or still required.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Actions identified on the previous inspection had been progressed. Further improvement was required to some aspects of the management of 'as required' medication.

At the previous inspection, staff did not demonstrate a sufficient understanding of the purpose of all p.r.n. ('as required') medicine, including the therapeutic benefits of such medication, as necessary to ensure that p.r.n. medicines were given as prescribed. In addition, this information was not clearly laid out in a care plan. Since the previous inspection, the person in charge told inspectors that staff had been updated regarding the use of p.r.n. medicines. Side-effects to medications were documented in list format in each resident's medication folder. However, this information was not integrated into a care plan and it was not clear which side-effects staff needed to be most vigilant about. This was particularly relevant for psychotropic and epilepsy medications.

At the previous inspection, a protocol to guide staff in relation to the administration of p.r.n. medicine in the event of side-effects from other medicines required review. Since the previous inspection, the protocol had been reviewed. The protocol was approved by the psychiatrist and all staff had signed that they read and understood the protocol. However, a second protocol had since been developed for the same medication. This protocol was unsigned and undated and had not been approved by the psychiatrist.

Since the previous inspection, medication audits had been completed in the centre. The most recent audit was dated 5 August 2016 and identified that p.r.n. medicines was not being correctly counted (the number of tablets was not stated). The person in charge told the inspector that this required action had been relayed to staff. An action from an earlier audit had been completed that related to need to state the maximum dose of p.r.n. medicines, demonstrating follow-through of actions identified during audits.

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):

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

Findings:

At the previous inspection, improvement was required to ensure that the Statement of Purpose fully met the requirements of the regulations. Since the previous inspection, a revised Statement of Purpose had been submitted to HIQA. This included information that had previously required clarification such as, the address of the centre, the provision of an individualized day service from the centre, the admissions criteria for the centre and the name of the person participating in the management of the centre.

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):

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

Findings:

Since the previous inspection, adequate progress had been made to address failings that related to oversight of the quality and safety of care delivered to residents in the centre. Supervision and appraisal systems were under development across the service.

At the previous inspection, gaps identified in this inspection indicated that a review of the operational management of the centre was required to ensure that adequate re-assurance mechanisms were put in place. In addition, audits viewed were limited in scope, such as the medicines management audit.

Since the previous inspection, changes had been made to the operational management of the centre. The remit of the person in charge had been reduced and the involvement of the person in charge in the centre had increased as a result. This was evidenced by attendance of the person in charge at personal planning and review meetings. Risk assessments had been reviewed and updated and information required to inform residents' healthcare needs had been sought and was now on file. Overall, the person in charge had progressed failings identified at the previous inspection.

In addition, medication audits had been reviewed by the organisation's drugs and therapeutics committee and a more robust audit format would be used going forward. Also, a schedule of audits to be completed by the person in charge had been developed and included key aspects of quality and safety of care in the centre including personal plans, infection control and health and safety.

The inspector reviewed the report of a recent unannounced visit to the centre completed on behalf of the provider dated 19 and 20 of July 2016. The report demonstrated that key aspects of quality and safety of care provided to residents in the centre had been reviewed. Actions required were outlined in an action plan. For example

and as also identified on this inspection, it was identified that healthcare needs required review to determine if additional care plans were required.

At the previous inspection, it was identified that a formal supervision and appraisal system is currently being implemented across the service. In this centre, the person in charge had received training in relation to the new appraisal system. The team leader has yet to receive this training. Appraisal dates for staff had been scheduled. The supervision system is under development and has yet to be implemented across the service.

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):

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

Findings:

Mandatory training and training required by staff to support residents in this centre had been scheduled or delivered. New staff had received supervision and instruction in relation to residents' needs, emergency procedures and the protection of vulnerable adults.

The inspector reviewed records of staff training. Where staff had recently commenced in the centre, they had been scheduled for training in relation to fire safety, the protection of vulnerable adults, positive behaviour support, epilepsy management, medicines management, infection control and hand hygiene, and food safety. Training records indicated that other staff had received this training. One staff member required refresher training in relation to the protection of vulnerable adults and this had been scheduled.

Where staff had recently commenced in the centre, they had received induction training and general orientation to the centre. The person in charge confirmed that the induction training programme included a session in relation to the protection of vulnerable adults. The general orientation to the centre included emergency procedures in the centre, including what to do in the event of a fire. This was relevant as staff in this centre work alone most of the time. The person in charge outlined that new staff receive an

orientation to the centre by the team leader and that there is overlap between the team leader and staff members for supervision purposes for periods of time during the working week.

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

Findings:
At the previous inspection, amendments were required to four policies. The medication management, admissions, accident and incident and infection control policies required review and revision to meet the requirements of the regulations. The representative of the provider confirmed that the medicines management, accident and incident and admissions policies had been approved and were awaiting circulation to all centres. The provider had sought input into the infection control policy, which had been received by an infection control nurse from the health service executive (HSE). This policy required further development and once approved, all four policies would be circulated at the same time.

Since the previous inspection, a new format of personal plans was being introduced in the centre. The inspector reviewed a plan that was near-completion and observed that information pertaining to residents' likes, dislikes, goals, skills and personal development plans was clear and easy to retrieve. The person in charge outlined how this clarity of information would assist staff to support residents in a consistent way.

Judgment:
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:

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 report¹

Centre name:	No.2 Bilberry
Centre ID:	OSV-0003564
Date of Inspection:	08 August 2016
Date of response:	03 October 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:

Complainants told the inspector that they were not satisfied with the time taken to respond to their complaint.

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

1. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

This issued has now being resolved following a meeting with the complainants on 31/08/2016.

Proposed Timescale: 31/08/2016

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:

It was not clear how the arrangements in place for review of the personal plan assessed the effectiveness of each plan and took into account changes in circumstances and new developments. In addition, it was not clear how the review process ensured that all residents' needs (other than residents' goals) were tracked both at individual-level and centre-level.

2. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The planning process has built in quarterly reviews. At the quarterly reviews the resident and his or her support team will be asked for progress on goals set at personal outcomes measures/annual review meetings.

Issues other than personal goals will be identified via the comprehensive assessment of need process or through multidisciplinary inputs. These issues will be logged on the risk register and if a satisfactory plan cannot be put in place locally the issue will elevated to Senior Management for resolution.

Proposed Timescale: 31/12/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider was requested to submit a funded time bound plan to HIQA in relation to any outstanding premises improvement works that had been identified in an

assessment by an occupational therapist. These works related to supporting residents' mobility and improving accessibility of the centre.

3. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The registered provider is in the process of completing a plan in relation to the outstanding improvement works recommended in Occupational Therapy Assessments

Proposed Timescale: 31/10/2016

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:

Fire doors were observed to be wedged or propped open. While this was addressed on the day of the inspection, reassurance was required that wedges and props would not be used to hold fire doors open going forward when the person in charge was not in the centre, including at night.

4. 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:

Quick release devices will be fitted to doors in corridors and to the office door to support routine daily interaction.

Proposed Timescale: 12/10/2016

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:

It was not demonstrated that a recommendation for a referral to social work and psychology dated 25 June 2015 was in progress, outstanding or still required.

5. 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:

It has been established that social work referral is not required at this time. Psychology referral has been confirmed as still being required. Psychology referral complete.
[29/08/2016]

A log of Referrals will be developed and introduced to assist the team in tracking referrals for each resident.

Proposed Timescale: 30/10/2016

Theme: Health and Development

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

As detailed within the findings, healthcare plans viewed did not accurately reflect residents' actual healthcare needs.

6. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A standard Health Care Management Plan has been introduced within the service. This Health Care Management Plan is being written up for all residents in the designated centre.

Proposed Timescale: 12/10/2016

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:

Improvements were required to ensure that medication was given as prescribed and that practices were in accordance with guidance published by the Irish Nursing and Midwifery Board for safe medication management:

- there were two protocols in place for the same PRN or 'as required' medication, running the risk of error in the event of any changes to the prescribed medication
- the side-effects of psychotropic and epilepsy medicines were not integrated into a care plan and it was not clear which side-effects staff needed to be most vigilant about
- PRN medication was not being correctly counted (the number of tablets was not stated).

7. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The protocols reviewed re PRN medication on 10/08/2016.

The Health Care Management plan will detail any side effects of psychotropic or epilepsy medication – 12/10/2016

System in place for counting PRN medication – 10/08/2016

Proposed Timescale: 12/10/2016

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:

Arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering were under development and had yet to be implemented in full.

8. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The unit leader has now been trained on performance appraisal and will conduct individual sessions with all staff

Proposed Timescale: 31/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Where staff had recently commenced in the centre, they had been scheduled for but had yet to complete training in relation to fire safety, the protection of vulnerable adults, positive behaviour support, epilepsy management, medication management, infection control/hand hygiene and food safety. One staff member required refresher

training in relation to the protection of vulnerable adults and this had been scheduled.

9. 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:

All training will be delivered as scheduled i.e.

Fire Training completed 07/09/2016. Protection of Vulnerable Adults training completed on 09/09/2016. Epilepsy Training completed on the 26/09/2016 and Positive Behaviour Training will take place on the 29/09/2016. Medication Management Training to take place for one remaining staff on the 13/10/2016 and 14/10/2016.

The Person in Charge will work with the Team Leader to devise a system of ensuring that all training is kept updated

Proposed Timescale: 04/11/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Amendments were required to the medication management, admissions, accident and incident and infection control policies to meet the requirements of the regulations and to reflect best practice.

10. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

These policies have being updated by the Service and will be available to the Centre in October 2016

Proposed Timescale: 31/10/2016