

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Boherduff Adult Services
<b>Centre ID:</b>	OSV-0003281
<b>Centre county:</b>	Tipperary
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services South East
<b>Provider Nominee:</b>	Johanna Cooney
<b>Lead inspector:</b>	Noelene Dowling
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	9
<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 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:
12 January 2017 10:00	12 January 2017 19:30
13 January 2017 08:30	13 January 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 inspection:

The centre in its current configuration had not been previously inspected. Both individual service units were inspected as part of previous monitoring events in March 2016. Since that time the provider reconfigured the centre, removing one service unit and adding another unit which was previously under a different designation.

The centre forms part of an organisation which has a number of designated centres in the region and others nationwide. The purpose of the inspection was to determine the registration status of the centre.

#### Description of the service:

The statement of purpose as detailed indicates that the service will provide long term residential care to 10 residents, both male and female with severe to profound intellectual disability, autism spectrum and dementia.

The inspector found that the care practises and services were in compliance with the statement as outlined.

The centre is comprised of two detached spacious bungalows in close proximity to each other, accommodating four and six residents respectively. It is located close to all services and amenities in a rural town.

#### How we gathered our evidence:

The inspection was announced and took place over two days. A full review of all eighteen outcomes was undertaken. As part of the inspection the inspector met with residents and staff members, service and regional managers.

Residents who could communicate with the inspector said they were happy living in the centre and enjoyed their activities and work. Residents were assisted by staff to complete questionnaires.

They expressed satisfaction with the service, and said they felt safe because there were staff always present and they were warm and comfortable. They could do the activities they liked including going for a pint and going home. Other residents communicated according to their own preferences and allowed the inspector to spend time with them and observe their routines.

A number of relatives communicated with the inspector via questionnaires and these indicated that they were very happy with the care provided, had opportunities to visit the centre prior to admission, were confident in addressing any complaints or concerns they had, were always consulted and informed regarding the care of their relatives. They said they had lots of good activities, very good medical care and they could visit them at any time.

The inspector reviewed the findings from both previous inspections and all notifications from both centres which had been forwarded to HIQA.

The inspector observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, and policies, procedures and personnel files.

#### Overall judgment of our findings:

The inspector found that the provider had made improvements in a significant number of areas which promoted residents' safety and welfare. There were 16 specific regulatory breaches from the previous inspection. The provider had made significant progress in all areas.

A number of the findings of this report are influenced by the fact that one of the units did not have a fulltime person in charge until October 2016 and there was no nursing oversight prior to this also.

The inspector acknowledges that this has been addressed by the provider at the time of the inspection and there was evidence that further systems were being implemented at the time of the inspection to address the deficits identified.

The inspector was satisfied that the provider had put governance systems in place to

ensure that the regulations were being met. This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified in areas such as:

- Residents were to make choices and complaints were managed transparently and there was access to advocacy support (outcome 1)
- Safeguarding systems were transparent and all restrictions were reviewed and oversee (outcome 8)
- Positive relationships with family and friends was promoted (outcome 3)
- The premises was suitable to meet the needs of all residents(outcome 8)
- There was good access to a range of allied health services which promoted residents wellbeing (outcome 5 & 11)
- Risk management procedures were satisfactory which helped to keep residents safe(outcome 7)
- Suitable staff were available to meet residents needs (outcome 17)

Improvements were required in the following areas:

- Prompt response to healthcare needs (Outcome 11)
- Full implementation of assessment and review recommendation (outcome 5)
- Systems to support residents to communicate
- Ease of retrieval and detail of the documentation pertaining to residents

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:**

The inspector found that residents were supported to participate in the life of the centre and to make choices and decisions with support of relatives or representatives as necessary by their capacity. Improvements were required to ensure that residents who could not participate in formal systems for consultation had their wishes ascertained and supported. Residents' meetings were held daily in each house. The records indicated that matters such as menus and activities were discussed. They were also used as mediums to inform residents of what their schedules' and chosen activities were.

The capacity of the residents to communicate and genuinely participate and benefit from such a medium differed however and there was a need to provide improved support for some. This matter is further addressed under outcome 2. There was evidence that staff individually and in consultation with relatives sought to ensure that the views of the residents were heard and the multidisciplinary involvement and reviews could also be seen to assist in this.

The complaint policy was in accordance with the regulations and there was evidence on records of the actions taken where any concerns were raised on behalf of residents. This indicated that the person in charge had responded appropriately to complaints and did seek the views of the complainant on the outcome of any issues. The policy was available in pictorial and easy read format.

There was a regional advocacy group where one resident represented the views or wishes of the others on occasion. A number of residents were registered to vote.

Privacy and dignity was seen to be respected with staff seen to always knock before entering a bedroom and bathroom doors were closed when personal care was being

given. Staff were seen to interact with the residents warmly and in a respectful manner.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

This outcome found that some improvements were required to ensure that residents who could not communicate verbally were facilitated by intervention from speech and language therapists and the development of personal plans in relation to this.

Pictorial images to help with sequencing of events and some sign language were used with the details outlined in plans for some but not all residents. The person in charge had in the preceding months referred all residents to speech and language therapist to ensure that communications plans could be devised and implemented. There was evidence from interviews and records that this intervention was also identified as being necessary to support behaviours and manage anxieties.

**Judgment:**

Substantially 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:**

The inspector saw evidence from records reviewed and from information received from relatives questionnaires completed by family members that familial and significant

relationships were respected, maintained and supported. There was evidence of regular communication with families who were involved in all decisions and planning with the residents.

There was ample room in the centre for visits to take place in private. Holidays and visits home were regularly facilitated and supported by staff where this was necessary.

There was evidence that families were quickly informed of any incidents or changes in health status. Residents had regular access to the local community via activities, shopping, and attendance at local events or religious ceremonies. Some residents attended a local group for older persons.

**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:**

The admission policy was detailed and outlined the formal assessment and decision making process. It was also informed by the need to ensure residents could be protected from abuse and were compatible to live together.

A review of a recent admission indicated that this process had been followed with an agreed and timely transition plan in consultation with all relevant persons. At the time of this inspection the provider was in the process of assessing another resident for admission. On review of the current configuration of the accommodation in one unit the inspector formed the opinion that this admission would have impacted on the space available for clinical procedures as well as sensory time out for current residents. This was discussed at feedback and the regional manager promptly reviewed the use of the accommodation in the premises to limit this disruption.

There was suitable documentation available in the event of residents being admitted to acute care services.

The inspector reviewed the contract for the provision of services and while all facilities and services were itemised it was noted that bed linen was not included. Such items could reasonably be expected to be included in fee payments made by residents or other agencies on their behalf. The agreements were signed by a representative of the

residents however, but the matter was discussed with the regional manager at feedback.

**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):**

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

**Findings:**

The inspector found that the two specific actions required following the previous inspections had been addressed.

In some instances however, the inspector found that recommendations of allied specialists for specific interventions including more sensory integration and stimulation for residents in the centre had not been fully implemented. These recommendations were made to support specific behaviours and implement routines, including day care services which would improve the day to day quality of residents' lives. The person in charge was aware of this.

Each resident did have a personal plan which outlined their individual wishes and preferences and these were completed with the participation of the resident and or relative. These were also in the process of being updated to ensure all needs and goals had been identified and plans were made to ensure the goals were met. These plans covered a range of domains including, health, nutrition, safety, communication, family supports and social inclusion. They included timeframes and named persons responsible for implementation.

On this inspection there was sufficient staff provided to ensure that residents' activities, routines and interventions could be undertaken and suitable support plans were available for identified issues. There was evidence that the person in charge had acted to ensure that relevant assessments had been sourced, or residents had being referred to the relevant specialist to undertake these assessments.

There was good access to a range of multidisciplinary services including physiotherapy, occupational therapy, mental health and behaviour specialists on resident's behalf. Many of these services were internal to the organisation. Evidenced based assessment tools were used to identify needs and updated as need changed.

The person in charge had also undertaken a full review to ensure that all residents had a multidisciplinary and circle of support review. These reviews were seen to be comprehensive and took account of the residents' assessed need and wishes. They were attended by family members or representatives as necessary.

Resident's wishes and preference for social activities were very well supported. The capacity and preferences of the residents differed greatly for social activities and daily routines and support needs. Some residents went to local GAA matches, the pub, racing, and shopping, swimming and walking, musical events and also had good social interaction with staff within the units. There were sufficient staff and transport available to ensure these could take place.

**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 premises were not reviewed at the previous inspection. The centre is comprised of two houses located within a short distance of each other.

They are both within easy access to the local community. Both premises are suitable to meet the needs of the residents.

Both houses have suitable and large kitchen dining and living areas which are comfortable and homely in decor. Each house also contained suitable domestic style equipment including cooking and laundry facilities. All bedrooms are single, suitable in size and seen to contain many personal belongings and mementoes. There are assisted en suites and bathroom facilities including a Jacuzzi bath in each unit.

There were accessible and safe gardens which contained seating and soft play areas. Each unit had sufficient room for the use of specialised equipment including ceiling hoists and specialist beds were necessary. All equipment including hoists, beds and

seating were seen to have been serviced and maintained. Transport used for residents was also serviced and had evidence of road worthiness.

The heating and ventilation was suitable and the standard of cleanliness was notably good. The location was in close proximity to transport, shops and the local village.

**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):**

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

**Findings:**

There were four actions required from the previous inspection which related to fire safety and infection control systems and all had been addressed. There were suitable fire detection systems in each house with emergency lighting and fire fighting equipment also available.

Ineffective fire doors noted at the previous inspection had been replaced and such doors were on magnetic closing device systems. Windows had been replaced with suitable doors in a number of bedrooms to support the easy evacuation of more dependent residents. Exits were unobstructed at the time of the inspection.

All fire safety and management equipment had been serviced annually and quarterly as required and staff carried out regular checks on alarms and other electrical equipment. Infection control systems were also satisfactory with guidelines for staff in specialist's procedures and protective equipment available and seen to be used.

Fire drills had taken place regularly with one in each unit simulating night time staff levels. Any issues noted were addressed. Staff, including night staff had participated in these drills and told the inspector they felt confident in the evacuation procedures.

There was a proactive approach to risk management overall with safety features such as the secure front gate which enabled residents to move or play in the garden area in safety. The stoves which the residents enjoyed were secured behind suitable guards to ensure they did not inadvertently get injured. There were individual manual handling/transporting plans for the use of the hoist for individual residents.

The emergency plan made suitable arrangements for untoward events including suitable interim accommodation arrangements in the event that either unit had to be evacuated

for a period of time.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly.

The risk management policy was current and complied with the regulations including the process for learning from and review of untoward events. A centre-specific risk register was maintained which detailed both environmental and clinical risks and was pertinent to the ongoing and changing needs of the residents. There were measures in place to manage identified risks such as falls or choking episodes.

Individual risk assessments were completed for residents to address issues pertinent to their assessed needs. The inspector found that the policy was implemented in practice.

Systems for learning from untoward events and review of incidents or risk required some improvement however. There were numerous audits undertaken on accident and incidents, challenging behaviours, medicines errors and the use of PRN medications and restrictive practices. However, these incidents were not sufficiently analysed to inform changes to practice and demonstrate overall learning. The inspector acknowledges that the person in charge managed each individual incident satisfactorily however.

**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):**

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

**Findings:**

There were 3 actions required from the previous inspection and the inspector was satisfied that the provider had addressed these satisfactorily. However, residents' financial management required more robust monitoring. Residents were being supported by staff to manage their finances and personal bank and savings accounts were being opened for residents.

A review of a sample of records pertaining to resident's finances and fee payments

showed that the systems were transparent with all transactions recorded and receipted. There was no evidence of any untoward spending or transactions noted. However, there was no formal system for oversight of any spending on residents behalf to which all residents could not clearly give consent and which would further safeguard residents' finances. The inspector was informed that no resident was the subject of a court order for treatment purposes or financial supports.

The devising and implementation of behaviour support plans was not consistent across both units. In a number of instances the support plans were very detailed and could be seen to be implemented by staff.

A number had only recently been devised and staff were waiting for training/ support from the behaviour and psychology clinicians to commence the implementation of the plans. These included sensory integration and the use of pictorial images for residents. None the less the inspector was satisfied that the process as commenced was satisfactory and with the oversight of the person in charge would be implemented. From a review of accidents and incidents including self harm improvements were required in the detail provided to allow the person in charge to monitor the incidents' adequately and ensure the correct interventions and preventative strategies had been used. This was discussed and agreed with the person in charge during the inspection. Staff had training in the management of behaviour that challenged and in conversation with the inspector demonstrated an understanding of the meaning behind the behaviours for the residents.

The systems for decision making, monitoring and clinical review of restrictive practices had been implemented and there was evidence of a significant reduction in all such systems.

A register of restrictive practise was maintained and this was regularly revised. The use of such practices , which were in this instance minimal of restrictive practice was based on national guidelines, the centres policy and clinically reviewed.

The inspector found that some practises had been discontinued such as the wearing of a particular garment for a resident and where bed rails or lap belts were used these were clinically prescribed managed accordingly for residents safety.

There was also evidence that specific restrictions were monitored to ensure they were only used for the shortest time necessary. Where there was a deviation from this it was apparent that the person in charge acted to ensure staff complied with the correct protocol for use.

The use of p.r.n. (administered as required) medication was carefully managed, clinically overseen, recorded and reviewed.

The inspector was satisfied that these were proportionate and reasonable actions.

The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse and the protection of vulnerable adults. The policy was in accordance with the revised Health Service Executive (HSE) policy to ensure satisfactory screening, implementation of safeguarding plans and adequate review of incidents.

The provider employed a dedicated social work service. There was a suitably qualified

and experienced person nominated as the designated person to oversee any allegations of this nature. Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse.

There was evidence that where a recent incident of misconduct had occurred the provider and local management took appropriate and immediate safeguarding steps and initiated a full investigation of the incident.

Staff were able to demonstrate their understanding of abusive behaviours and of the correct reporting procedures. They expressed confidence in their management to take the appropriate action in the event of such incidents.

Each resident had a detailed intimate care plan in place. There were also pictorial and easy read versions of safeguarding systems for residents. Residents who could communicate informed the inspector that they felt safe in the centre.

**Judgment:**

Compliant

**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:**

A review of the accident and incident logs, resident's record and notifications forwarded to the Authority demonstrated that the person in charge was in compliance with requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally.

**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:**

The provider was in compliance with this regulation. Residents attended day care services or stayed home on some days based on preferences, needs and age. The facilities were suitable for their needs and concentrated on either external activities, walks, access to computers and sensory supports. It was observed that while in the centre resident's preferences for music, quiet time or massage was understood and staff supported this.

Personal plans provided details as to the level of personal support necessary with tasks. Other matters relating to assessment and implementation of assessment recommendations are detailed and actioned under outcome 5 social care 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):**

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

**Findings:**

There was one action required from the previous inspection which was resolved. This was the implementation of safe and adequate response and observation systems for residents who may have suffered head injuries. There were detailed guidelines for staff to follow and the inspector saw that this was undertaken.

However, the inspector found that improvements were required in the delivery and oversight of clinical care need in one unit. This is demonstrated by the following:

- emergency medication had not been administered at the right time contrary to the prescription. This resulted in an emergency admission to the acute setting
- no satisfactory assessment or treatment plan was devised to ensure the required care was delivered for pressure areas

The inspector acknowledges that other equipment and patient turning schedules were implemented and followed.

- a dietician referral was required for treatment and pressure area prevention and the

records indicated that this did not occur for several months.

- weights were not consistently or accurately monitored where this was deemed necessary and outcomes of concerns were not made known to anyone in charge.

These findings can be seen to be directly related to the lack of a fulltime person in charge and the lack of nursing support and oversight in one unit over a period of time. The person in charge and the regional manager demonstrated that they were aware of the deficits and had acted to address them via the employment of a fulltime staff nurse and the fulltime person in charge who is also a qualified nurse.

There was evidence that systems for oversight and reporting were being implemented to prevent and such re-occurrences.

In other respects it was apparent that there was ongoing and timely access to general practitioner (GP) services and needs were supported in a timely manner and there was improved access to nursing care as required by the previous inspection.

Residents had good access to allied services including neurology, blood testing and medication review, dentistry and ophthalmology and physiotherapy. There were support plans implemented for healthcare needs and staff were familiar with them.

There was policy on end of life care. The inspector found that the provider had ensured that supports to meet the physical, emotional and spiritual needs at time of acute illness were made available.

Relevant support and care plans for the all aspects of the residents care had been put in place in a timely manner with support from the HSE nursing services. From a review of the daily records and other documentation for a resident the inspector was satisfied that the appropriate care was delivered. Where a resident required hospital admission staff were made available during the day and evening time to ensure the resident was comfortable and their needs were being met.

However, the formal and clinical record of advance decisions in regard to further treatment or resuscitation was not completed satisfactorily. This could have jeopardised the resident's, relatives' and clinicians' wishes being complied with. This is actioned under outcome 18 records and documentation

There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs. The inspector observed that they received the correct consistency of food and fluids.

The meal times as observed were relaxed social occasions with residents having individual attention and support which was provided in a dignified manner.

**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):**

No actions were required from the previous inspection.

**Findings:**

The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medicines were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medicines.

There was good communication noted with the dispensing pharmacists who also undertook an audit of medication administration and usage. Where errors were noted actions were taken to minimise risk and remedy these.

The inspector was informed that only staff who had undergone medicines management training were administering medication and competency was assessed following the training.

Medicines were reviewed regularly by both the residents GPs and the prescribing psychiatric service. No resident was assessed as having the capacity to self-administer medication.

Protocols for the use of pro-re-nata (as required) medicine were in place and staff were aware of these.

**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):**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose was forwarded as part of the application for registration and found to be in accordance with the regulations. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents

with moderate to severe and profound intellectual and physical disabilities. The profile of the residents was changing with regard to age and health and the inspector found that the provider was responsive to this.

**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):**

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

**Findings:**

There were three actions required from the previous inspection and there was evidence that the provider had satisfactorily resolved these issues.

There was clear and effective governance and reporting structures in place with evidence of improved systems to promote accountability.

There had been no person in charge at the time of the previous monitoring event. A fulltime suitably qualified and experienced nurse had been appointed to the post as agreed. The person in charge meets the revised requirements of the regulations. The local management team included the regional services manager, service manager, human resources, social work and psychology department,

There was a clear and documented reporting structure with issues of concern and relevance forwarded to the services manager and the regional manager as necessary. Regular meetings were also held with the Person in Charge.

The provider nominee had commissioned two unannounced visits to the centre in 2016. The inspector reviewed the latest report dated October 2016 and found that it was comprehensive and focused with a detailed action plan issued.

The inspector also found that significant work had been undertaken by the provider to address the actions identified in both the previous inspection report and the unannounced visit which included health and safety, environmental and clinical care issues.

The regional manager stated that significant data had been collated and questionnaires forwarded to relatives which would inform the annual report for 2016. The inspector did review the report for 2015 on the centre in its previous configuration and found this was detailed and comprehensive.

The resident's and relatives views were included and very positive in regard to the service and care provided.

The inspector was satisfied that these systems were part of an ongoing developmental process and coupled with more extensive analysis of data as outlined under Outcome 7 health and safety would provide satisfactory oversight of the delivery of care.

There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive. They also acknowledged the changes to the centres governance as being supportive and helpful in their work.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider had complied with the requirement to notify HIQA of any proposed absence or change to the person in charge. A suitably qualified person had been nominated prior to the inspection to undertake this function and the documentation was in the process of being forwarded.

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that the service was funded and resourced to provide the staffing, expertise, facilities and services necessary to meet the needs of the residents. This is also supported by the increases in staffing and skill mix made available to ensure appropriate care delivery to the residents.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 17: Workforce</b> <i>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.</i></p>
<p><b>Theme:</b> Responsive Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> There were four actions required from the previous monitoring event and they were satisfactorily resolved. The skill mix of staff had been improved with the addition of a fulltime staff nurse who worked across the two units. Non nursing staff had also received training in the implementation of a specific clinical intervention required from the previous inspection. Residents were not assessed as requiring fulltime nursing care and on this occasion the inspector was satisfied that there was sufficient clinical support and oversight evident. The skill mix included qualified nurses and health care staff with social care or FETAC level 5 training.</p> <p>There was also evidence that staff were deployed in a manner so as to ensure that resident's preferred routines, personal care needs and activities could be supported. From a review of the training records all mandatory training in manual handling, first aid, safeguarding and fire safety was up to date or where gaps were identified these were already scheduled within a very short time frame. Where necessary non nursing staff were also trained in the administration of emergency medication and training in dementia had been provided in 2016 in response to the changing needs of residents.</p>

Training in autism was identified for 2017.

Formal supervision for staff was seen to have commenced with 6 to 8 weekly meetings for all staff with the person in charge.

Team meetings were now held fortnightly and the records indicated that these were driven by residents care needs and making changes to practices and routines to support these needs.

A number of agency staff were used .The inspector saw from rosters that efforts were made to ensure there were consistent people used to provide continuity for the residents.

The person in charge had also sought evidence of Garda Síochána vetting and references from the agency involved. A recruitment process was underway for additional permanent staff.

A detailed induction programme was outlined which included supernumerary time and staff confirmed this to the inspector.

Deployment of staff was undertaken in a manner to ensure the required cover was available in each unit with one waking and one sleepover staff in each and also scheduled for times when residents needed additional care or to ensure activities could be undertaken.

An examination of a sample of personnel files showed good practice in recruitment procedures for staff with the required documentation sourced and verified by the person in charge prior to taking up appointments. No volunteers were used at this time. All staff spoken with demonstrated a very good knowledge of the residents and competency in their roles.

**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:**

All documentation required for the purposes of registration were provided and the required policies were available.

Records in relation to staff were found to be complete.

While residents records were mainly complete there were improvements required in how crucial information, as referred to in Outcome 11, was made easily available and accessible to staff.

Detail of specialist communication needs were not available for all residents.

Details in residents' own records of transfers to and periods spent in other agencies, for example acute services, were not maintained adequately in the residents' daily records.

**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:***

Noelene Dowling  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services South East
<b>Centre ID:</b>	OSV-0003281
<b>Date of Inspection:</b>	12 and 13 January 2017
<b>Date of response:</b>	17 February 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 02: Communication

**Theme:** Individualised Supports and Care

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

Systems to assist resident to communicate and be understood had not been devised for all residents.

#### 1. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all

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

times to communicate in accordance with the residents' needs and wishes.

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

Each resident has been referred to the Speech and Language Therapist November 2016. Two assessments have been completed for two residents and the Speech and Language Therapist is continuing to gather information on the remaining three residents. Where alternative strategies /augmentative communication strategies are recommended by the Speech and Language Therapist they will be implemented . We will have the remaining communication assessment complete by 31st March 2017.

**Proposed Timescale:** 31/03/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Interventions directed by allied clinicians was not consistently implemented for some residents.

**2. Action Required:**

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

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

The person in charge and registered provider will schedule team meetings, staff support meetings, and staff training to ensure the consistent implementation of interventions and shall utilise the organisations disciplinary procedures where required.

**Proposed Timescale:** 31/03/2017

**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:**

Systems for review of risk as demonstrated by audits undertaken required more detailed analysis to inform changes and improvement.

**3. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Henceforth analysis of critical events such as accidents and challenging behaviour will be more comprehensive to ensure that it informs changes to practice of overall learning for the team.

**Proposed Timescale:** 12/01/2017

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

**Theme:** Health and Development

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

Responses to resident illness and need for medical attention were not consistently prompt and adequate.

**4. 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:**

There is now a full time Nurse who is working across the designated centre. The person in charge is also a registered Nurse and available on a daily basis.

Responses to any future resident illness will have full nursing oversight. Medical attention will be sought immediately and care plans will be implemented. There will be a consistent approach by all the staff team adhering to the care plans, to ensure prompt and adequate medical treatment.

**Proposed Timescale:** 12/01/2017

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Adequate details of periods of time spend in other services were not maintained in the resident records

Records of advance medical decisions for residents were not signed by the relevant clinician.

**5. 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:**

The details will be kept in residents' own records of transfers to and periods spent in

other agencies, for example acute services, and these will be maintained adequately in the residents' daily records.

The formal and clinical record of advance decisions in regard to further treatment or resuscitation will be completed satisfactorily where necessary in the future.

**Proposed Timescale:** 12/01/2017