

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rineanna
Centre ID:	OSV-0005527
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:	Mary Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 January 2017 09:15 To: 24 January 2017 17:30

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

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

Summary of findings from this inspection

Background to the inspection:

This inspection was the first inspection of the centre by The Health Information and Quality Authority (HIQA). This is a new centre which plans to provide supported residential services for two residents. The centre is pending registration and therefore not operational at the time of this inspection. The inspection was facilitated by the person in charge; the inspector also met with one of the two residents who were to reside in the centre on a shared care basis; the provider representative and the regional manager attended verbal feedback at the conclusion of the inspection.

How we gathered our evidence:

Prior to the inspection the inspector reviewed the documents submitted by the

provider with the application for registration of the centre. The inspector reviewed HIQA questionnaires designed to elicit feedback on the supports and services provided and completed on a voluntary basis by residents and their families. The inspector reviewed policies and procedures, fire and health and safety related records, and records pertaining to staff and residents.

The inspector saw that staff and family had created a personalised and home-from-home environment. The inspector noted the general comfort and relaxed atmosphere in the apartment. The resident spoken with communicated their comfort with staff, with the environment and with the presence of the inspector by their general demeanor and the sharing of personal items with the inspector.

Description of the service:

This was a new centre that had been sourced by the provider for the provision of residential services on a shared care basis (shared with home) for two residents.

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service to be provided was as described in that document.

Overall Findings:

The inspector was satisfied that staff had sound knowledge of residents and regulatory requirements and had systems in place that should ensure regulatory compliance once the centre was operational. There was clear evidence that the centre and residents admission to it was planned with both the residents and their families and based on the assessed and individual needs of each resident.

Of the full eighteen Outcomes that were inspected actions were required in three. While there was evidence of action taken by the provider to enhance fire safety measures further measures and assurances were required the details of which were communicated to the provider following the inspection and prior to the issuing of this report,

A review of health care assessments and plans was needed and further facilities for the secure storage of medicines was required.

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):

This was the centre's first inspection by the Authority.

Findings:

There was documentary evidence of consultation with and the participation of residents and their families in the planning of the centre. There was documentary evidence that residents and their families were consulted with and communicated with on an ongoing basis.

The person in charge said that once the centre was operational, residents would be involved on a daily basis in decisions in relation to their supports and the operation of the house. The person in charge said that both residents were clearly able to express their choices, preferences and dissatisfaction either verbally or by action. There were plans to support residents to make good choices while at the same time demonstrating respect for their choices.

Over the course of the inspection there was repeat reference to maximising resident's independence, developing social skills and building relationships and friendships with peers and the local community. The inspector was informed that the provider operated other centres in the locality and residents were invited to visit these for example a recent birthday party.

The provider operated an internal advocacy network; meetings were held in the local area. The person in charge said that one resident participated in this process. Access to an external advocate from the national advocacy service for persons with a disability was facilitated as requested or necessary.

Staff were aware of each residents preference as to and the importance of religious observance and said that this would be facilitated based on resident choice. This was

also evident in the personalisation of the apartments.

The person in charge confirmed that the provider's policy and procedures on the receipt and management of complaints would be implemented in the centre and had been made available to families as part of the admission process. Families surveyed said that they would complain if necessary and knew who to complain to. Complaints and their management were discussed with staff at team meetings to ensure that staff recognised a complaint and managed it appropriately.

There were policies and procedures on safely supporting residents to manage their personal finances. Templates of the relevant financial records to be completed and maintained by staff once the centre was operational were in place

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The person in charge articulated an understanding of communication skill and ability that was broader than simply verbal communication ability, for example the role of behaviours and actions in communicating needs and choices, and each resident's comprehension of the spoken word.

Each resident had a plan to support effective communication. The person in charge said that no specific assistive tools were required, that both residents communicated effectively without them. However, staff did implement strategies to augment existing skills and interests. For example a scrapbook of photographs and staff photographs to identify staff supported one transition plan.

One resident had access to an Ipad and staff had plans to develop its use as a communication tool. The person in charge was also in the process of seeking speech and language review so as to explore the potential for developing existing verbal skills.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

This centre was planned so as to provide support to two residents close to their community of origin and to their families. It was clear on speaking with the person in charge that the centre and the supports to be provided to residents, were planned and delivered in close consultation with families and with due regard and respect for resident and family needs and preferences.

There was documentary evidence of family participation in relevant meetings such as planning meetings and case reviews; families surveyed confirmed this.

The person in charge said that there would be no restrictions on visits to the centre and that relationships between staff and family had been built. Relatives surveyed described staff as having done everything possible to support them and the resident.

It was clear from speaking with staff and from records seen that social integration and participation, the development of social roles and friendships and visibility in the community was a clear objective for residents.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The provider had policies and procedures governing admission to, and discharge and transfer from the designated centre. The inspector saw that the admission policy

referenced regulatory requirements including the requirement for admission practices to take account of the need to protect residents from abuse by their peers.

A sample template was in place of the contract for the provision of supports and services to be agreed with each prospective resident. The sample contract satisfied regulatory requirements.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspector saw that in preparation for admission and to ensure that arrangements were in place to meet resident's needs, a comprehensive assessment of each resident's personal, social and healthcare needs had been completed. Residents, families and other relevant stakeholders were consulted with and had participated and inputted into this process. From the information gathered staff had compiled personal plans of support that identified residents strengths, areas where staff support was required, review dates and responsible persons. As the centre was not operational further review was planned as staff knowledge of residents increased; this planned review was reflected in the records seen.

Strategies were implemented to support successful transition. For example the recruitment of familiar staff, resident, family and community involvement in the preparation of the premises, plans for developing life and social skills and recognition of the requirement to allow adequate time.

Judgment:
Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The location, design and layout of the premises were suited to its stated purpose.

The centre consisted of two adjacent but separate ground floor apartments in an apartment complex of fairly recent construction; on visual inspection both apartments were in a good state of repair and in good decorative order having been recently redecorated.

Each apartment consisted of one combined kitchen, dining and communal area. This area was sufficiently spacious to accommodate these activities and the number of persons to be accommodated; one resident and one staff member in each apartment. The kitchen was suitably fitted and equipped.

Each resident was to be provided with their own bedroom; bedrooms offered sufficient space including provision for personal storage. Each bedroom had en-suite sanitary facilities consisting of a shower, toilet and wash-hand basin. A second bedroom was available for staff on sleepover duty.

There was a further bathroom available in each apartment consisting of a universally accessible shower, toilet and wash-hand basin. Handrails and grab-rails were fitted.

A third bedroom had been converted to use as a staff office in one apartment and a proposed additional recreational space in the other.

There was no separate utility area with laundering facilities and the tumble dryer was accommodated in the main entrance hallway. The action required in relation to this is discussed in Outcome 7 below.

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):

This was the centre's first inspection by the Authority.

Findings:

There were measures in place to promote the safety of residents, staff and other persons such as visitors to the centre; these measures including policies and procedures, responsible persons, the identification of hazards and systems of review and monitoring, for example of incidents and accidents. However, some deficits were identified and assurances were required in relation to the existing fire safety measures.

The inspector saw that a current health and safety statement was in place; the statement was due for review in 2017. There were policies and procedures in place for the identification, assessment and management of hazards and the management of incidents, accidents and adverse events.

The inspector reviewed the centre specific register of risks and saw that a comprehensive range of environmental and work related risk assessments had been completed. The risk register included the risks as specifically required by Regulation 26 (1) (c), for example the risk of self-harm or the unexpected absence of any resident. Resident specific risk assessments, plans and protocols were included in the personal plan and controls required to reduce risk were reflected in the supports to be provided, for example measures to promote medicines compliance and resident safety while in the centre vehicle.

There was a plan for responding to emergencies including any requirement to evacuate the centre and provide alternative accommodation for residents.

Records seen demonstrated that the provider had policies and procedures on transportation, there were individual risk based transport protocols for residents. The person in charge maintained records of the maintenance and servicing of the transport vehicle.

The person in charge maintained a fire register in each apartment. There was a fire safety procedure that outlined for staff their responsibilities once the centre was operational, for example the daily, weekly and monthly inspection of fire safety measures. The provider had commissioned a fire safety inspection of each apartment. Staff had completed a personal emergency evacuation plan for each resident. The person in charge confirmed that once operational regular drills would be undertaken and the PEEPS would be reviewed as necessary. Fire action notices including one supported by pictorial cues were displayed. The inspection of gas and electrical installations had been completed and certified in September 2016 and January 2017.

On visual inspection the inspector saw that each apartment was serviced by an automated fire detection system, emergency lighting and fire fighting equipment. Escape routes and final exits (there were two from each apartment) were clearly

indicated.

However, certificates of installation and testing of the fire detection system in one apartment were not available. Certificates of installation and testing of the emergency lighting were not available for either apartment. Subsequent to the inspection the outstanding certificates for the fire detection system but not the emergency lighting were submitted to HIQA.

Fire doors designed to protect escape routes were not fitted with self-closing devices. Intumescent seals had been painted over during redecorating.

All of the recommendations of the fire safety report were not implemented; for example the replacement of recessed light fittings.

There was a manual key lock on one final exit; there was no key-box with a key in the event that it was required in an emergency.

Given the design and layout of the premises the provider was requested to provide assurances as to the integrity of the rear lobby to ensure that it was adequately protected in the event of fire and provided adequate means of escape to the rear exit located in one of the two bedrooms. The specifics of what was required were communicated to the provider following the inspection.

The person in charge was requested to risk assess the location of the tumble dryer and review the existing risk assessment for its maintenance so as to ensure adequate controls to reduce fire risk were identified and implemented. This was completed and submitted to HIQA; additional maintenance controls were identified and implemented by the person in charge. However, the overall recommendation by HIQA was the relocation of the tumble-dryer as it was located in a main escape route.

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):

This was the centre's first inspection by the Authority.

Findings:

There were measures in place to protect prospective residents from harm and abuse. These measures included organisational and national policies and procedures, a designated person, risk assessments and staff training. Staff spoken with had a sound understanding of their reporting responsibilities and the providers reporting procedures.

Training records indicated the staff had completed safeguarding training and training on supporting residents social, personal and intimate care needs. The person in charge said that this latter programme had also been requested for the residents so as to support their capacity for self-care and protection. Risk assessments and plans seen by the inspector demonstrated how staff supported residents to stay safe.

Residents did at times exhibit behaviours that challenge or risk to themselves and others. These behaviours were identified, risk assessed and planned for. Guidelines and protocols for staff to prevent and de-escalate behaviours were in place. The resident and staff had access to, and the behaviour support plan was informed by input from the behaviour support team. Plans were based on the functional assessment of behaviours, were therapeutic in focus and the subject of further review once the centre was operational.

Staff had completed training on the management of actual or potential aggression (MAPA).

There was currently no identified requirement for restrictive practice. Oversight of the use of restrictive practice within the organisation was provided by the principal psychologist and/or the behaviour support specialists.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

There were risk based policies and procedures for the recording, reporting, investigation and learning from any incidents, accidents and adverse events that may happen once the centre was operational. The electronically generated record alerted the person in charge to such events but she said that staff would also generally contact her by phone.

Based on records seen the inspector was satisfied that these systems were implemented and any learning or change required in response to an incident was identified.

The person in charge had good knowledge of the events that required submission by her to the Chief Inspector as prescribed by Regulation 31, for example any serious injury to a resident or any alleged abuse.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that staff were committed to working with and supporting residents in achieving positive quality of life outcomes, promoting opportunities for them to enjoy new experiences, learn new skills and enhance their independence. Residents had, if it was of their choosing, access to day support services and/or activities that were integrated into the supports that were currently provided, for example during respite in another designated centre.

The person in charge said that the objective was, in consultation with the residents and their families to promote integration and participation in the local community and build relationships with peers. Some of the activities currently enjoyed included sports events, live music, swimming, drama, arts and crafts and socialisation with peers and in the community. The inspector saw that staff and family had undertaken work in one garden so that the resident's interests could be accommodated.

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge confirmed that following admission residents would continue to have access to their preferred General Practitioner (GP) and staff would continue to work with residents and their families to ensure the best possible health for residents. It was clear from the records seen that the person in charge had consulted with and sought information from family, the GP and other relevant stakeholders such as previous service providers so that arrangements would be in place in the centre to meet resident's needs.

Where a need had been identified for further review or updated review there was documentary evidence that the required referrals had been made, for example for physiotherapy, speech and language and occupational therapy. The baseline assessment of needs included the assessment of healthcare and nutritional requirements.

There was documentary evidence that in line with their assessed needs residents had existing access to relevant healthcare services.

Based on the information collated staff had compiled healthcare support plans. However, the inspector noted deficits that could result in gaps or failings in the supports provided once the centre was operational. For example a discrepancy was noted between two protocols that were in place for the administration of a rescue medicine. There was no reference to and no plan of support for maintaining visual health where there was an identified sensory disability on medical records seen.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place to support safe medicines practice once the

centre was operational. The medicines practice described to the inspector was as outlined in the medicines management procedure dated April 2016.

The person in charge confirmed that only medicines that were prescribed and supplied by a pharmacist would be administered by staff.

The person in charge said and training records seen indicated that staff had completed medicines management training including the administration of rescue medicines as these medicines were prescribed for use.

There was a medicines prescription record to be completed prior to admission and reviewed on each readmission and an administration record to be completed by staff.

Staff had formally assessed each resident's ability and willingness to participate in the management of their medicines.

Where a medicines related risk had been identified, for example resident refusal of medicines, the inspector saw that clear guidelines for staff to follow were in place.

The person in charge said that measures to be implemented to enhance the safety of medicines management including the checking of all medicines received against the prescription and the maintenance of records of all medicines received and returned on discharge.

The person in charge was a registered nurse and confirmed that there were procedures in place for the regular audit of medicines management practice and the review of any medicines related incidents.

There was documentary evidence that medicines and their therapeutic effectiveness was the subject of review.

However, facilities for the secure storage of medicines were not yet in place in one of the two apartments.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose contained all of information prescribed by Regulation 3 and Schedule 1. The inspector was satisfied that the statement accurately described the centre and the supports and services to be provided to residents.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that there were governance systems in place that should ensure the effective management of the centre once operational. The management team was identified; there was clarity on individual roles, responsibilities and reporting relationships.

The person in charge worked full-time. The person in charge was suitably qualified; she was a registered nurse in intellectual disability and had also completed studies in health services management. There was documentary evidence that the person in charge continued to engage in the provider's programme of education and training, and had completed both mandatory training and training relevant to her role, for example supporting and supervising staff and undertaking audits.

The person in charge had established experience in working with and supporting persons with a disability and established experience in a management role. The person in charge had responsibility for other designated centres and she was confident that she had the capacity and governance supports to effectively manage the services under her remit. The person in charge and the regional manager confirmed that oversight was maintained of the effectiveness of the governance structures.

Currently the person in charge was supported in her role by an experienced regional manager who was a person participating in management (PPIM). A second PPIM was to

be recruited and appointed once the centre was operational. The inspector met with the current PPIM who was a senior manager within the organisation, was suitably qualified and experienced and had good knowledge of the residents who were to live in the centre.

All members of the management team had established working and reporting relationships to each other. The person in charge said that senior management were accessible, approachable and there was ongoing open communication and support. There were formal monthly regional management and senior management team meetings. Additional supports such as from quality and assurance were available as required.

The provider operated a formal system of staff supervision and annual performance reviews for all grades of staff. Centre based staff team meetings were to be held every six to eight weeks.

Overall the course of the inspection the person in charge articulated sound knowledge of regulatory responsibilities, the delivery of quality person-centred care and services and the requirement of on-going monitoring. The person in charge confirmed that there were established systems of review that would be applied once the centre was operational; this included the completion of an annual review and unannounced visits to the centre as required by Regulation 23 (1) (d) and (2).

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The provider was aware of its requirement to notify HIQA of periods of absence of the person in charge as prescribed by Regulation 32 and 33. Arrangements were in place for the management of the centre by the PPIM in the absence of the person in charge; the regional manager, the nominated person participating in the management of the centre confirmed this.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

This was the centre's first inspection by the Authority.

Findings:

The inspection findings indicated that the centre was and would be adequately resourced to ensure the provision of the required supports and services; the provider representative confirmed this.

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge said that the proposed staffing arrangements were based on resident's assessed needs and staff knowledge of residents gained from the provision of existing supports, that is, day services and respite. The person in charge confirmed that the agreed ratio was one-to-one support at all times when residents were present and a sleepover night staff arrangement. The person in charge and the regional manager said that the adequacy of staffing levels and arrangements would be constantly reviewed.

Staff to work in the centre had been identified; some of these staff were currently working with and providing supports to residents, for example in the day service. Families had been invited by the provider to input into the recruitment process.

Staff files were available for the purpose of inspection. The sample reviewed was well presented, demonstrated good recruitment practice, and contained all of the information required by Schedule 2.

If there was a requirement for relief staff the person in charge confirmed that these staff were part of the provider's local bank of relief staff and that a core group of staff were utilised.

Individualised records of training completed by staff, including relief staff, were maintained. From these the inspector saw that staff had completed mandatory training in safeguarding, fire safety, manual handling and responding to behaviours that challenged. Staff had also completed further relevant training including medication management training, first aid, epilepsy awareness and the administration of rescue medicines, infection prevention and control, nutritional supports, and the planning and provision of personal supports.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

The centre was not operational, however, the inspector was satisfied that the records listed in part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 either were in place or would be in place.

The person in charge had secured a suite of the policies required by Schedule 5.

There was documentary evidence that the provider had the required liability insurance in place.

The residents guide was available in a user-friendly format and contained all of the required information.

Judgment:
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:

Mary Moore
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-0005527
Date of Inspection:	24 January 2017
Date of response:	24 February 2017

Requirements

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

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

Outcome 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:

Certificates of installation and testing of the emergency lighting were not available for either apartment.

All of the recommendations of the fire safety report were not implemented; for example the replacement of recessed light fittings.

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

1. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The PIC will obtain certificates of installation and testing of emergency lighting.

All actions from fire safety report will be completed including replacement of recess lighting fittings

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

Fire doors designed to protect escape routes were not fitted with self-closing devices. Intumescent seals had been painted over during redecorating.

There was a manual key lock on one final exit; there was no key-box with a key in the event that it was required in an emergency.

Given the design and layout of the premises the provider was requested to provide assurances as to the integrity of the rear lobby to ensure that it was adequately protected in the event of fire and provided adequate means of escape to the rear exit located in one of the two bedrooms.

The tumble dryer required relocation as it was located in a main escape route.

2. 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 fire doors will be fitted with self-closing devices.

Intumescent seals will be replaced on all fire doors.

Manual lock removed from fire exit and replaced by thumb-turn, keys not required to open the door in an emergency.

Rear lobby door is a fire door, documentary evidence of resistance status of doors will be confirmed as 30 minutes, the door will be fitted with a self-closing device and intumescent seal will be replaced.

Tumbler dry will be relocated to the kitchen/dining room.

Proposed Timescale: 31/03/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Staff had compiled healthcare support plans. However, the inspector noted deficits that could result in gaps or failings in the supports provided once the centre was operational.

3. 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:

Healthcare plans reviewed to ensure any deficits identified during the course of the inspection are actioned as appropriate .

Proposed Timescale: 28/02/2017

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:

Facilities for the secure storage of medicines were not yet in place in one of the two apartments.

4. 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:

Suitable facility in place for secure storage of medication.

Proposed Timescale: 31/01/2017