Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	No.4 Brooklime
Centre ID:	OSV-0002275
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:	Kieran Murphy
Support inspector(s):	Louisa Power
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
02 May 2017 10:15	02 May 2017 17:00
03 May 2017 08:15	03 May 2017 15:00

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

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

Summary of findings from this inspection

Background to the inspection:
This report sets out the findings of the second inspection of a centre managed by Brothers of Charity Services following an application by the provider to register the centre with the Health Information and Quality Authority (HIQA). The previous inspection was in March 2016.

Description of the service:
Brothers of Charity Services provide residential and day care to people with an intellectual disability in the Cork area. This centre consisted of a detached house

based on the outskirts of a large town in Cork and provided a home to three men. To meet the identified needs of all residents the house had been refurbished and redesigned to incorporate two self contained apartments.

There was a high level of staff support available to residents to meet their needs. The centre was in a tranquil setting with large garden spaces. One of the residents particularly enjoyed the outdoor space the centre provided and over the course of the inspection was seen to enjoy the country life.

How we gathered our evidence:
Inspectors met all three residents and also met with one family of a resident. In addition two families of residents had completed questionnaires for HIQA prior to the inspection giving feedback on the centre, which in general was very positive about the service being provided. One family said that they were "very pleased with the quality of life people are afforded in the centre. I have great admiration for all the staff and the manner in which they undertake their work".

The inspectors also met with the person in charge, the team leader for the unit, staff and the director of services for the Brothers of Charity. Inspectors reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

HIQA was also in receipt of unsolicited information which is information submitted from the public to HIQA relating to incidents and concerns about centres. The issues raised in the unsolicited information were also explored during the inspection.

Overall judgment of findings:
There was a policy on communication and each resident's care plan clearly outlined how the resident communicated and what assistance and support they required to communicate.

Staff appeared very committed to ensuring the residents had a good quality of life. Staff spoke to inspectors about the different care needs of the residents and the importance for continuity of care.

The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. However, improvement was required in relation to the oversight of clinical care provided to residents to ensure that the service was effectively monitored.

However, of the 18 outcomes inspected one was at the level of major non-compliance, namely medicines management (Outcome 12) as effective oversight was not demonstrated at the time of inspection to ensure safe medicines management practices and to protect residents from associated harm.

Improvement was also required in relation to:
- there were some practices in the centre that did not ensure that each resident's privacy and dignity was respected in relation to their personal and living space (Outcome 1 Rights Dignity and Consultation)

- the process for personal planning review was inconsistent as some "goals" for residents did not always focus on the resident's personal development. In addition, timescales were not always specific for "goals" and the review of the personal plan was not multidisciplinary (Outcome 5 Social Care Needs)
- restrictive procedures were not in line with evidence based practice and in particular the use of chemical restraint. Improvement was also required to support residents to manage their behaviour (Outcome 8 Safeguarding and Safety)
- inspectors saw records of an incident relating to medication safety that should have been reported to HIQA but was not. The person in charge undertook to submit the required notification (Outcome 9 Notifications)
- improvement was required to residents' healthcare plans to ensure that each resident received appropriate healthcare. In addition, the healthcare planning process did not ensure that issues like diagnosis of conditions were being appropriately followed up (Outcome 11 Healthcare).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Staff were very committed to improving the quality of life of residents. However, there were some practices in the centre that did not ensure that each resident's privacy and dignity was respected in relation to their personal and living space.

Each resident had an individual rights assessment available in their personal plan and the service promoted a restraint-free environment to limit restrictions on residents' lives. The person in charge outlined that a multidisciplinary restrictive practices committee reviewed any restrictions that impeded on a resident's life. For example, the locking of kitchen presses and the locked door separating the two apartments had been found not to be restrictions on residents' lives. However, there were documents seen in residents' files which recorded resident's sleep record during the night. This meant that a staff member had to physically enter the resident's room to check whether the resident was awake or asleep. While there were safety concerns for one resident to validate the use of these physical checks, for the other residents there was no safety, or other reasons, either documented or outlined during the inspection.

Inspectors also observed that a "monitor" was in one resident's bedroom that, according to staff, was used as a listening device at night time. This was in addition to an "awake" staff being present during the night. However, a risk assessment to indicate the need for the monitor was not available in relation to this environmental restriction. There was no documentation available in relation to the approval of this restriction.

In the feedback provided to HIQA prior to the inspection, one family said that their loved one "is allowed to make choices, and has his own bedroom and quiet space". During the

inspection, it was found that residents could keep control of their own possessions. There was an up-to-date property list in each resident's personal outcomes folder, which identified when the resident bought or received items like furniture or bedside lamps. There was adequate space for clothes and personal possessions in all bedrooms. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished.

There was a complaints policy which was also available in an easy-to-read format. The policy was displayed throughout the centre and was also designed to facilitate concerns. Inspectors saw records of 49 concerns since the previous inspection in March 2016. These concerns related to general care issues and welfare of residents. It was noted that the director of services for the Brothers of Charity had made herself available to meet with residents or their families if they had concerns.

Inspectors reviewed the management of residents' finances. There was a policy on residents' finances and all items purchased for, and by residents were verified by receipt. Each resident had a financial plan. The person in charge outlined that residents and their families were being consulted about the management of residents' finances.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a policy on communication and each resident's care plan clearly outlined how the resident communicated and what assistance and support they required to communicate.

Inspectors reviewed residents' personal plans and found that where residents had communication needs, this was captured in personal plans. Each resident had a "communication passport" that identified how they communicated and the passport also ensured that staff supported residents in a consistent manner.

Residents with communication needs had access to allied health care as required, including speech and language therapy, with some residents having choice books available to encourage the use of expressive language.

Staff were observed over the course of the inspection to support residents to communicate. For example, staff had communication cards on their person so that some residents had certainty around activities. Staff also facilitated the use of alternative forms of communication like "object exchange", which involved the use of objects to encourage communication.

Inspectors observed a communication board in the kitchen areas which contained pictures of what was for dinner that night and also there was a picture rota of which staff were on duty.

A number of residents had their own computerised tablet.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were supported to develop and maintain personal relationships and links with the wider community. Families were involved in the lives of residents.

There was evidence of good communication and contact between the service and families. Residents spent regular time at their family homes. As part of the annual review, the Brothers of Charity service had engaged in consultation with the families of residents on the quality and safety of care provided by the centre. The service had received a number of responses and overall, the feedback in the consultation responses was positive.

In feedback received by HIQA from families, it was highlighted by one family that they were involved in the care planning and monthly reviews as they wished.

There was an open visiting policy and families, with whom inspectors spoke, confirmed that there were no restrictions on visits. There were a number of areas throughout the centre where each resident could receive visitors in private.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Each resident had been given an agreed written contract which included the details of the services to be provided.

Following recent legal changes new contracts of care had been issued to each resident. Each of the contracts outlined dealt the support, care and welfare to be provided and included details of the services to be provided. The contract also specified the charges to be administered on a weekly basis. The contracts had not yet been returned to the service.

There had been no recent admission to the centre and there was no capacity in the centre to admit any additional people.

Judgment:
Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Each resident's assessed needs were set out in an individualised personal plan. However, the process for personal planning review was inconsistent.

In feedback received by HIQA prior to the inspection one family member said that "it is apparent to me that every effort is made to meet residents indentified needs".

There were three sets of resident records relating to social and healthcare planning: the person centred planning folder that contained the care plans and person centred planning reviews; a separate file for medication and medical and healthcare records that included records of reviews by medical doctors, consultant letters and blood test results; and the "behaviour support file" that contained behaviour support plans and monthly reviews of care.

There were assessments of residents' healthcare needs and social care needs in the personal planning process. An assessment tool was used to assess the health, personal and social care needs of the resident. The assessment tool was augmented by the annual health check completed by the resident's general practitioner and a health assessment check list. The assessment tool and the health assessment checklist were completed by the resident's key-worker. The assessment tool did reference reports from the multidisciplinary team.

In relation to social care needs, personal goals and objectives were outlined in all personal plans. There was evidence of resident involvement in agreeing and setting these goals at the resident's annual personal planning meeting. There was also evidence that individual goals were achieved and that goals impacted positively on resident's personal development for some residents. However, inspectors saw that in some instances, goals were repeated from the previous year, were not specific and did not focus on the resident's personal development in some plans. In addition, the time frame was not specific for some goals and was listed as 'ongoing'.

The personal plan was subject to a review on an annual basis or more frequently if circumstances change. The review did assess the effectiveness of the plan and reviewed the goals and aspirations that had been identified. Changes in circumstances and new developments were included in the personal plans and amendments were made as appropriate. However, the review of the personal plan was not always multidisciplinary as only key-workers from the residential services and day services were involved in the development of the personal plan.

Residents were accompanied by staff to the doctor or specialist appointments as required. However, staff were making notes of these appointments but were not updating the care plan as required. For example, one staff note recorded that a consultant specialist appointment was to be booked for a resident, following a visit to their doctor. While there was a handwritten note saying "followed up", the relevant healthcare plan had not been updated.

A booklet was available to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare. For residents who had attended hospital

for treatment in an emergency or for an unplanned event, medical discharge summaries were available in the healthcare files.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The location, design and layout of the centre was suitable for its stated purpose and met residents' needs in a comfortable and homely way.

The centre consisted of a detached house based on the outskirts of a large town in Cork and provided a home to three men. It was in a tranquil setting with large garden spaces. One of the residents particularly enjoyed the outdoor space the centre afforded and, during the two days of the inspection, was mainly outside enjoying the country life.

To meet the identified needs of all residents, the house had been refurbished and redesigned to incorporate two self-contained apartments. This meant that one resident had his own living space including a bedroom, a kitchen;dining room, a sitting room, one bathroom with a shower, wash hand basin and a toilet and a second bathroom with a large bath and wash hand basin.

The second self-contained apartment was shared by two residents and had two separate bedrooms, a bathroom with a shower, a large kitchen;dining area, two sitting rooms, one of which led to a large garden.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The health and safety of residents, visitors and staff was promoted and protected.

There was a risk management policy that included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. There was a robust incident management system in place and an inspector reviewed a sample of incident forms from January 2017 to April 2017. The majority of forms related to incidences of behaviour that challenges with 16 forms completed in April, and 12 each in January, February and March.

The centre had a risk register in place. A centre risk register is designed to log all the hazards that the centre is actively managing. The risk register had 18 issues included, all of which related to individual residents. Each resident also had a summary individual risk profile that identified specific hazards relevant to each resident.

Suitable fire fighting equipment was provided throughout the centre and was serviced on an annual basis, most recently in July 2016. The fire panel and emergency lighting was serviced quarterly, most recently in January 2017. Records of weekly fire checks were kept. These checks included visual inspection of the fire exits, fire panel, emergency lighting, fire equipment and detectors.

Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed. A clear plan was in place for the overall evacuation of the centre in the event of a fire. A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and had been updated regularly and in line with residents' changing needs.

Training records indicated that all staff had completed training in fire safety or fire evacuation. Fire drills took place regularly and a description of the fire drill, duration, participants and any issues identified were reviewed by an inspector.

An emergency plan was in place which covered events such as natural disasters and utility failure. A generator was available to the centre in the event of power failure. Provision was made in the event where the centre may be uninhabitable.

There was a policy in relation to control and prevention of infection. Standard universal precautions were in place in relation to the disposal of clinical waste and staff spoken with were aware of infection control principles.

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

Findings:
Restrictive procedures were not in line with evidence based practice and in particular the use of chemical restraint. Improvement was also required to support residents to manage their behaviour.

The Brothers of Charity service had an adult behaviour support services department and all three residents had received support from an intensive support worker from this department. Comprehensive behaviour assessment reports and support plans were available for the residents that gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges.

Records seen by inspectors indicated that the implementation of the support plans was being reviewed on a monthly basis. These review meetings were attended by the key workers from residential and day services and the intensive support worker from the behaviour specialist team. Interventions outlined in the support plan were reviewed such as a consistent staff team, use of objects of reference, sensory activities and a visual roster. A review of incidents was completed at this meeting.

However, inspectors did note that, in addition to these support plans, separate protocols had been developed without any specialist input from the behaviour support services department. For example, one resident had five separate protocols for activities in the community.

Some restrictive practices were used in the centre. The use of physical restraint was guided by a plan developed by a staff member who was also an instructor in the use of physical restraint and the plan was referenced at the monthly review meetings. The plan outlined the proactive and supportive interventions to be implemented prior to the use of physical restraint. Records reviewed indicated that physical restraint was used after all alternative measures had been considered and trialled. The frequency of physical restraint had reduced since the reconfiguration of the centre.

A plan was developed to guide staff in the administration of chemical restraint and was signed by the prescriber. The plan was individualised and gave clear guidance in relation

to the appropriate medicine to be administered in line with the severity of the signs displayed by the resident. However, inspectors saw that the plan was not always followed and there were inconsistencies in the doses outlined in the plan and the resident's prescription. The maximum dose of two psychotropic medicines to be administered was different on the prescription and the plan. Inspectors saw records of a recent incident where maximum dose of both medicines, as outlined in the plan, was exceeded. The dose administered was the maximum dose outlined in the prescription but a rationale for exceeding the dose outlined in the plan was not recorded.

Records did not demonstrate that every effort was made to identify and alleviate the cause of the resident's behaviour, where appropriate, before the administration of chemical restraint. For example, pain relief was administered at the same time as chemical restraint on two of the three occasions that chemical restraint was administered to a resident since 23 April 2017. Therefore, the resident being in pain was not ruled out before the administration of chemical restraint and it was not clear if the chemical restraint or the pain relief had alleviated the resident's behaviour.

Records did not demonstrate that all alternative measures, as outlined in the plan, were considered and trialled before the administration of chemical restraint. A record was not maintained of the monitoring to be undertaken, in line with the guidance issued by HIQA, to evaluate the risks to the resident's physical, psychological and emotional wellbeing and to ensure that that least restrictive procedure was used for the shortest duration necessary.

Staff were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse.

Staff had received training in relation to responding to incidents, suspicions or allegations of abuse. However, the training records indicated that three staff had not completed formal "positive behaviour support" training. All staff had completed training in de-escalation and intervention techniques.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
It was a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. Since the last inspection a record of all incidents occurring had been maintained and all notifications had been sent to HIQA as required.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
Residents had opportunities to participate in activities that were meaningful and purposeful to them. One family said that their loved one "is always allowed to be an individual".

All residents had access to a day centre and the person in charge outlined that this service was specifically designed for each resident's individual needs and likes.

Inspectors observed there was a good level of activity in the evenings and on the weekends for residents. There were two separate vehicles available to residents for activities. Things that residents liked doing included going for meals, shopping and bowling. At monthly review for one resident, it was noted that the range of activities had been expanded to include more trips to the shop or coffee shops in the community and recycling used items.

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

Findings:
Residents were supported on an individual basis to achieve and enjoy the best possible health. However, improvement was required in relation to healthcare planning to ensure that clear direction was available for staff to support residents' healthcare needs.

In the sample of resident healthcare records seen by inspectors, each resident had access to a general practitioner (G.P.). There was evidence of good access to specialist care in psychiatry, with a consultant psychiatrist available to residents as required. There was evidence that residents were supported to attend appointments in acute general hospitals and had been referred to consultant specialists if required. There were examples of good coordination of care between the G.P. and consultant specialists in neurology and psychiatry, to ensure the best healthcare outcome for residents.

As an example of good practice; for residents with epilepsy who may need emergency medication, there were up to date protocols in place that had been signed by the G.P. In relation to other healthcare needs, for example, in the management of constipation, there was clear guidance available to staff in relation to an individualised and stepped approach both by using medicines and other methods.

However, overall it was found that improvement was required to residents' healthcare plans to ensure that each resident received appropriate healthcare. Residents were prescribed a number of 'as required' medicines for the management of pain, constipation, diarrhoea, seizures, hayfever, cough, long-term skin conditions, skin infections, cold sores and nausea. Care plans were not adequate to guide and support staff in robust clinical decision-making for the management of these conditions. In some cases, medicines had been administered by staff in the absence of a clear rationale for their administration. In addition, the healthcare planning process did not ensure that issues like diagnosis of conditions were appropriately followed up.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake. The inspector noted that residents were referred for dietetic review as required. All meals were prepared by staff in the kitchen on site. A copy of the menu in picture format was available on the notice board. Staff were knowledgeable about residents' likes and dislikes.

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:
The medicines management outcome was examined by a medicines management inspector. Overall, effective oversight was not demonstrated at the time of inspection to ensure safe medicines management practices and to protect residents from associated harm.

A comprehensive medicines management policy, dated September 2016, was in place detailing the procedures for safe prescription, ordering, transport, storage, administration and disposal of medicines.

Medicines for residents were supplied by a local community pharmacy. The inspector noted that the pharmacist was facilitated to meet their obligations to residents in accordance with relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Staff confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records.

Many medicines were supplied in compliance aids and resources were available to confirm prescribed medicines in the compliance aid. Stock levels of medicines not supplied in compliance aids were reconciled after each administration to identify any errors or discrepancies in a timely manner. However, the inspector observed an unlabelled compliance aid in the refrigerator. The inspector noted that the compliance aid had been filled by staff without seeking confirmation that the medicine was stable when removed from the original packaging. This practice of secondary dispensing into an unlabelled compliance aid meant that the identity of the medicine could not be confirmed before administration and that the medicine may have degraded and lost some of its efficacy.

Medicines to be stored at room temperature were stored securely in a locked cupboard. However, it was noted that the refrigerator which contained prescribed medicines was not capable of being locked.

Arrangements were in place to store and manage medicines requiring additional controls in line with the relevant legislation. However, when medicines requiring additional controls were transferred from secure storage to resident's representatives, a comprehensive record was not maintained of this transaction to ensure a robust and verifiable audit trail.

A sample of medication prescription and administration records was reviewed. Medication prescription records were current and contained the information required by legislation. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing

medications. However, the inspector identified two medication related incidents which had occurred in April 2017 but had not been previously identified by the systems in place at the centre. It appeared that a medicine had been omitted and not administered on two consecutive days. This was brought to the attention of the regional manager. A systemic review of all residents' medicines administration records was required to ensure that all medicines were administered as prescribed.

Staff outlined the manner in which medications, which are out of date or dispensed to a resident but are no longer needed, are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail. However, the inspector noted that the date of opening was not recorded for a medicine that had a reduced expiry date when opened. Therefore, staff could not identify when the medicines would expire.

A sample of medication incident forms were reviewed and an inspector saw that errors were reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

The training matrix confirmed that medicines management training had been provided and attended by all staff.

Judgment:
Non Compliant - Major

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a written statement of purpose that accurately described the service provided in the centre.

The statement of purpose described the service and facilities provided to residents, the management and staffing and the arrangements for residents' wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos 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):
No actions were required from the previous inspection.

Findings:
The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. However, improvement was required particularly in relation to the oversight of clinical care provided to residents to ensure that the service was effectively monitored.

The person in charge was the area manager for the service and was suitably qualified and experienced to discharge his role. Since the previous inspection a review of the remit of the person in charge had taken place and the person in charge no longer had responsibility for day service provision but still had responsibility for seven designated centres in total. He said to inspectors that he was in the centre at least once a week. However, inspectors were not satisfied with the oversight of the clinical care being provided to residents. In particular,
- the process for personal planning review needed improvement
- improvement was also required to healthcare planning for residents to ensure that each resident received appropriate healthcare. Therefore the healthcare planning process did not ensure that issues like diagnosis of conditions were being appropriately followed up
- restrictive procedures were not in line with evidence based practice and in particular the use of chemical restraint.
- the system in place for reviewing and monitoring safe medicines management practices required improvement. For example, the results of the most recent medicines management audit, dated 24 April 2017, were made available. The audit examined storage, prescribing, administration, management of medicines that require additional controls, 'as required' medicines and documentation. However, the audit failed to identify pertinent deficiencies as evidenced in Outcome 12: Medication Management.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify HIQA of any such absence. The provider was aware of the need to notify HIQA in the event of the person in charge being absent.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors were told that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with its current statement of purpose.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes.

Judgment:

Compliant

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

Theme:
Responsive Workforce

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

Findings:
The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

In feedback submitted to HIQA prior to the inspection one family said that the "staff are always very helpful and professional". Inspectors met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to support residents in a respectful and dignified manner.

A planned staff rota was made available to the inspector. The staffing levels had been determined in accordance with the each individual resident's assessed needs, with the priority on supporting residents in the evening and on the weekends. At night time there was a social care worker providing "awake" support to residents, in addition to a staff member on a "sleepover" shift.

There was an experienced team leader who had been working in the centre since 2015. Staff appeared very committed to ensuring the residents had a good quality of life. There were regular staff meetings to discuss all aspects of the service being provided in the centre. Staff spoke to inspectors about the different care needs of the residents and the importance for continuity of care.

Inspectors reviewed a sample of staff files and noted that all of the requirements in relation to recruitment and selection of staff had been complied with.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The Brothers of Charity services had prepared, adopted and implemented policies and procedures relevant to the operation of the centre. The policies available on the date of inspection were centre-specific and some were available in an easy-to-read format.

A copy of the residents' guide was available in each resident's personal file.

A directory of residents was maintained in the centre and was made available to the inspectors.

However, where a range of dose for a medicine was prescribed (for example 200-400mg), the dose of the medicine administered was not consistently recorded.

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:

Kieran Murphy
Inspector of Social Services

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0002275
Date of Inspection:	02 & 03 May 2017
Date of response:	31 July 2017

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:
There were a number of practices which did not ensure that each resident's privacy and dignity was respected in relation to their personal and living space.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
The night monitoring and recording system will be reviewed and risk assessed for all service users to ensure the privacy and dignity of all service users.

Proposed Timescale: 16/06/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review of the personal plan was not multidisciplinary

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:
We will ensure that the personal plan review includes all evidence of multidisciplinary inputs.

Proposed Timescale: 31/08/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some goals did not focus on the resident's personal development

3. Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
All goals identified on Personal Plans will be reviewed at the next quarterly review to ensure that goals include relevant developmental goals using the SMART goal principles.

Proposed Timescale: 31/08/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Timescales were not always specific for "goals" as part of the personal planning process.

4. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
We will ensure that all goals are time-framed and the names of those responsible for actions on the identified goal achievement are recorded on the Plans.

Proposed Timescale: 31/08/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were accompanied by staff to the doctor or specialist appointments as required. However, staff were making notes of these appointments but were not updating the care plan as required.

5. 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:
We will request written update from GP of issues arising at visit. Doctors' instructions into each health care issue will be inserted into the resident's Care Plan.

Proposed Timescale: 30/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Three staff had not completed formal positive behaviour support training.

6. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
The 3 staff will be booked into the next available positive behaviour support training.

Proposed Timescale: 01/09/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records did not indicate that every effort was made to identify and alleviate the cause of the resident's challenging behaviour

7. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
We will review our PRN protocols together with our pain management health care plans to ensure that the records show that every effort is made to identify the cause of the behaviour. This will include documenting the pain relief measures taken and times allowed for such measures to take effect prior the administration of PRN restraint. The revised protocol should clearly demonstrate that the restrictive practice was necessary the least restrictive procedure and administered for the shortest duration necessary.

Proposed Timescale: 30/06/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records did not outlined that all alternative measures were considered before chemical restraint was administered

8. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

We will review the format of PRN protocol to ensure that staff document all alternative measures taken prior to the administration of PRN restraints.

Proposed Timescale: 31/08/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Separate protocols had been developed without any specialist input from the behaviour support services department.

9. Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
We will review and log all current protocols to ensure that there is no duplication and these will be reviewed with multidisciplinary inputs

Proposed Timescale: 30/06/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A record was not maintained of the monitoring to be undertaken, in line with the guidance issued by HIQA, to evaluate the risks to the resident's physical, psychological and emotional wellbeing and to ensure that that least restrictive procedure was used for the shortest duration necessary.

10. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
A log of restricted practices will be maintained in the Centre to assist in the evaluation of risks to the resident in relation to use of restrictive procedures, including chemical restrain. The log will be form part of the residents GP, Consultant Psychiatrist and Behaviour Support Services reviews as appropriate.

Proposed Timescale: 31/08/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required to residents' healthcare plans to ensure that each resident received appropriate healthcare. In addition, the healthcare planning process did not ensure that issues like diagnosis of conditions were appropriately followed up.

11. 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:
We will ensure that all diagnoses of conditions are appropriately documented and appropriately followed up in each resident's healthcare plan [30/06/2017].
Dedicated nursing inputs will be made available to support the Person in Charge to oversee the development, monitoring and review of the Health care management plans. [30/09/2017]

Proposed Timescale: 30/09/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The refrigerator which contained prescribed medicines was not capable of being locked.

A comprehensive record was not maintained when medicines requiring additional controls were transferred from secure storage to resident's representatives.

12. Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
Locks will be installed on the medication fridge to ensure they are securely stored. Additional controls have been put in place to record the safe transfer of medicines to resident's representative [completed 19/5/2017].

Dedicated nursing inputs will be made available to support the Person in Charge to oversee the operation of safe administration of medication practices in the centre. [30/09/2017]

Proposed Timescale: 30/09/2017
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A medicine was repackaged by staff into an unlabelled compliance and confirmation had not been sought in relation to the stability of the medicine when removed from original packaging.

Two medication related incidents which had occurred in April 2017 were identified by an inspector during the inspection.

13. 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:
Staff have been instructed to not re-package medication with immediate effect. Our pharmacist has agreed to visit the centre and advise on correct procedures when transferring medicine.

Proposed Timescale: 30/06/2017
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The date of opening was not recorded for a medicine that had a reduced expiry date when opened.

14. Action Required:
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
The Person in Charge will instruct all staff to ensure that the date of opening of all medicines will be recorded appropriately.

Proposed Timescale: 19/05/2017

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:
Improvement was required particularly in relation to the oversight of clinical care provided to residents to ensure that the service was effectively monitored

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

Please state the actions you have taken or are planning to take:
We will review oversight of all clinical care provided to residents to ensure that the service is effectively monitored.
Dedicated nursing inputs will be made available to support the Person in Charge to oversee the clinical operational issues in the Centre. [30/09/2017]
The Provider will recruit additional management personnel which will ensure that the Person in Charge's current workload will be reduced to allow for greater time is available to the operational management of the Centre. [31/10/2017]

Proposed Timescale: 31/10/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The dose of the medicine administered was not consistently recorded.

16. Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
We have consulted with our pharmacist who has agreed to assist us in putting into place a new medication administration record system which will allow us to ensure that there is consistency in the records of all medication administered.

Proposed Timescale: 30/06/2017