

**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 Southern Services
<b>Centre ID:</b>	OSV-0002264
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Southern Services
<b>Provider Nominee:</b>	Una Nagle
<b>Lead inspector:</b>	Julie Hennessy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	1
<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: 13 April 2016 10:00 To: 13 April 2016 17:30

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This monitoring inspection was the first inspection of this centre carried out by the Authority.

As part of the inspection, the inspector met with the resident residing in the centre and person in charge. No other staff were on duty at the time of the inspection.

The centre comprised a single three-storey house, which could accommodate two residents. The centre comprised three bedrooms, one of which was en-suite and one bathroom. The downstairs of the house was open plan, comprising a sitting/dining/kitchen area. The sole current occupant of the centre had their own bedroom, which they had selected. The centre was warm, tidy and furniture and fittings had been chosen by the resident.

The resident residing in the centre told the inspector that they liked where they lived and were happy with the supported living service being provided to them. The resident was fully independent in many aspects of their day-to-day life, with supports provided if required. Positive family relationships and family involvement was evidenced. The person in charge and the resident knew each other well and interactions were observed to be appropriate and warm.

Non-compliances were identified in relation to some areas, with some actions already underway. For example, the provider was in the process of addressing fire improvement works. A full multi-disciplinary assessment of the resident's key area of healthcare need had also been organized. Other non-compliances related to the need to ensure that the review of the personal plan was multi-disciplinary and that the bi-annual visits by the provider considered all key aspects of quality and safety of support provided in the 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 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:**

A comprehensive assessment of the resident's personal and social care and support needs had been completed. This assessment reflected the resident's abilities and included assessment of living skills, money skills, interaction with others, participation in the community and leisure activities.

Further improvement was required in relation to a comprehensive assessment of resident's health needs and this is discussed under Outcome 11: Healthcare needs.

The inspector reviewed the personal plan for the resident residing in this centre. A written personal plan had been recently updated and developed. Information was individualised and specific. The personal plan included information pertaining to likes and dislikes, people important in their life, activities, routines any supports required.

Staff supported the resident to self-manage daily aspects of their life with the aim of living as independently as possible. The resident showed the inspector a folder that s/he used to manage day to day aspects of his/her life. Information within related to menu planning, activity planning, fire safety and home safety, cleaning, travelling and their weekly routine.

A support plan was also in place that outlined what supports were in place to meet specific needs. However, it was noted that this plan was unsigned and undated and some of the information contained within did not reflect the current situation e.g. in relation to current cooking skills and the status of medical referrals.

The resident had opted out of the formal personal outcome measures review process so alternative means of ensuring their satisfaction with the service were used. An annual review of the personal plan took place, attended by the resident and their support workers. The inspector reviewed minutes of this review and found that it was comprehensive. Discussed at the review were satisfaction with living arrangements, work, activities and the service and also other key aspects including rights and any complaints. It was demonstrated that where actions were identified, there was follow-through. Other review meetings also took place attended by family members. Where the resident chose not to participate, this choice was respected.

However, the system in place did not ensure that the review of the personal plan would be multi-disciplinary. The provider was aware of this gap and was reviewing the system across the service.

**Judgment:**

Non Compliant - Moderate

**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:**

There were organisational policies and procedures in place for risk management, health and safety and infection control.

An annual audit of health and safety in the centre had been completed on 10 November 2015 and no actions were identified for follow-up.

There were arrangements in place in relation to the identification of hazards and the completion of risk assessments. Risk assessments had been completed for key risks including individualised risks such as self-medication, staying alone in the house and travelling independently. These risk assessments informed an individual risk profile, which in turn informed a local risk register. The person in charge oversaw and signed all risk assessment documentation.

There was a system in place in the organisation for the recording and reporting of incidents.

The inspector reviewed the training records for staff who provided support to the resident living in this centre. All staff had received training in relation to infection prevention and control. One (of four) staff required training in relation to fire safety.

The personal evacuation plan for the resident identified that s/he carried out fire drills independently. The resident articulated to the inspector how such drills were completed. The resident showed the inspector records of regular fire drills (every 1-2 months), which demonstrated that evacuation was completed in a timely manner. Records included both day and night-time drills. Weekly visual checks for fire safety purposes were completed. Servicing records for fire equipment and the gas boiler were within date. Fire doors had been recently installed into the centre. A fire consultant had identified that there was a domestic-style fire detection system in place, which needed to be upgraded and that there was no emergency lighting in place. This centre was however only recently confirmed as a designated centre and the provider had organised for an appropriate fire detection and alarm system and emergency lighting to be installed the week following the inspection (week beginning 18 April 2016).

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

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

**Findings:**

There were policies and procedures in place in the organisation for the safeguarding of vulnerable adults, in relation to the protection of residents' finances and personal belongings, supporting residents' during intimate care, supporting behaviours that may challenge and restrictive practices.

The person in charge and staff members were aware of what to do in the event of an allegation, suspicion or allegation of abuse and demonstrated a positive approach to supporting residents with behaviours that may challenge.

There were no restrictive practices in use in this centre.

An intimate care protocols was in place and reflected the resident's independence in this area.

The personal file contained information pertaining to safety or supports required if the resident became upset. However, the guidance for staff was vague and simply stated "reassure me" or "listen to me". In addition, known triggers were not included in this guide, such as attendance at meetings and paperwork and carrying out budgeting by themselves. The person in charge clearly articulated these triggers and how the resident would be supported and how to respond to him/her on such occasions. This information needed to be captured in order to ensure a consistent response by all staff supporting the resident.

The resident had access to psychiatry as required. Multi-disciplinary supports had been sought by the organisation and an assessment was scheduled for the week following the inspection. This is also referenced under Outcome 11: Healthcare Needs.

**Judgment:**  
Compliant

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

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

**Theme:**  
Health and Development

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

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

#### **Findings:**

The resident accessed their own general practitioner (GP), dentist and pharmacy independently and also accessed other medical consultants as required.

The person in charge told the inspector that securing access to a full multi-disciplinary (MDT) team was in progress. This was evidenced by an assessment organised for the week following the inspection by the community mental health disability team and stress management sessions that were being facilitated by a psychologist from the same MDT team.

Monitoring of resident's health was demonstrated, including health checks and blood tests and healthcare needs were discussed at review meetings in order to ensure that required follow-up had been completed.

The resident showed the inspector their healthcare information, This included a 'hospital passport', the purpose of which was to communicate key information to hospital staff in the event of an admission to the acute sector. Also included was an annual health check completed by the GP.

However, where significant healthcare needs were identified, a health plan had not been completed to clearly outline how all aspects of that area of need were being managed or supported, including in relation to any medication with potential serious side-effects.

The downstairs room of the centre was open-plan and comprised a sitting/dining/kitchen area. The kitchen space had a fully fitted kitchen with suitable cooking facilities, kitchen equipment and kitchen furniture. The resident told the inspector that s/he enjoyed cooking and baking and that she shopped and cooked independently. The resident had attended cooking classes previously and was well-versed in relation to nutritious eating.

**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):**

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

### **Findings:**

There were written policies and procedures in place relating to the ordering, administration, storage and return of medication.

The resident self-administered and managed their own medication. The resident outlined the systems in place that they followed in relation to collecting medication monthly from the pharmacy, recording medication taken and informing their GP of any potential side effects. There were regular reviews of medication by the GP and psychiatrist.

Arrangements were in place to ensure oversight and supervision of self-administration practices. An assessment of the resident's ability to self-administer medication was in place, which did not identify any residual risks. Medication administered was co-signed by a staff member as well as the resident themselves. A daily and weekly stock list was maintained by staff.

There were no controlled drugs kept in the centre and no chemical restraint. PRN ("as required") medications were prescribed by the GP.

A list of potential side effects of any medications was kept in the resident's file and the resident explained such side effects to the inspector. A recent medication audit had identified potential issues relating to safe storage of medication during transport, and this had been addressed.

There was a system in place for the reporting, recording and review of any medication errors.

**Judgment:**  
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):**

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

**Findings:**

The statement of purpose consisted of the aims, objectives and ethos of the designated centre.

The inspector found that amendment to the statement of purpose was required in order to meet the requirements of Schedule 1 of the regulations. The statement of purpose was detailed but focussed on the individual receiving the service instead of the service and facilities that the designated centre intended to meet. In addition, the admissions criteria was not specific to the centre. This was discussed in detail with the person in charge on the day of the inspection.

**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):**

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

**Findings:**

There was a clearly defined management structure in place in the centre. The resident was supported by a community support worker and named staff members attached to the outreach service. These support workers reported into the person in charge, who reported to the sector manager, who in turn reported to the person nominated to represent the service in all of its interactions with HIQA (the 'provider nominee').

The person in charge of the centre was full-time and met the requirements of the regulations in terms of qualifications, skills and experience. The person in charge was in charge of a number of services including two designated centres, an outreach service and a day centre. The person in charge carried out one-to-one supervision of staff on a fortnightly basis. She had recently introduced fortnightly team meetings, in order to formalise communication between what was an increasing staff team in terms of numbers. The inspector reviewed minutes of the first staff meeting and found that they considered a wide range of relevant topics such as risk assessments, medication management, complaints, protection and welfare and health-related matters.

The provider had carried out a six-monthly unannounced visit of the centre recently, on 15 March 2016. Four areas were reviewed and these related to social care needs, health and safety, safeguarding and safety and medicines management. Actions were identified in an action plan. The inspector followed up on a sample of actions and found that they had been completed. However, the unannounced visit was limited in scope and findings in this unannounced visit indicated that improvement was required to ensure that all key aspects the safety and quality of care and support being provided in the centre were fully reviewed. For example, gaps in relation to the need for a mental health care plan had not been identified as this key area had not been assessed.

An annual review of the centre had not yet been completed as this centre had only relatively recently been confirmed as a designated centre. There was however a system in place to complete an annual review of this centre.

**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:**

There was a planned and actual staff roster in place which showed the times staff provided support to the resident living in the centre, including a sleepover staff on duty at night. The provider demonstrated that staffing levels reflected resident's current support requirements. For example, additional supports had been introduced to support a period of rehabilitation.

Based on observations, a review of the roster and these inspection findings, it was demonstrated that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the resident at the time of inspection.

There was evidence of effective recruitment and induction procedures; in line with the policy.

Staff were supervised appropriate to their role by the person in charge via fortnightly one-to-one supervision meetings.

A gap in relation to fire safety training was previously discussed under Outcome 7. Training records indicated that staff completed further education and training including mandatory training and training in medicines management, first aid, food safety, safeguarding and safety and positive behaviour support.

**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:***

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

**Action Plan**

**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
<b>Centre ID:</b>	OSV-0002264
<b>Date of Inspection:</b>	13 April 2016
<b>Date of response:</b>	04 May 2016

**Requirements**

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

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

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The support plan was unsigned and undated and some of the information contained within did not reflect the current situation.

**1. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

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

The support plan will be reviewed to ensure goal progression and new learning and achievements are documented. The plan will be signed and dated. Staff will be reminded on the importance of ensuring that all areas of the plan and updates are signed and dated.

**Proposed Timescale:** 06/05/2016

**Theme:** Effective Services

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

The system in place did not ensure that the review of the personal plan would be multi-disciplinary. The provider was aware of this gap and was reviewing the system across the service.

**2. Action Required:**

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

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

The Personal Planning Process is currently being re-examined to ensure that the plans evidence that the reviews of the individual residents personal plans have multidisciplinary input.

**Proposed Timescale:** 27/05/2016

**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:**

Emergency lighting was due to be installed the week following the inspection (week beginning 18 April 2016).

**3. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The emergency lighting has now been installed

**Proposed Timescale:** 18/04/2016

**Theme:** Effective Services

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

An appropriate fire detection and alarm system was due to be installed the week following the inspection (week beginning 18 April 2016).

**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:**

The fire detection and alarm system are now installed.

**Proposed Timescale:** 18/04/2016

**Theme:** Effective Services

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

A staff member (who worked 'sleep-over' shifts) required training in relation to fire safety.

**5. 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:**

Training dates have been allocated to the staff member booked for fire safety training.

**Proposed Timescale:** 11/05/2016

## **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Healthcare plans were not in place for significant healthcare needs or medications with potentially serious side-effects.

**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:**

The health care plan will be reviewed to include, information on medication and any possible counter indications, paying particular attention to potential side-effects. The plan will also include information on supporting the resident in choosing healthy life style with emphases on diet and health care needs.

**Proposed Timescale:** 27/05/2016

**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:**

Significant amendment to the statement of purpose was required in order to meet the requirements of Schedule 1 of the regulations.

**7. Action Required:**

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

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

The Statement of Purpose will be reviewed to ensure that it complies with Schedule 1 for the regulations.

**Proposed Timescale:** 06/05/2016

**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:**

Floor plans had yet to be submitted to the Authority.

**8. Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

Floors plans will be submitted to the Authority with the updated Statement of Purpose.

**Proposed Timescale: 06/05/2016**

**Theme: Leadership, Governance and Management**

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

While the provider had carried out an unannounced visit to the designated centre, some key aspects of safety and quality of care and support provided in the centre had not been assessed. These included healthcare needs, governance and management of the centre and workforce planning.

**9. 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 scope of the internal unannounced 6 monthly audit has been updated to include the core outcomes 5, 7,8,11,12,14,17. This new format will be used for the next unannounced visit.

**Proposed Timescale: 30/09/2016**