

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	No.2 Seaholly
Centre ID:	OSV-0004572
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Una Nagle
Lead inspector:	Julie Hennessy
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 January 2017 09:30 To: 30 January 2017 18:00

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

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 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 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of this centre. The first inspection took place on 4 February 2015, after which a certificate of registration was issued.

The purpose of this inspection was to monitor on-going compliance with the regulations and to review the progress being made to address actions identified at the previous inspection. This inspection was also scheduled on foot of information received in quarterly notifications submitted by the provider to HIQA that related to restrictive interventions. A medicines management inspector reviewed the management of medications in the centre on this inspection.

How we gather our evidence:

Inspectors visited a representative sample of four bungalows in this centre and met 11 residents. Inspectors spoke with the person in charge, area manager, unit heads and members of the staff team about their understanding of individual resident's key support requirements and how they supported residents to meet those requirements.

Inspectors also reviewed documentation such as personal plans, healthcare records, information pertaining to restrictive practices, meeting minutes and training records.

Description of the service:

The centre provides residential and respite services for residents with a moderate to severe intellectual disability, autism and behaviours that challenge. The centre comprised seven bungalows, three of which had been reconfigured to include or form separate apartments. The centre is located in a congregated setting in a large campus 4km outside of a city.

The capacity of each apartment and bungalow varied between single-occupancy and six residents. Internally, bungalows were bright and warm although some parts of the premises required attention. The provider was working with their main funder to develop a phased plan to transition residents to more appropriate accommodation in the community.

Overall findings:

While many residents did not communicate verbally, inspectors observed that residents appeared content and were comfortable in the presence of staff. Assistance and support was provided in an appropriate and respectful manner. Residents were offered choice using their preferred means of communication. Residents were facilitated to choose how they spent their day. Staff clearly articulated how to support residents with behaviours that challenge in a positive way.

However, three major non-compliances were identified at this inspection:

- risk registers were not kept in all bungalows and combined fire safety failings did not provide reassurance that there were satisfactory arrangements in place to contain fires or evacuate residents in the event of a fire (outcome 7)
- supports available to residents with behaviours that challenge was inconsistent and not all residents had the support of a multi-disciplinary team, including where residents were experiencing behaviour related incidents and receiving medicines to manage those incidents. As a result, it could not be demonstrated that every effort was made to identify and alleviate the cause of each resident's behaviour (outcome 8)
- significant improvement was required to ensure the consistent delivery of care and support in all bungalows and to ensure adequate oversight of the centre (outcome 14).

Inspectors did find that there were clear systems in place specifically in relation to the use of specific restrictive interventions, with such practices approved by the multidisciplinary team, clearly recorded, reviewed and oversight of those practices.

Other improvements were required in relation to oversight of the centre, personal plans, staff training and the completion of risk assessments.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met can be found in an action plan at the end of this report.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall, improvement had been made to residents' personal plans. However, the supports required for pursuing objectives in residents' personal plan were not consistently outlined. Also, the review of personal plans did not involve input and support from relevant members of the multidisciplinary team for all residents, where required and in accordance with residents' individual needs.

At the previous inspection, personal plans required improvement to direct the care and support to be provided to residents and to evidence how residents' personal plans were being achieved (for example in relation to activities). At this inspection, inspectors reviewed a sample of personal plans in the centres visited. Assessments had been completed in relation to key areas of support, including intimate care, communication, living skills, healthcare, personal safety and safety awareness.

While most personal plans viewed had been reviewed within the previous 12 months in consultation with residents and/or their representatives, this was not always the case. For residents who did not have an individual of their choice to attend the review of the personal plan and represent them, in accordance with their wishes and abilities, the need for an advocate had not been assessed. Also, inspectors saw an example whereby a resident had not had a personal planning meeting in the previous 12 months.

Personal goals were set at review meetings. The progress of such goals was tracked on a quarterly basis. However, and as was the finding on the previous inspection, the supports required for residents to achieve their goals was not specified in all personal

plans viewed and there was insufficient information available for some goals. As a result, it was difficult to track whether residents' goals were being achieved in full and the desired outcome was not clear. For example in one bungalow, it was not clear how often a resident wished to go swimming and how this would be supported or how participation in the wider community was being facilitated.

In addition, while the review of personal plans involved input and support from relevant members of the multidisciplinary team for some residents, this was not the case of all residents, in accordance with residents' individual needs. As a result, it could not be demonstrated for all residents that issues such as the suitability of the living environment, compatibility of residents living together, the size of the group living in any one bungalow and participation in the community were being adequately considered.

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):

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

Findings:

Overall, bungalows were bright and decorated in accordance with residents' personal wishes and preferences. The provider was working with their main funder to develop a phased plan to transition residents to more appropriate accommodation in the community.

The centre comprised seven bungalows, three of which had been reconfigured to include or form separate apartments. The centre is located in a congregated setting in a large campus. The capacity of each apartment and bungalow varied between single-occupancy and six residents.

At the previous inspection, some residents were inappropriately placed in bungalows with other residents which negatively impacted on the quality of life of those residents. The provider told inspectors that they were working with their main funder to develop a phased plan to transition residents to more appropriate accommodation in the community. This plan would also consider the needs of residents in terms of space, the need for quiet or the need to live with fewer people.

The representative of the provider outlined that two of the older bungalows had been identified as priority to commence the transition process this year. The provider's plan to transition residents to more suitable accommodation was not available for review on the day of the inspection.

At the previous inspection, a shower in one bungalow was not accessible, as required by residents. Since the previous inspection, an accessible shower had been installed in that bungalow.

At the previous inspection, some wall surfaces in shower rooms were broken and required replacement. This finding was unchanged on this inspection. While a maintenance log was maintained in each unit, inspectors observed that further improvement was required to ensure the maintenance and upkeep of furniture, fixtures and sanitary facilities in a number of bungalows.

For example, a shower in one unit was observed to be stained and tiles were cracked, rust was observed around some bathroom fittings, a couch was torn and a drawer was damaged.

At the previous inspection, décor required upgrading following completion of fire safety remedial works. This had been completed since the previous inspection. Where a bungalow required personalisation, this had already been identified by the unit leader in that bungalow and steps were being taken to address this gap.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, significant improvements were required in relation to fire safety practices and risk management in this centre.

Inspectors found that a small number of risk assessments had been completed, including for example going swimming, going on a day trip and for residents with dysphagia, a risk register was not available in a sample of bungalows visited. This had also been identified by the provider in the report of a recent unannounced visit in one

bungalow. This will also be referenced under outcome 8 in the context of safeguarding.

Inspectors reviewed incident report forms which had also been reviewed by the person in charge. Incidents were then discussed at team meetings and data was collated on a central system.

At the previous inspection, while there were hand-hygiene dispensers in each house, several of these were empty. At this inspection, no empty hygiene dispensers were observed.

At this inspection, inspectors reviewed the arrangements in place for the management of infection control risks in this centre. Where infection control risks had been identified, advice and input had been sought from the community infection control nurse. Recommendations had been made and a protocol was in place to manage specific risks. Overall, staff articulated key risks and prevention measures. However, it was not clear whether all of the actions were being implemented fully in line with recommendations that had been made, particularly in relation to the cleaning agents used.

In addition, there was no protocol in place to manage blood spillages. Also, it was not clear whether staff had received the training they required to prevent and control healthcare associated infections as this training was not included on the centre's training record.

There were fire safety arrangements in place for detecting, containing and extinguishing fires, including fire equipment, fire alarms and emergency lighting. Certificates were available for review for servicing of fire equipment and fire alarms, but not for emergency lighting. The certificate for emergency lighting was submitted the day after the inspection. Personal evacuation plans outlined how to evacuate each resident in the event of a fire.

The premises had previously been upgraded to contain the spread of smoke and fire in the event of a fire and fire resistant doors had been installed throughout the centre. However, inspectors observed that fire doors were wedged open in a number of bungalows, negating the purpose of a fire-resistant door.

A review of fire drill records in two bungalows indicated that further improvement was required to ensure that residents could be evacuated in a timely manner. For example, day-time drills in one bungalow indicated that it took 10 minutes to evacuate the bungalow and an early-morning drill in another bungalow took nine minutes. In another bungalow, a recent unannounced visit by the provider had identified the need for a drill to demonstrate how residents would be evacuated in the event of a fire taking place at night-time.

Judgment:
Non Compliant - Major

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):

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

Findings:

Overall, inspectors found that staff supported residents to manage behaviours that challenge in a positive manner. However, significant improvement was required to ensure that residents received the supports they required to identify and alleviate the cause of the resident's behaviour. Also, risk assessments had not been completed where required.

At the previous inspection, not all staff had received training or refresher training in relation to training in the management of behaviour that is challenging including de-escalation and intervention techniques and the protection of vulnerable adults. At this inspection, a review of training records indicated gaps again in relation to both training for training in the management of behaviour that is challenging including de-escalation and intervention techniques and the protection of vulnerable adults. This was relevant given the high behaviour support needs of residents in this centre.

Inspectors found that residents with the highest and more complex needs in relation to behaviours that challenge and mental health were supported by a full multi-disciplinary team. However, other residents who also had high behaviour support needs did not have all of the required supports. While those residents received regular support from their own general practitioner (GP) and a psychiatrist, other supports were not available to develop and monitor the effectiveness of any behaviour support plan.

For example in one bungalow, an intervention technique in use had been approved in February 2014 and its use had not been reviewed by a relevant behaviour support professional since that time and there was no behaviour support plan in place. In another bungalow where a resident was experiencing increasing behaviour support needs, staff were following an old behaviour support plan when behaviours escalated that was undated (it was evident from available information that this plan was developed pre-2013). A psychology referral had been made in May 2016 with respect to the increasing nature and severity of incidents in this bungalow but no assessment date had been received.

A review of chemical restraint for the previous year indicated that behaviours had warranted the use of chemical restraint on 38 occasions. As a result and in the absence

of an active behaviour support plan, it could not be demonstrated that every effort was made to identify and alleviate the cause of the resident's behaviour.

A medicines management inspector reviewed the management of chemical restraint in the centre. For residents with the highest and more complex behaviour support needs, the input of a specialist multidisciplinary behaviour support team had been sought that included psychiatry, psychology and a behaviour support professional. The specialist team developed an individualised and comprehensive proactive and reactive strategy to guide staff in supporting residents.

Where chemical restraint was administered, documentation was available which demonstrated that all reasonable alternatives had been trialled and the resident was monitored closely following administration. Oversight was provided by the GP and consultant psychiatrist. Where two agents were prescribed, clear guidance was available from the prescriber and the specialist team in relation to the appropriate administration of these agents. Documentation supported that the guidance had been followed by staff. This had led to positive outcomes for the residents. However and as discussed in the previous paragraph, the same level of support was not consistently provided for all residents with behaviour support needs.

An inspector reviewed the use of seclusion and found that there were arrangements in place to ensure adequate oversight of its use. This restrictive practice had been sanctioned by the organisation's restrictive practice committee, the rationale for its use was clear, there were regular review meetings which involved psychiatry, psychology and behaviour support and there was evidence of consultation with residents and their representatives. Review meetings considered all aspects of residents' lives and considered alternatives to the seclusion room, including an alternative quiet room, skills teaching and communication supports.

The social care leader in one bungalow outlined that measures had been in place to manage an identified safeguarding risk. This was confirmed by a representative of the provider. Staff with whom inspectors spoke were aware of the plan in place to manage the risk and described the implementation of the plan. However, a forensic risk assessment to calculate and classify the safeguarding risk had not been completed as required. As a result, it was not demonstrated that the controls in place were based on an appropriate risk assessment that was subject to on-going monitoring and review. The representative of the provider told inspectors at the meeting at the close of the inspection that they had identified the need for and arranged for a forensic risk assessment to be completed.

At the previous inspection, records maintained regarding residents' finances were unsatisfactory. Since the previous inspection, improvement had been made to the system. Unit managers had received training to detect financial misappropriation of funds. Records for recording how monies for housekeeping were transparent. Residents monies were recorded in an individual book and receipts were kept for any expenditures made. Access to any monies was restricted. Internal and external audits of the centre took place. However, some further improvement was required. While most receipts were double-signed, some were not, as required by the organisation's policy. Also, a donation had not been recorded in line with the organisation's policy.

<p>Judgment: Non Compliant - Major</p>

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:
Overall, while records of incidents were kept in the centre, improvements were required to the notification of incidents to HIQA.

Not all notifications had been submitted to HIQA as required by the regulations. Two incidents of challenging behaviour that met the criteria for abuse had not been notified as required. However, appropriate action had been taken, including involvement of the designated person, notification of the HSE (health service executive) national safeguarding team, the convening of a multi-disciplinary team meeting and the development of a safeguarding plan.

Also, a notification had not been submitted by the provider on return of the person in charge following an absence. Finally, the area manager had not been identified to HIQA as a person participating in the management of the service, despite being involved in the day to day management of two of the bungalows in this centre. This will be included in the action under outcome 14.

Judgment:
Non Compliant - Moderate

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:

Overall, residents' healthcare needs were supported by staff, including nursing staff in a bungalow where residents had high healthcare needs. Residents were supported by their GP and an out of hours service where required.

Residents had access to medical consultants including neurology and psychiatry and referrals to other consultants were made as required. Access to allied health professionals included speech and language therapy and occupational therapy.

At the previous inspection, dietician services were not evidenced and residents did not have appropriate nutritional risk assessments completed to ensure appropriate nutrition. Many of the residents required specialised consistency diets however, some staff had not completed up-to-date training in this. At this inspection, inspectors reviewed the arrangements in place to support residents on special diets. Assessments had been completed by a speech and language therapist where required and a plan developed to manage dysphagia. Staff clearly articulated how residents were supported during mealtimes and how the risk of choking was managed.

There was no resident identified as having an outstanding appointment to receive dietetic services at the time of inspection. A referral pathway was in place should the need arise for any individual resident.

At this inspection, inspectors reviewed a sample of healthcare plans and found that they required improvement to direct the care and support to be given. While key healthcare needs had been identified, care plans did not reflect all of the key or most up to date information articulated by staff.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Medicines management practices were examined by a medicines management inspector.

There was a medicines management policy in place. Medicines for residents were supplied by a local community pharmacy. The

person nominated to act on behalf of the provider and the sector manager outlined that pharmacist input was obtained, on a case by case basis, to review individual resident's medicines in conjunction with the multidisciplinary team. However, staff with whom the inspector spoke outlined that a pharmacist did not attend the residents personally to provide counselling and other important aspects of pharmaceutical care.

A sample of medication prescription and administration records was reviewed. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. The person in charge reported that, at the time of the inspection, the service were trialling a new system in one of the bungalows to reduce documentation errors associated with recording medicines administration.

Residents' medicines were stored securely. Medicines requiring refrigeration were in use in one bungalow and appropriate storage was provided. However, the inspector noted that the refrigerator used to store these medicines was not capable of being locked. Staff with whom the inspector spoke confirmed that medicines requiring additional controls were not in use at the time of inspection

Staff outlined the manner in which medications which are expired 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. However, the inspector noted that one medicine, discontinued by the prescriber in October 2016, had not been segregated from other medicinal products and returned to the pharmacy for disposal. This had been confirmed with the social care leader in the bungalow. Also, the inspector noted that the date of opening had not been recorded on a sachet where the contents had a reduced expiry date once opened. Therefore, staff could not identify when the product expired.

Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records.

The inspector saw and confirmed with staff that no resident was managing his/her own medicines at the time of the inspection. Members of the management team outlined that the tool to be used to support a risk assessment for this practice was under review to meet the requirements of the regulations.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, 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.

In a sample of bungalows reviewed, medication audits had been completed by the night supervisor.

Judgment:

Non Compliant - Moderate

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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:
Aspects of this outcome were added due to changes to the statement of purpose since the previous inspection.

An inspector reviewed the statement of purpose for the centre and found that improvements were required to ensure it accurately described the service and met the requirements of schedule 1 of the regulations.

For example, the statement of purpose submitted to HIQA:

- was undated
- did not provide an accurate overview of the centre
- did not contain a description of the rooms in the designated centre including their size and primary function
- did not reflect the reconfiguration of one bungalow from a three-bedded bungalow to two separate apartments
- provided insufficient information regarding admissions to the centre and whether emergency admissions were accepted
- did not outline how residents would be provided with access to the services of allied health professionals in a satisfactory way and based on need.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

At this inspection, the governance and management arrangements in this centre was reviewed. Overall, improvement was required to ensure the consistent delivery of care and support in all bungalows and to ensure adequate oversight of the centre.

There was a clear management structure in place. There was a unit leader post in each bungalow and the unit leader reported to the person in charge. The night supervisor also reported to the person in charge. The person in charge was supported in his role by an area manager, who was supporting residents in two specific bungalows. The person in charge reported to the sector manager, who in turn reported to the representative of the provider.

An inspector reviewed reports of unannounced biannual visits that had been completed by the provider. However, it was not demonstrated that these visits adequately reviewed the safety and quality of care and support provided in the centre. For the most recent bi-annual unannounced visit, only one of seven bungalows had been visited.

As outlined in this report, inspectors found inconsistencies between bungalows in terms of behaviour supports available to residents, risk assessments, staffing arrangements to support residents' activities, staff training and the review of personal plans. Given these inconsistencies, it was not demonstrated that a review of one bungalow in the previous six months (and three in the six months prior to that) was an adequate representative sample of the quality and safety of care being provided in this designated centre.

Also, a review of the most recent biannual visit indicated that improvement was required to the unannounced visits. While the visits recorded whether certain arrangements were in place, it was not demonstrated how the quality and safety of the care and support being provided was being monitored. For example, the visits recorded that medication management audits were taking place, incidents were recorded and care management plans were in place.

However, the visit did not identify whether the information in care management plans directed the care and support to be provided to residents, how concerns around peer to peer issues were being addressed, that a resident required a behaviour support plan, there was no reference to an outstanding psychology assessment and it was not clear how increasing reported incidents in this centre were being managed.

An inspector examined the medicines management audit reports and saw that practices had been reviewed recently. However, the audits were limited in scope and did not examine a number of areas of the medicines management cycle including ordering, review and disposal of medicines.

The report for the annual review for the previous year (2016) was not available for review in the centre on the day of the inspection.

An area manager who commenced in this centre in September 2016 had not been identified to HIQA as a person participating in the management of the service, despite being involved in the day to day management of two of the bungalows in this centre, as required under regulation 7(3) of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment:

Non Compliant - Major

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:

A notification had not been submitted by the provider on return of the person in charge following an absence within three working days after the date of his return, as required by the regulations.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Overall, improvement was required to ensure that staffing levels and staff training was adequate to meet the needs of residents.

At the previous inspection, gaps relating to staffing levels were identified. At this inspection, staff outlined constraints in one bungalow that had impacts on residents' ability to participate in activities, such as going swimming, participating in community activities in addition to going on bus spins and attending music therapy. This was relayed to the representative of the provider at the meeting at the close of the inspection.

At the previous inspection, gaps in training were identified in relation to the protection of vulnerable adults, fire safety, manual handling, food safety, communication and positive behaviour support. At this inspection, notable gaps were again identified in relation to fire safety and manual handling. Gaps in training for protection of vulnerable adults and positive behaviour support were previously addressed under outcome 8. As training records provided were incomplete, it could not be determined if staff had received other required training to support residents' needs, such as in relation to infection control, dysphagia, communication or food safety.

Staff who administered medicines had completed training in medicines management. The training comprised a two-day theoretical programme, a written evaluation and a practical competency assessment. A social care leader outlined that staff had to complete all three aspects before administering medicines independently. Specific training was also provided, if required, for administration of emergency or rescue medicines.

The majority of staff confidently articulated comprehensive knowledge in relation to the medicines administered to residents. Where monitoring of side-effects was required, an inspector saw that the social care leader had implemented a system to ensure that common side-effects were monitored and recorded daily. This information was communicated to the prescriber on a regular basis.

However, some staff were unable to articulate side-effects to be monitored for a medicine with a narrow therapeutic index (medicines that require individualised monitoring to ensure effective treatment without significant or toxic side-effects) such as worsening tremor, confusion, drowsiness, slurred speech and headaches. Therefore, staff training was not effective in some cases to ensure that residents' health and wellbeing was maintained at all times.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004572
Date of Inspection:	30 January 2017
Date of response:	07 March 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 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 supports required for pursuing objectives in residents' personal plan were not consistently outlined.

1. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

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

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:

The Person in Charge will ensure that the Action Sheet for each residents priority goals is reviewed to ensure that steps to achieving the goal, who is to action and the target goal achievement date are identified in all Personal Plans.

Proposed Timescale: 08/03/2017

Theme: Effective Services

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

Inspectors saw an example whereby a resident had not had a personal planning meeting in the previous 12 months.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The Person in Charge will maintain a up-to-date log of due dates for review of Personal Plans and will ensure that residents have a review annually.

Proposed Timescale: 08/03/2017

Theme: Effective Services

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

For residents who did not have an individual of their choice to attend the review of the personal plan and represent them, in accordance with their wishes and abilities, the need for an advocate had not been assessed.

3. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The Person in Charge will ensure that the Personal Plans are amended to include an assessment of the need for an advocate to represent them at review meetings.

Proposed Timescale: 08/03/2017

Theme: Effective Services

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

The review of personal plans did not involve input and support from relevant members of the multidisciplinary team for all residents, where required and in accordance with residents' individual needs.

4. Action Required:

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

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

The Person in Charge will ensure for the next review of residents that The input of the relevant multidisciplinary team members will be implemented for all residents, using the Comprehensive Assessment of Need System.

Proposed Timescale: 16/02/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Improvement was required to ensure the maintenance and upkeep of furniture, fixtures and sanitary facilities in a number of bungalows.

5. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The current maintenance and replacement system has been review to ensure that maintenance issues are addressed in a timely manner. All maintenance requests have now been addressed in each of the areas. A schedule of maintenance works is being compiled by the Person in Charge for the next 12 months.

Proposed Timescale: 08/03/2017

Theme: Effective Services

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

The provider's plan to transition residents to more suitable accommodation was not

available for review on the day of the inspection.

6. Action Required:

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

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

The Provider is working with the main funder to develop a relocation plan in line with 'National Policy'. A copy of the Providers input to the Executive's Plan to relocated residents from Congregated settings will be sent to the Authority.

Proposed Timescale: 16/02/2017

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:

Inspectors found that while some risk assessments had been completed, a risk register was not available in a sample of bungalows visited.

7. 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:

The Person in Charge will ensure that the Centre has an updated Risk Register. All emergency protocols and risk assessments will be reviewed by the local team.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

Improvement was required to ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by HIQA.

8. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

'Infection Prevention and Control Manual HSE 2012' is in place in all areas. Local Procedure will be developed on an area specific basis consistent with the standards for the prevention and control of healthcare associated infections published by HIQA.

Proposed Timescale: 08/03/2017

Theme: Effective Services

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

Fire resistant doors were wedged open in a number of bungalows.

9. Action Required:

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

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

All door wedges have been removed and local fire wardens will monitor compliance with regulations.

Proposed Timescale: 17/02/2017

Theme: Effective Services

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

A review of fire drill records in two bungalows did not demonstrate that arrangements in place were adequate to ensure that all persons could be evacuated from the centre in the event of a fire and brought to a safe location.

10. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

All evacuation plans for residents have now been reviewed and updated. Deep sleep evacuations or simulations of deep sleep evacuations have been arranged with the Night Supervisor.

Proposed Timescale: 17/02/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Systems in place did not ensure that therapeutic interventions were reviewed as part of the personal planning process.

11. 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:

Therapeutic interventions are reviewed as part of the Comprehensive Assessment of Need on an annual basis which informs the Personal Plans. The Person in Charge will ensure that this process is implemented in full at the next reviews.

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:

It was not consistently demonstrated that every effort was made to identify and alleviate the cause of resident's behaviour.

12. 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:

The Person in Charge will ensure that all behaviour support plans are updated to clearly outline identify the causes of the behaviours where possible. Where these cannot be identified the case will be elevated to the Complex Case Review Forum with multidisciplinary inputs.

Proposed Timescale: 10/03/2017

Theme: Safe Services

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

A review of training records indicated gaps in relation to both training for training in the management of behaviour that is challenging including de-escalation and intervention techniques.

13. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Managing Actual and Potential Aggression (MAPA)/Crisis Prevention Intervention (CPI) training has been scheduled for 2017 as part of the training needs analysis.

Proposed Timescale: 29/12/2017

Theme: Safe Services

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

Not all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

14. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All staff will receive training on Safeguarding of Vulnerable Adults as part of the training needs analysis for 2017.

Proposed Timescale: 29/12/2017

Theme: Safe Services

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

A date was required in relation to the completion of a forensic risk assessment.

15. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The resident has been referred for forensic risk assessment which will be completed by 30 June 2017.

Proposed Timescale: 30/06/2017

Theme: Safe Services

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

Some further improvement was required to ensure that records of residents' monies were maintained in line with the organisation's policy.

16. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Refresher training on the management of resident's monies will be provided to all frontline managers by the Financial Manager.

Proposed Timescale: 08/03/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Not all notifications had been submitted to HIQA as required by the regulations. Two incidents that met the criteria for abuse had been submitted to HIQA as required by the regulations.

17. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

All incidents of concern, abuse of any resident will be notified within 3 working days to the Chief Inspector.

Proposed Timescale: 17/02/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The part of the personal plan pertaining to healthcare required improvement to direct the care and support to be given.

18. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each

resident, having regard to each resident's personal plan.

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

The standard of the Health care management plans will be reviewed to ensure that they provide the necessary direction to staff in supporting the resident.

Proposed Timescale: 30/06/2017

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:

A medicine, which had been discontinued by the prescriber, had not been segregated from other medicinal products and returned to the pharmacy for disposal.

The date of opening had not been recorded on a sachet where the contents had a reduced expiry date once opened.

19. 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 procedure for medication management over the entire cycle including recording of opening dates, procedure for disposal etc will be highlighted in the local medication management plans.

Proposed Timescale: 24/02/2017

Theme: Health and Development

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

A pharmacist did not attend residents to provide counselling and other important aspects of pharmaceutical care.

20. Action Required:

Under Regulation 29 (2) you are required to: Facilitate a pharmacist in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland and provide appropriate support for the resident if required, in his/her dealings with the pharmacist.

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

The procedure for medication management over the entire cycle including recording of opening dates, procedure for disposal etc will be highlighted in the local medication management plans.

Proposed Timescale: 24/02/2017

Theme: Health and Development

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

The refrigerator used to store these medicines was not capable of being locked.

21. 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:

The Person in Charge will ensure that medication will be stored in a locked refrigerator

Proposed Timescale: 10/03/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not accurately described the service and met the requirements of schedule 1 of the regulations.

22. Action Required:

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

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

The Statement of Purpose will be reviewed to include all information included in Schedule 1.

Proposed Timescale: 31/03/2017

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:

An area manager who commenced in this centre in September 2016 had not been identified to HIQA as a person participating in the management of the service, despite being involved in the day to day management of two of the bungalows in this centre, as required under regulation 7(3) of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

23. Action Required:

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

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

Documentation regarding Area Manager (PPIM) will now been returned to the HIQA Registration Office.

Proposed Timescale: 25/02/2017

Theme: Leadership, Governance and Management

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

Improvement was required to ensure the consistent delivery of care and support in all bungalows and to ensure adequate oversight of the centre.

Medicines management audits were limited in scope and did not examine a number of areas of the medicines management cycle including ordering, review and disposal of medicines

24. 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:

- Review all areas in the Centre to assess compliance with our current systems and identify those areas that require additional input in order to be compliant.
- A mentoring system will be rolled out in the Centre to support consistency in the assessment of needs, risks and detailing of plan and supports to ensure all updated support documentation is in place.
- The PIC and an identified PPIM, to ensure consistency, will monitor the safety and

quality of the Centre through internal PIC audits and ensure compliance on actions is complete, including those identified in this Action Plan.

- A new Medication Management Audit has been developed addressing all of the medication management cycle including ordering, review and disposal of medicines. This will be implemented in the Centre.

Proposed Timescale: 30/04/2017

Theme: Leadership, Governance and Management

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

Improvement was required to the unannounced visits to the centre to adequately assess the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

25. Action Required:

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

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

The Provider will review the unannounced visit process to ensure the key safety and quality of care and support issues are inspected for each unit in the centre.

Proposed Timescale: 30/05/2017

Theme: Leadership, Governance and Management

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

The report for the annual review for the previous year was not available for review in the centre on the day of the inspection.

26. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

A Copy of the Annual Review is available in the Centre.

Proposed Timescale: 16/02/2017

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

A notification had not been submitted of the return to duty of the person in charge not later than three working days after the date of his return.

27. Action Required:

Under Regulation 32 (4) you are required to: Notify the Chief Inspector of the return to duty of the person in charge not later than three working days after the date of his/her return.

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

A notification has now been submitted to the HIQA Registration Office.

Proposed Timescale: 17/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff outlined constraints in one bungalow that had impacts on residents' ability to participate in activities, such as going swimming, participating in community activities in addition to going on bus spins and attending music therapy.

28. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The PIC is now reviewing staffing complements to ensure that staff are available to this service area for agreed activities.

Proposed Timescale: 17/02/2017

Theme: Responsive Workforce

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

Notable gaps were identified in relation to training required to support residents' needs and training records provided were incomplete. Also, medication management training was not effective in some cases to ensure that residents' health and wellbeing was

maintained at all times.

29. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The Person in Charge will ensure that all staff receive mandatory training and all records are completed. Training will be specific on the Medication Administration and Recording Procedure and Post Administration Procedure.

Proposed Timescale: 30/06/2017