

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Glens
Centre ID:	OSV-0004880
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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: 09 June 2017 09:30 To: 09 June 2017 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:

This was the second inspection of this centre which was completed to review the provider's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

How we gathered our evidence:

This inspection was unannounced and took place over one day. The inspector met with six of the residents, staff members, a provider representative and members of the management team. The inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures. In addition, the inspector reviewed the actions taken by the provider following the last action plan.

Description of the Service:

The centre provides a residential service for up to ten adults with an intellectual disability, six residents live in three apartments supported by a staff member at all times and four people live in a community house also supported by a staff member at all times. There was one vacancy on the day of inspection.

Overall Findings:

This inspection found that there were effective and suitable governance arrangements in place. Staffing levels and skill mix were satisfactory and had been revised as resident needs changed, however, arrangements to ensure there was sufficient relief staff in the centre was identified as a concern by residents and staff. Good practice was found in social care, complaint management, and systems to protect vulnerable adults, health care and access to allied health care service including mental health services. Residents had significant involvement in the development of comprehensive personal plans and reviews to ensure their health social and personal care needs were identified and supported.

The inspector found that there was good compliance with the regulations; however, there were some areas where improvement was required. Eight outcomes were inspected on this inspection and the inspector found that five of the eight outcomes were in compliance and three outcomes were in moderate non-compliance with the regulation. The areas where improvements were required was found in residents' rights dignity and consultation, health and safety and risk management and workforce.

Improvements were required in the following areas:

- the detection and containment of fire and signage for emergency exits
- access to appropriate relief staff
- the compatibility of residents living together
- the management of residents finances.

Findings from the inspection and actions required are outlined in the body of the report and 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):

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

Findings:

The inspector found that the provider had address the action identified during the last inspection. The inspector found that this centre provided a person centred service and residents choice and dignity was respected. There were no complaints reported in the centre. Residents told the inspector that they were very happy living in this centre and had good access to advocacy services. However, the compatibility of two residents sharing an apartment was identified as an issue. Inspectors found that this was negatively impacting on the quality of life and rights of the residents. The inspector found that improvements were required in the oversight and auditing systems of residents' finances.

The inspector found that residents were supported to develop personal interests such as attending interesting and meaningful day activities; for example, doing voluntary work, paid work and attending social activities of their choice. The inspector observed staff attending to residents in a respectful and caring manner, and it was evident from speaking to staff that they were familiar with the residents' likes and dislikes. Staff were observed by inspectors to respect the resident's privacy by always knocking on the apartments or bedroom doors and waiting for permission to enter. The apartments were personalised with photos of their family members or of them attending social activities.

Residents had access to advocacy services in this centre. Two residents were involved in local, national and international advocacy services and were helping others to voice their opinions about disability services at a national level. The inspector also found that there were regular residents meetings held in this centre where their views were discussed and acted upon. There was evidence that the residents had discussed their recent social

outings, such as a night away in a hotel and their opinion of how they enjoyed the experience.

The inspector found that one resident's quality of life was negatively being impacted, as there was an issue of the compatibility between two residents sharing one of the apartments together in this centre. The inspector found that on average there were seven incidents per day where one resident's actions had negatively impacted on another resident. As a result, one resident frequently removed themselves to their bedroom for quite time away from the noise.

The inspector also reviewed that management and oversight of residents' money in this centre and found that it required review. While there was a record of all income and expenditure of residents' money in the centre, the oversight and monitoring of residents money was inadequate. For example, the inspector found that the person in charge had not checked the residents' financial accounts for five months to confirm that all income and expenditure was correct.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that each resident's social care needs were being met by a high standard of evidence-based care and support. The inspector found residents individualised needs and goals were assessed and plans were in place to ensure that residents' goals had been achieved.

All residents had a personal plan in place, which included their health and social goals. There was evidence that residents and or their families were involved in preparing their personal plans. The inspector viewed a sample of residents' personal plans and found that they were individualised and person centred, were regularly reviewed and reflected the residents needs. In addition, resident's abilities and aspirations were clearly

identified. The inspector found that there were details of opportunities for residents to participate in meaningful activities appropriate to his or her interests and capacities, included in the plan. A key worker was assigned to each resident to help them to achieve their personal goals and the inspector saw that goals identified for the previous year had been reviewed and all had been achieved.

Residents living in this centre were very much part of the local community. Residents attended the local day services and they also visited the local businesses and community facilities in the town; such as, local pubs, restaurants, library and church as well as taking part in social activities in the house including cooking, art and massage.

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:

The inspector found that there were systems in place to promote the health and safety of residents, staff and visitors in the centre; however, some risks were not identified or measures put in place to address the risks in the centre. These risks related to fire safety risks in the centre.

The inspector found that there was a risk management policy which outlined the measures to be taken to ensure the health and safety of residents was protected and promoted. Staff were aware of these policies and procedures. In addition, there were systems in place to record and manage risks in the centre. The inspector reviewed accident and incident records and found that risk management practices and procedures in the centre were well managed.

The provider identified organisational risks on a risk register that was centre specific; however, the inspector found that this required review. Clinical and Organisational risks identified on the risk register had not been reviewed to reflect the current hazards and risk ratings. The person in charge told the inspector that they would review this issue following the inspection.

The inspector reviewed fire safety management in the centre and found that there were systems and documents to show all the fire safety equipment was serviced and regular fire safety checks were carried out in the centre. However, the inspector found improvements were required to the fire safety measures in the centre in order to contain

and control the spread of fire. In addition, in a tumble dryer and washing machine were stored in the kitchen area and were enclosed within the kitchen cupboards. When the tumble dryer was in use there was a risk of a build up of heat in the cupboard, due to a lack of air circulating. The inspector found that there were no fire safety precautions, such as a heat detector or smoke alarm in the cupboard containing these machines, which would alert residents and staff to a fire in this area. Inspectors also found that there was no emergency lighting signage in individual apartments, to guide residents to the nearest emergency exit.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Appropriate measures were in place to protect residents being harmed or suffering abuse. Staff members were observed to treat residents with respect and warmth and residents told inspectors they felt very safe in the centre.

There was a policy available on the prevention, detection and response to abuse. Staff who met with the inspector demonstrated an understanding of what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. The provider was listed as the designated person in the centre's policy and staff were aware of her role. Staff had completed safeguarding and protecting vulnerable adults training.

Residents were provided with appropriate support to help promote a positive approach to behaviour that challenges. Inspectors reviewed the behavioural support plan of one resident. Efforts were made to identify and alleviate the underlying causes of behaviour and any triggers which caused the behaviour. Inspectors saw that multi-disciplinary input was sought when planning interventions for residents.

Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

A restraint-free environment was promoted. There were no physical or chemical restraints in use at the time of inspection.

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):

No actions were required from the previous inspection.

Findings:

Residents were supported on an individual basis to achieve and enjoy the best possible health. Each resident's healthcare needs were appropriately assessed and care plans were in place to ensure they received the appropriate care.

Residents have timely access to their General Practitioner (G.P.) service and appropriate treatment and therapies. Residents had access to allied health care services which reflect their diverse care needs. The inspector saw that residents were actively encouraged and enabled to take responsibility for their own health and medical needs.

Records of all referrals and follow-up appointments were maintained.

The inspector observed the food stocks in one resident's apartment and there was fresh food stored in the fridge, which was nutritious, appetising, varied and available in sufficient quantities. Snacks were also available throughout the day. Residents were offered support to eat and drink when necessary in a sensitive and appropriate manner.

Residents were supported to prepare their own meals as appropriate to their abilities and preferences. The advice of dieticians and other specialists had been implemented in accordance with each residents personal plan. Inspectors observed one meal time which was a positive social event.

Judgment:
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:

Residents were protected by the designated centres' policies and procedures for medication management.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans.

The processes for the handling of medicines were safe and in accordance with current guidelines and legislation. The inspector saw that staff were adhering to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines.

There were systems in place for reviewing and monitoring safe medication management practices. Inspectors saw that the person in charge had completed audits of medication practices and had taken corrective action, including retraining staff on safe administration practice, to address any issues which arose.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified 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.

There is an annual review of the quality and safety of care in the designated centre. The person in charge can demonstrate sufficient knowledge of the legislation and his/her statutory responsibilities.

Staff told the inspectors that the person in charge provided good leadership and all residents were able to identify the person in charge of this centre. Residents and staff all spoke kindly of her.

The person in charge was actively engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The on-call rota is shared among a number of persons in charge and staff were made aware of who is on call at any given time.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and ensure the safe delivery of services. Inspectors were satisfied that

residents were receiving continuity of care. However, there a resident told the inspector that there was a shortage of accessible relief staff that was familiar to them working the centre, this was confirmed by the staff and although the issue had been escalated to the management team, the issue had not been yet resolved.

The inspector found that the staff roster did not reflect the staff working in the centre.

Staff had completed mandatory training and had access to education and training according to the needs of residents and in accordance with the provider's policy. However, the inspector found that some of the staff were overdue for refresher training. For example, one staff did not have up to date safe moving and handling training and three staff did not have up-to date safe administration of medication and management training. The person in charge has since confirmed to the inspector that staff will attend the medication management training in July 2017; however, a date is still outstanding for the safe moving and handling training to be completed.

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:

Thelma O'Neill
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-0004880
Date of Inspection:	09 June 2017
Date of response:	19 July 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider had not assessed the compatibility of some residents living together and the impact this was having on residents' quality of life.

1. Action Required:

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

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

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

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

Assess the factors impacting on the quality of life for one individual in their home by developing and completing an assessment.

31/9/2017

Existing supports will be reviewed and extended where required to support the needs of those living together. A reconfiguration of existing supports will take place to meet the needs of residents living together to ensure quality of life.

31/7/2017

Proposed Timescale: 30/09/2017

Theme: Individualised Supports and Care

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

The inspector found the system to oversee and monitor residents money in the centre, was inadequate.

2. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

A new online system titled, 'My Money' has been implemented since July 2017 which records and monitors finances of individuals who are fully or partially managed.

On a monthly basis, the PIC will sign the monthly report confirming that the 'My Money' system has been implemented according to the Good Practice in the Handling of Personal Assets of People who use our Service.

The organisation has also appointed a member of the accounts department to carry out random audits to ensure 'My Money' process is being adhered to.

Proposed Timescale: 31/08/2017

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:

The inspector found that the organisational risks and risk ratings were not reflective of the actual risks in the centre

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:

The risk register is currently under review in line with the Risk Management Procedure and all risks in the designated centre and the risk ratings have been reviewed to reflect the actual risks in the designated centre.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

The provider did not have adequate systems in place to contain the spread of fire, for example, there was no fire door installed between the kitchen and the utility to contain the spread of fire in the house. Furthermore, there was a lack of heat or fire detectors where the tumble dryers and washing machines were stored.

4. Action Required:

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

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

A fire officer has been appointed to inspect the designated centres and his recommendations will be followed in relation to adequate systems to contain the spread of fire and the detection fire or heat.

Proposed Timescale: 31/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was an absence of an accurate staff roster in the centre to reflect the staff working in the centre.

5. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

A proposed roster is displayed in the designated centre. This provides the staff name, their skill mix and the hours rostered on a 24 hours clock. An actual roster is also in place which details what staff are working on a daily basis.

Proposed Timescale: 21/07/2017

Theme: Responsive Workforce

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

Staff did not have access to up to-date training such as safe moving and handling training or safe medication management training.

6. 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:

One staff required safe moving and handling training and this has been completed.
Completed 31/06/2017

Three staff require a refresher in safe medication management training. This is scheduled for 26/7/2017

Proposed Timescale: 26/07/2017