

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Comeragh High Support Residential Services
Centre ID:	OSV-0005082
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Declan Carey
Support inspector(s):	Raymond Lynch
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 31 May 2017 09:30 To: 31 May 2017 18:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The purpose of the inspection was to assess the centre'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.

The previous inspection took place on 28th and 29th July 2015 and this was an inspection to inform a registration decision. The aim of this inspection was to ensure the provider had implemented the actions from the previous inspection and to assess their continued compliance.

How we gathered our evidence:

Inspectors met with five staff members and interviewed three of them (social care leaders, social care workers and health care assistants) about the service being provided to the residents. Inspectors spoke with the person in charge (a registered nurse) and a person participating in management at length throughout the course of this inspection. Inspectors also had the opportunity to spend time and speak with three residents.

Policies and documents were also viewed as part of the process including a sample of the residents' health and social care plans, complaints policy, contracts of care, health and safety documentation, safeguarding documentation and risk assessments.

Description of the service:

The centre consists of one high support bungalow that provides residential care to five residents with a range of individual support needs on a full time basis. The designated centre was located in a suburban area and was operated from a detached bungalow.

The provider outlined that the service supports each resident to live as an individual with equal rights and to support each resident to live their lives based on their own personal vision and choice.

Overall Judgment of our Findings:

Staff and residents knew each other well and residents were observed to be happy in the company of staff. Residents told the inspectors that they liked their home and that they were supported by the staff.

Of the seven outcomes assessed five were found to be fully compliant. Workforce was found to be substantially compliant. However, inspectors found a significant non-compliance in the area of safeguarding.

These were further discussed in the main body of this report and in the action plan at the end.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall the inspectors found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities and social care goals were found to be meaningful and supported the residents to have valued social roles in the community.

The inspectors found that the care and support provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place.

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from the sample viewed by the inspectors, it was observed that goals were being documented and a plan of action in place to support their achievement. There was a quarterly review included in residents' personal care plans and these involved residents, staff members and family representatives were invited to attend meetings.

For example, some residents as part of their personal plan wanted to attend more sporting events, incorporating trips away or acquiring new skills such as gardening. The inspectors observed that all these goals had been achieved or where in the process of being achieved at the time of this inspection.

Residents also attended a range of various day services where they had the option to engage in activities such as exercise programmes, social skills development initiatives and social outings such as bowling and golf. It was found some residents decided not to participate in various day services and alternative arrangements were put in place to accommodate the wishes of all residents in the designated centre.

Staff of the centre also supported residents to frequent local amenities such as shops, cinema, swimming pools and favourite restaurants on a weekly basis.

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 inspectors were satisfied that the health and safety of residents, visitors and staff was promoted and protected and adequate systems were in place for the management of risk in the centre.

There was a Health and Safety Statement in place which was specific to the centre. The Health and Safety Statement made clear reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management. The risk management policy met the requirements of the Regulations. The centre also had a risk register which was made available to the inspectors on the day of inspection.

The inspectors were satisfied that where a risk was identified it was appropriately addressed and actions put in place to mitigate it. The centre had an individual risk assessment and management plan for all risk. There was an up to date safety audit checklist conducted by staff in the management of the centre.

For example, a resident who was at risk of choking had suitable risk assessments, a swallow care plan, and measures put in place to mitigate this risk in consultation with a speech and language therapist. This included guidance for staff in relation to the preparation of meals, eating out of the centre and a list of foods that are safe for the resident while away from the centre.

In accordance with the centre's policy, all residents who required a falls risk assessment

were in place. The inspectors found that any resident who was prone to falling had a comprehensive falls risk assessment in place that was regularly reviewed and updated.

One resident prone to falling had a number of measures in place to mitigate this risk with the installation of level floors, along with the installation of handrails or adaptations where necessary.

There was also good evidence available that the centre responded to and learned from all adverse incidents occurring and there was a system in place to review all incidents and accidents.

The person in charge said that should an adverse incident occur in the centre it would be recorded, reported and discussed at weekly multidisciplinary meetings so as learning from the incident could be shared among the entire staff team.

The inspectors also found that that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed, regularly serviced and had been checked by an independent fire consultancy company in 2017.

There was also emergency lighting and smoke detectors in the designated centre. The installation of fire doors had been completed, as recommended from the previous inspection.

Documentation read by the inspectors outlined that staff did checks on escape routes and fire alarm panel on a daily basis. Weekly checks were also carried out on manual call points, smoke detectors, emergency lighting and fire doors.

Fire drills were carried out quarterly and all residents had individual personal emergency evacuation plan in place. For example, two residents required extra support during fire drills and measures were in place to support these residents in the event of an emergency evacuation. This information was available on the residents' file in the centre.

The inspectors also observed that there was an emergency response plan in place to provide support, guidance and procedures on what to do in the event of an adverse incident should it occur.

It was observed that there was adequate hand sanitizing gels, handing washing facilities and hot water available throughout the centre. It was found there were adequate arrangements were in place for the disposal of general and clinical waste.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and

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

Theme:

Safe Services

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

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

Findings:

While it was observed that there were policies and procedures in place to keep both staff and residents safe, compatibility issues arising between some of the residents required urgent review.

The inspectors noted that there were a suite of safeguarding policies in place so as to promote the safety for both residents and staff the centre. There were policies and procedures in place for the safeguarding of vulnerable adults which clearly outlined all procedures to be adhered to if an allegation of abuse was made in the service.

From speaking with staff the inspectors were satisfied that they were familiar with the policies and procedures and there were no barriers to approaching management if they had any concerns about any aspect of the service being provided.

There was an intimate care policy in place which set out a framework of responsibilities for staff that provided personal care to residents. Where required each resident had an intimate personal care plan on file and the inspectors observed that there were informative of how best to support a resident while maintaining their dignity and respect.

There was also a policy on a person going missing in the centre. The policy set out an agreed response in the event of a resident leaving the house without staff knowledge.

Policies and procedures were also in place to protect residents' finances. An issue arising from the last inspection had been addressed and from checking a small sample of residents' finances, the inspectors were assured that there were robust systems in place to support residents to manage their finances safely.

There were policies and procedures in place to support residents manage behaviours of concern. Residents had access to both psychiatry and psychology support and where required residents had a behavioural support plan in place. The inspectors observed that behavioural support plans were regularly updated and provided comprehensive advice on how to support the residents.

From speaking with staff members the inspectors were assured that they were familiar with each behavioural support plan and the actions required to support the residents

assessed needs.

However, from reading documentation, speaking with staff members and speaking directly to residents the inspectors had concerns about the current living arrangements in place to keep people safe. Two residents reported that at times they felt unsafe in the centre and were finding it difficult to manage the increased noise levels in the house.

It was also observed that their sleeping pattern was being regularly disturbed due to the noise levels at night time in the house. While management and staff were making concerted efforts to address this issue, it remained unresolved at the time of this inspection and a number of complaints on the issue remained in progress.

At times it was not possible for staff to implement the requirements of some residents' behavioural support plans (even though they were knowledgeable on their content) as these plans explicitly stated that the residents required a calm and quiet environment in meeting their assessed needs.

The centre did manage to secure a second waking night staff to help alleviate the issue however, it was observed that this additional staff support could be sent to a different house nearby in times of crisis. Therefore the additional staffing support provided to alleviate the issue was not always made available to the centre

Rosters informed the inspectors that the second waking night staff had been sent to a different unit on 28.05.17 at 10 pm to provide support in that centre.

Overall, while there were a suite of policies and procedures in place to keep residents safe in the centre, two residents reported that they felt unsafe at times and were finding it difficult to cope with the noise levels in the house.

While it was also observed that both management and staff had made concerted efforts to address the issue, a number of complaints remained open and on-going at the time of this inspection.

Judgment:

Non Compliant - Major

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:

The inspectors found that there were arrangements in place to ensure that residents' health care needs were supported and regularly reviewed with appropriate input from allied healthcare professionals as and when required.

The social care leader informed the inspectors that arrangements for residents to have access to a GP and a range of allied health care services was available. On the day of the inspection it was observed that one resident was being supported to attend a medical appointment with a staff member.

From a sample of files viewed, the inspector observed that residents had access to a GP as and when required, and a range of other allied health care professionals.

For example, appointments with dentists, chiropodists, opticians, dieticians, speech and language therapists and mental health professionals were arranged and facilitated annually or sooner if required.

Where required, positive mental health was also comprehensively provided for. In this instance residents had comprehensive access to both psychiatry and psychology supports so as to promote and support their overall mental health and wellbeing.

Of the staff spoken with they were able to demonstrate their knowledge of residents' health care plans and it was also observed that hospital appointments were facilitated provided for as and when required. Where required, weight and blood pressure were monitored on a regular basis for residents.

The inspectors observed that residents were supported to eat healthily and make healthy choices with regard to meals. It was also observed that menu planning and healthy eating choices formed part of the discussion between residents and staff in weekly residents' meetings.

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:

The inspectors found that the medicines management policies were satisfactory and that

practices described by the staff member on duty were suitable and safe.

The medicines management policy in place in the centre had been reviewed and updated as required. The overall aim of the policy was to ensure safe and effective administration of medication in line with best practice.

A locked drug press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

There was a system in place to record any drug errors. The inspector observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure. However, the inspector observed that there had been no recent drug errors on record in the centre.

Medications were routinely audited in the centre and from viewing a sample of these audits, the inspector observed that all medications in use could be accounted for at all times. From viewing a sample of staff files it was also observed that they were trained in the safe administration of medication.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall the inspectors found that there was a clearly defined management structure in place with clear lines of authority and accountability for the monitoring, provision and quality of the service delivered.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse who had just recently taken up this post. From speaking with the person in charge at length over the course of the inspection it was

evident that they had an in-depth knowledge of the individual needs and support requirements of each resident living in the centre.

The person in charge outlined they were responsible for 6 designated centres, comprising of 8 houses and 3 separate day services. Inspectors observed there was a plan in place to appoint a person in charge for each designated centre that was a high support service for residents, including this designated centre.

The person in charge was aware of their statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

The inspectors found that appropriate management systems were in place for the absence of the person in charge as there were two qualified social care leaders working in a shift pattern in the centre, who were in charge of the day to day operations. It was found that they too were aware of the needs of each resident living there and engaged in the operational governance and management of the centre on a regular basis, on the day of inspection.

There were a number of qualified social care workers and health care assistants on duty in the centre. There was also an on call systems in place, where staff could contact a manager and a psychiatrist 24/7 in the event of any unforeseen circumstance.

The annual review outlined that two audits/unannounced visits by the provider had been arranged in 2016. The inspectors observed that an issue in relation to safeguarding, as discussed in Outcome 8, was identified as part of this process. In addition, the need of an extra support staff in relation to this safeguarding issue was identified and implemented as a result of these audits.

Random internal audits were also carried out in the centre on behalf of the provider. These audits were adequate and also identified areas of compliance and non compliance. Inspectors reviewed these audits and action plans which identified the responsible person, completed actions and actions in progress.

For example, an issue in relation to water temperature that was previously identified was resolved on same day of a random audit. This random audit also identified some upkeep and redecoration requirements and the person in charge outlined this was brought to the attention of maintenance and will be resolved.

The person in charge who was a qualified nurse, was committed to their own professional development, held a qualification in management and engaged in all required staff training.

Throughout the course of the inspection the inspectors observed that all the residents were familiar with the person in charge and staff members. Residents appeared very comfortable in presence of the person in charge and staff on the day of inspection.

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:

On the day of this inspection the inspectors found that there were sufficient staff numbers with the right skill mix, qualifications and experience to support the residents living in the centre. There were issues identified in the areas of staff training and staff supervision.

There were some gaps identified in staff training and as identified in Outcome 8: Safeguarding, an additional staffing support put in place at night time in order to meet the assessed needs of the residents was not always made available to the centre (as they could be called on to go to a different centre in an emergency situation).

The person in charge was from a nursing background and there were a team of qualified social care leaders, social care workers and health care assistants working in the centre.

It was also observed that the social care professionals and health care assistants had undergone extensive training so as to enhance their skills in supporting each resident. However, gaps were identified in training such as refresher training in safeguarding. It was observed that there were plans in place to address the training deficits identified.

Staff were recruited, selected and vetted on an appropriate basis, and in accordance with Schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner. From observing staff it was evident that they were competent to deliver the care and support required by the residents.

The person in charge delegated the supervision of staff to the social care leader in the designated centre. The social care leader outlined they met with their staff team on a regular basis in order to support them in their roles. The social care leader and staff outlined the supervision process was regular, adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

However, the supervision process was not documented or evidenced. The person in charge and social care leader outlined staff supervision would be reviewed and measures would be put in place to document supervision of staff in the designated centre.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Declan Carey
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-0005082
Date of Inspection:	31 May 2017
Date of response:	25 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 08: Safeguarding and Safety

Theme: Safe Services

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

Implementing therapeutic interventions to support some residents in managing behaviours was problematic as the environment (at times) was not appropriate to meet their assessed needs

1. Action Required:

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

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:

On-going weekly Psychology meetings will occur to support the staff team in addressing and managing on-going issues or challenges that may arise.

Full review of behavioural support plans.

Implement and adhere to behavioural support plans.

Two staff on at all times to accommodate and support residents to fulfil their social roles within their community. Two staff rostered at night also. Support staff also supporting one resident on an individual basis.

Social Worker to meet with residents to follow up on I'm not happy complaints as they are submitted.

Complete up to date needs assessment for all residents living in the residence.
31/08/2017

Strategy plan to support one resident to move to a different support residence to meet changing needs.

This transition will be completed by the end of September 2017. The resident will go to the new residence twice a week for a visit, this will commence the week starting 31/08/17. Extra staffing is required and the service in the process of acquiring same. Psychology meetings with resident to allow for smooth transition.

Proposed Timescale: 30/09/2017

Theme: Safe Services

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

It was evident from a review of documentation and from speaking with staff and residents that at times residents did not feel safe in the centre.

2. 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:

- Service manager or Residential team leader will meet residents on a weekly basis to discuss their concerns and issues arising from living together.
- Weekly psychology support meetings will occur with staff team to address ongoing issues and challenges as they arise.
- Social worker will meet residents to follow up on I'm not happy complaints as they are submitted.

- Multi d team meeting to be scheduled to formulate a proposal for an individualised support for one resident and request funding for this from HSE.
- Two staff will be rostered on night shift until one resident has transferred to new service

Proposed Timescale: 30/09/2017

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 not enough documentary evidence that staff received sufficient supervision.

3. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Formal supervision of staff is carried out once a year or more frequently if required by the PIC/PPIM. This is recorded and records maintained in the PICs office.

A template for the documentation of the regular supervision carried out by the SCL in the house will be put in place.

Proposed Timescale: 31/10/2017

Theme: Responsive Workforce

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

Some staff required refresher training in safeguarding

4. 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 two staff who are due refresher training will be scheduled to attend next safeguarding training.

Proposed Timescale: 30/09/2017

