

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Scariff Respite
Centre ID:	OSV-0004634
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:	Cora McCarthy
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	1
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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 October 2017 08:30 To: 24 October 2017 17:00

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 09: Notification of Incidents
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:

This inspection was carried out to renew registration of the designated centre. The previous inspection was on 24th October 2016 and, as part of the current inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gather our evidence:

The centre provided a respite service for a small number of residents who also availed of a day service at the centre. As part of the inspection, the inspector spent time with two residents who were attending the day service but who also accessed the respite service from time to time. Residents with whom the inspector spoke were complimentary of the service provided and reported that they enjoyed the activities and outings during their stay. Other residents did not use verbal communication and the inspector observed that residents were comfortable in the presence of staff. Assistance and support was provided in a dignified and respectful manner. Residents were observed to be offered meaningful choice and their choices were respected.

The inspector met and spoke with staff members. The inspector observed practices and reviewed documentation such as plans of care, medical records, accident logs,

policies and procedures.

An interview was carried out with the person in charge. The person nominated on behalf of the provider and the regional manager attended for the feedback meeting at the close of the inspection.

Description of service:

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre comprised a three bedroom bungalow located in the outskirts of a rural village. An accessible shower room was provided, in line with resident's assessed needs. A maximum of two residents accessed the respite service at any time. The service was available to adult men and women with an intellectual disability who may also have a physical disability.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents.

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met. The provider and person in charge did demonstrate adequate knowledge and competence during the inspection and the inspector was satisfied that both were fit persons to participate in the management of the centre.

This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified across all areas some of which are outlined below:

- Residents' rights were promoted (Outcome 1)
- Safeguarding (Outcome 8)
- Safe and suitable staffing (Outcome 17).

Improvements were required in the following areas:

- Recommendation for a resident to have an assessment had not been carried out (Outcome 5)
- Staff training (Outcome 17).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were consulted with and participate in decisions about their care and about the organisation of the centre. Residents had access to advocacy services and information about their rights. The residents privacy and dignity was respected. There was a system in place for the management of complaints but there were none at this time.

On previous inspection of this centre it was found that receipts were not being kept to ensure an audit trail for all expenditure, in line with the centre's policy in relation to supporting residents with their financial affairs. During this inspection it was noted that this failing had been addressed with a log of residents' transaction maintained along with corresponding receipts. Inspectors reviewed a sample of such records and observed no discrepancies.

The inspector observed that the resident present on the day of inspection was treated with great respect by staff while being supported with daily activities. The staff spoke very warmly and positively about the residents.

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):

Findings:

Residents wellbeing and welfare was maintained by a high standard of evidenced based care and support. The residents had opportunities to participate in meaningful activities, appropriate to their needs and preferences.

The personal plan included a comprehensive life story, family support network and important background information. The personal plan outlined residents' needs in many areas including healthcare, education, lifelong learning and employment support services, social services, personal support network, transport and mobility. The resident and their representatives were consulted with and participated in the development of the personal plan which was reviewed regularly. The personal plan was made available in an accessible format in line with the resident's needs.

An assessment of the health, personal and social care and support needs of each resident was completed. However it was noted by inspectors that a recommendation for a resident to have a feeding, eating and swallowing assessment had not been carried out. The person in charge followed up on this immediately and there was an appointment made for the resident.

The residents had been assessed by the speech and language therapist for communication supports however staff were not trained in the residents means of communicating. This is addressed under Outcome 17: Workforce. There was a comprehensive hospital passport in place for a resident and a clear protocol around falls. There was also clear guidance in the event of the resident requiring transfer from the centre. The person in charge also developed a protocol in conjunction with the resident's consultant regarding a medical condition.

The personal plan outlined goals for the residents which were in line with their interests and preferences. There was a staff member designated to ensure follow through on goal attainment.

Judgment:

Substantially 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:

Inspectors were satisfied that steps were being taken to promote the health and safety of residents, staff and visitors in the designated centre.

A fire alarm system, emergency lighting and fire fighting equipment including fire extinguishers were present in the centre. Emergency lighting was seen to be operational on the day of inspection while fire exits were also observed to be unobstructed.

Inspectors saw records of certificates of maintenance carried out by external bodies for the fire alarm, emergency lighting and the fire extinguishers.

Internal staff fire safety checks were being carried out and documented. Fire drills were being carried out at regular intervals and recorded as such. Training records reviewed also indicated that all staff members had received up-to-date fire safety training. Other training was also provided in relevant areas such as manual handling and infection control.

The previous inspection found that improvement was required in relation to the assessment of risk after relevant control measures had been implemented. During this inspection a risk register was in place containing risk assessments which affected the centre as a whole. It was noted that all risk assessments had been recently reviewed and a system for reviewing risks and control measures was in place.

Systems were in place for risks to be escalated within the centre's overall governance structure and inspectors saw evidence that this system was followed. A process for recording accidents and incidents occurring in the centre was in place. Minutes of staff team meetings were reviewed which indicated that such incidents were discussed.

Appropriate policies relating to health and safety and risk management were in place while regular audits in such areas were also conducted. Cleaning schedules were in place and the centre was presented in a clean manner on the day of inspection. Hand gels were available in centre.

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:

Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and effectively guided staff in the reporting and investigation of incidents, allegations or suspicions of abuse. Staff spoken with were knowledgeable regarding safeguarding procedures. The policy included a reporting pathway if the allegation was made against a member of the management team. The policy was also available in an accessible format.

The intimate care policy outlined how residents and staff were protected. Each resident had a personal care plan which was reviewed on a regular basis.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff were clear on what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment, selection and vetting procedure was implemented, all staff received ongoing training in understanding abuse and staff stated that there was an open culture of reporting within the organisation.

The person in charge confirmed that there had been no incidents, allegations and suspicions of abuse since the last inspection. The person in charge was knowledgeable in relation to the recording and investigation of such incidents in line with national guidance and legislation.

A centre-specific policy was in place to support residents with behaviour that challenges. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the

behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques.

Restrictive practices were guided by a centre-specific policy and followed an appropriate assessment. The policy on restrictive practices was comprehensive and was in line with evidence-based practice. A risk balance tool was used prior to the use of restrictive practices, less restrictive alternatives were considered and signed consent from residents was secured where possible. Multi-disciplinary input had been sought when planning and reviewing individual interventions for residents.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

A system was in place within the centre for recording accidents and incidents. A log of such events was reviewed during the course of the inspection and it was found that all notifiable events had been submitted within the timeframes set out by the regulations.

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 attended the centre for respite care overnight, at weekends or for holidays. During their stay, residents' healthcare needs were met through timely access to healthcare services and appropriate treatment and therapies. An "out of hours" doctor service was available if required. Residents' right to refuse medical treatment was respected. Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs during their stay.

A health and wellbeing assessment was completed for each resident and reviewed annually or when circumstances change. The assessment was augmented by an annual examination by the resident's general practitioner.

A bereavement and end of life policy was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents were encouraged to be active throughout their stay.

Residents were encouraged to be involved in the preparation and cooking meals. Staff and records viewed confirmed that a choice was provided to residents at mealtimes. The meals outlined by staff and residents were nutritious and varied. There were supplies and choice of fresh food available for the preparation of meals. Residents had access to a selection of snacks and healthy snacks. Staff reported that residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food.

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:

Secure facilities for the storage of medicines and appropriate procedures were in place to ensure that residents were provided for in this area.

Inspectors reviewed the storage facilities provided for medication and observed them to be neatly organised. Facilities for storing medicines that required refrigeration was available in the designated centre. Arrangements were also in place for the monitoring

of stock levels with records of stock level checks seen by inspectors during the course of the inspection.

A sample of prescription and administration records were reviewed by inspectors. It was found that the required information such as the medicines' names, the residents' date of birth and the name of relevant general practitioner were contained in these records. Records indicated that medicines were administered at the time stated in the prescription sheets and in the correct dose.

Policies relating to medicines management were available in the centre while arrangements were in place for audits of medicines management to be carried out. Medicines were administered by staff who had received training in this area although training records reviewed indicated that one staff member was overdue refresher training in this area since June 2017. This is addressed under Outcome 17.

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:

There was evidence of a clearly defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge had the requisite skills and knowledge required for the role and was employed full time by the organisation. The person in charge demonstrated an in-depth knowledge of the residents and residents were comfortable in her presence.

A social care worker was appointed in the centre to ensure the effective governance, operational management and administration of the centre. There was evidence of regular informal and formal contact between the person in charge and the social care worker.

The person in charge informed the inspectors that there were regular management meetings between the regional managers, the service manager and the person in charge.

The provider had arranged for an unannounced visit to the centre to assess safety and quality of care and support in July 2017. The inspector read a report of the unannounced inspection. There was evidence that areas for improvement were identified, acted upon and improvements made.

The annual review of the quality and safety of care in the centre from May 2017 was made available to the inspector who saw that it was comprehensive and was based on the standards and regulations. Areas for improvement were identified and acted upon in a timely manner.

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:

Inspectors were satisfied that there were appropriate levels of staff to meet the needs of residents but some improvement was required in the provision of communications training.

During the inspection staff were observed engaging in a caring and positive manner toward residents. Having reviewed staff rosters available in the centre, inspectors were satisfied that there were appropriate numbers of staff to meet the needs of residents. Rosters also indicated that a continuity of staff was provided for within the centre. Inspectors were informed that there were no volunteers involved with the centre at the time of the inspection.

Arrangements were in place for staff to receive supervision and formal supervision meetings with staff took place throughout the year. Records of such meeting were maintained which were reviewed by inspectors. It was noted that three staff member had raised the need for training to ensure residents communication needs were met,

during their supervision. Although the person in charge hoped to arrange training in this area for all staff, at the time of this inspection, no staff had received this training nor was any such training scheduled for the centre's staff members.

The previous inspection found that there were some training gaps. During this inspection training records indicated that all staff had undergone mandatory training in areas such as infection control, fire safety and de-escalation. All staff had also undergone training in medicines management but it was noted that one staff member was overdue refresher training in this. Inspectors were informed this staff member was due to receive this training in the month following this inspection. Also one staff members occupational first aid training was outstanding at the time of inspection.

Staff team meetings took place at regularly. Inspectors reviewed a sample of minutes from these meetings where issues such as safeguarding, risk assessments, resident activity and accidents and incidents, were discussed. A sample of staff files were also reviewed and were noted to contain all of the required information in line with the regulations.

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:

Cora McCarthy
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-0004634
Date of Inspection:	24 October 2017
Date of response:	13 December 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

A recommendation for a resident to have a feeding, eating and swallowing assessment had not been carried out.

1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

assessed needs of each resident.

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

A speech and Language Therapist has completed a feeding, eating and swallowing assessment.

Proposed Timescale: 26/11/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff had not received communications training, one staff member was overdue refresher training in medicines management and one staff member had not received occupational first aid training.

2. 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:

Training will be completed in the areas of communication, medication management refresher and Occupational First Aid for all staff.

Proposed Timescale: 29/03/2018