

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hazel Grove
Centre ID:	OSV-0004638
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):	Caitriona Twomey
Type of inspection	Announced
Number of residents on the date of inspection:	6
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 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: 31 October 2017 09:30 To: 31 October 2017 17:30

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

The inspection of this centre by the Health Information and Quality Authority (HIQA) was undertaken to inform a decision in relation to an application by the provider to renew the registration of the centre.

How we gather our evidence:

As part of the inspection, the inspector met with three residents. Residents with whom the inspector spoke were very complimentary of staff and the person in charge. Residents described that their independence was promoted at all times and they were facilitated to make choices in all aspects of their lives. Residents reported that they were especially pleased with having an apartment where they lived alone or with one other person. 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. Independent living skills were promoted.

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.

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. Inspectors found that the service was being provided as it was described in that document. The centre comprised four apartments; each had two bedrooms. One of the bedrooms in each apartment was en suite and an additional shower room was provided in each apartment. A maximum of two residents lived in each apartment. An open plan living, dining and kitchen space was provided in each apartment. The centre was located in a suburban location close to a large town. The service was available to adult men and women with mild to moderate intellectual disabilities. The centre supported residents with a variety of healthcare needs.

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 knowledgeable 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 in the following areas:

- Healthcare needs (outcome 11)
- Medication management (outcome 12)
- Statement of purpose (outcome 13)
- Governance and management (outcome 14)
- Workforce (outcome 17).

Improvements were required in the following areas:

- Social care needs (outcome 5)
- Health, safety and risk management (outcome 7)
- Safeguarding and safety (outcome 8).

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 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:

An assessment of the health, personal and social care and support needs of the residents had been carried out although some recommendations by an allied health professional (a dietician) had not been implemented.

A sample of residents' files were reviewed. A discovery document was used to assess the health, personal, social care and support needs of the residents annually. The individualised information gathered was used to develop an extensive personal plan for each resident. This plan incorporated some of the resident's daily support and healthcare needs as well as long and short term personal goals. The person responsible for supporting the resident to achieve the goal and the timeframe in which this was expected to happen was clearly documented. Inspectors were advised that the organisation was planning to introduce a new template to document residents' personal goals. In addition to the personal plan, each of the personal files reviewed included an up-to-date hospital passport, intimate care plan, personal emergency evacuation plan, healthcare information, individualised service agreement, tenancy agreement and daily support notes. There was evidence of multidisciplinary involvement as appropriate to the person's identified needs. However in one instance where a resident had an assessment and an allied health professional had issued recommendations, these had not been adhered to and there was no evidence of monitoring or oversight of these recommendations which included monitoring of both food and fluid intake. The person in charge did acknowledge and committed to addressing this immediately.

Communication and sensory assessments were necessary for residents to assess level of ability in order for staff to meet the residents' needs more appropriately.

There was evidence of opportunities being provided for residents to engage in meaningful activities and relationships and participate in their local communities. These included a part-time job, attending a course in a third level institution, independently accessing the local town to pursue their own interests, swimming, baking and meeting with family members.

On the day of the inspection, inspectors were informed of proposed transitions of some residents in the centre. There was evidence to support that residents and their families were aware of this proposal. The residents who may be directly affected had transition plans to reflect this in their personal files.

In some instances within personal plans, there was insufficient guidance for staff on how to support residents to achieve their goals, for example supporting a resident to practice relaxation techniques which was of particular importance to them. This could result in staff not knowing how to provide this support or inconsistent implementation. The person in charge undertook to address this immediately.

The person in charge told inspectors that each resident's personal plan was reviewed annually and this was evidenced. This review process, as outlined, included a meeting with the resident, their relatives, assigned keyworker and the person in charge. It was explained that multidisciplinary professionals were invited to these meetings but may not attend.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There was a procedure in place for risk management which had been approved in June 2017. The centre had a risk register outlining centre wide risks, including those specified in Regulation 26, and those relating to the individual residents. In line with the risk management procedure, risks were designated as either open, to be monitored, or closed. Each risk assessment outlined the measures and actions in place to control the identified risks. Where the implementation of a restrictive practice was an identified control measure, the review documentation for that practice was included in the risk register, with the exception of medicines taken as required (PRN).

Although all of the risks had been reviewed within the timeframes specified in the risk management procedure, not all were current and at times the information outlined was conflicting. For example, one risk was outlined in two separate assessments; one assigned as closed, the other as being monitored; an identified control for one risk conflicted with a control in place for a similar risk which had been assessed separately. There were also other documentation issues. It was also unclear who had participated in the completion of the risk assessments with repeated reference to 'staff'. A falls risk assessment tool, attached to a risk assessment, had not been fully completed resulting in an underestimation of the risk.

While medication errors were recorded and escalated to management level, it was not documented what the process was in terms of investigating and learning from adverse events.

Suitable fire equipment and emergency lighting were available in the centre. The procedure for the safe evacuation of residents and staff was clearly displayed throughout the centre. Records documenting that the fire detection and alarm system was serviced on a quarterly basis and fire equipment was serviced on an annual basis were reviewed during the inspection. Complete records of daily visual fire checks for each apartment were also reviewed for the year to date. These were completed by a resident for one of the apartments. Complete records of weekly checks of an assistive device used to support one resident in case of fire were also reviewed by inspectors. There was an individualised personal emergency evacuation plan in place for each resident, all reviewed in October 2017. Three fire drills had been completed in the centre in the 12 months prior to the inspection, one of these in night time conditions. It was identified that two residents refused to evacuate during the night time drill and one further required additional staff support. Despite this, a night time drill had not been repeated in the subsequent 11 months. The inspectors viewed training records and noted that all staff had received appropriate fire prevention training, infection control training

Judgment:

Substantially 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:

On review of the risk register, inspectors noted that the only open risk in the centre was the behaviour of one of the residents. Despite this, this person did not have a behaviour support plan. Further review of the person's file identified that input had been requested and received from psychology and psychiatry services. This input was recorded in meeting minutes and appointment records. As these documents were created over a number of months and involved different professionals, the current recommended supports were not clear. Other recommended supports to address this need were also documented elsewhere (for example in the risk assessment and resident's personal plan). The absence of one comprehensive, easy to retrieve behaviour support plan may limit staff's ability to be aware of, and provide, the required supports to this person.

The organisation's restrictive practice procedure was reviewed by the inspector. This was developed in October 2014 and confirmed by the person in charge as the current policy. There was documentation outlining the use of a number of restrictive practices in the centre. The person in charge advised that the use of these practices was reviewed quarterly by the person in charge and persons participating in management of the centre. The form documenting the review was submitted to the regional manager, who followed up with the staff team if required. The person in charge advised that previously these review documents had been sent to a psychologist, however this practice had changed. The forms relating to current restrictive practices were reviewed during inspection. The person in charge informed inspectors that restrictive practices were also reviewed as part of the annual review of each resident's personal plan. As outlined under Outcome 5, multidisciplinary professionals did not necessarily attend these reviews.

One of the restrictions in place, according to documentation, was 'due to staff shortages'. This restriction involved locking the kitchen and front door of one resident's home after 21:00 if staff were required to complete other duties. Examples provided of such duties included answering the phone, supporting other residents and completing staff handover. The person in charge undertook to address this immediately.

In the organisation's restrictive practice procedure it states that there 'must be a focus on skills building and supporting the person to develop skills that will reduce the need for a restriction'. There was no evidence to support that this was being implemented in the case of many of the restraints implemented in the service. For example, one resident was prescribed chemical restraint to support him to attend medical appointments. There were no documented strategies to support positive behaviour in these circumstances.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible

health.

Theme:

Health and Development

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

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

Findings:

Residents were supported to achieve and enjoy the best possible health. However in one instance where a resident had an assessment and an allied health professional had issued recommendations, these had not been adhered to.

Individual residents health needs were met through timely access to health care services and appropriate treatment and therapies. Residents have access to a general practitioner (GP) of their choice, an arrangement that was acceptable to them and an "out of hours" service was available if required. The inspector saw that residents were reviewed by the medical practitioner regularly. Residents' right to refuse medical treatment was respected.

The inspector noted that end-of-life plans had been developed for residents which recorded residents' wishes. Information was available to guide staff in meeting residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents were encouraged to be involved in the preparation and cooking each meal and residents reported that they enjoyed this activity. The meals observed by the inspectors were nutritious and varied. The inspector saw that there were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks; residents prepared snacks and small meals in their apartments. The inspector observed that residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy-read format.

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):

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

Findings:

The centre had up-to-date operational policies relating to medication management. Medication was administered by nursing staff and social care staff. Social care staff had attended training on the safe administration of medication.

There was a comprehensive medication management policy guiding practice. Staff spoken with were knowledgeable regarding medication management policies and practices.

The inspector reviewed a sample of prescription and administration charts and noted that they contained all the information required to enable staff to safely administer medications. All medications were individually prescribed. The inspector noted that the maximum dosage of medicines taken as required (PRN) was prescribed and all medications were regularly reviewed by the GP.

The centre had a designated fridge to store medication that required storage at a particular temperature. Daily records of the temperature of the fridge were maintained. There were no medications requiring refrigeration at the time of inspection. There were no residents self administering medication at the time.

Regular medication management audits were carried out. Although while medication errors were recorded and escalated to management level, it was not documented what the process was in terms of investigating and learning from adverse events. The centre had processes in place for the handling and safe disposal of unused medicines.

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose consisted of a statement of the aims of the centre and the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by Schedule 1 of the Regulations.

The statement of purpose was kept under review and was available to the residents and their relatives. The inspector found that the statement of purpose was clearly implemented in practice and reflected the ethos of providing a comfortable and safe environment.

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:

There was a defined management structure in the centre which clearly identified the lines of authority and accountability in the centre. There was a full-time person in charge who met the requirements as outlined in Regulation 14 (3). The person in charge worked across two designated centres. Evidence suggested that the person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge had regular protected hours to complete her duties, as did three social care workers working in the centre.

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety in the centre completed in April 2017. Inspectors saw a report on the safety and quality of care and support provided in the centre completed following an unannounced visit in July 2017. In addition, there was documentary evidence of a range of other audits completed in the centre. These included audits of the accidents and incidents reported using the organisation's online system, medication, and the use of PRN medication. The person in charge clearly outlined the process regarding in-house checks of residents' finances. Inspectors were further advised that a report relating to a financial audit recently completed by an

external organisation was outstanding. Each audit and related report included an action plan where required. There was some inconsistency as to whether the completion of these actions was documented on the action plan. However, there was evidence to indicate the actions had been completed.

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:

The inspector noted that there were adequate staffing levels and skill mix to meet the needs of residents and the safe delivery of services at the time of inspection.

There was a planned rota system and residents received continuity of care.

There was a comprehensive staff recruitment policy based on the requirements of the regulations.

The management team were committed to providing ongoing training of staff which reflected the statement of purpose. Staff spoken with confirmed that they had attended ongoing training and records of training were maintained in staff files. Training included safe administration of medications, epilepsy and rescue medication, hand hygiene and fire safety training.

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:

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-0004638
Date of Inspection:	31 October 2017
Date of response:	22 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A recommendation from an appropriate health care professional had not been implemented.

1. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A Speech and Language report has been carried out by the Speech and Language Therapist to reflect changing needs and circumstance of a resident. Guidelines and recommendations from the report have been implemented. A review will take place no less frequently than on an annual basis.

A Dietician has carried out an assessment of the changing needs and circumstance of a resident. Guidelines and recommendations from the report have been implemented. A review will take place no less frequently than on an annual basis.

Proposed Timescale: 05/11/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

It was identified that two residents refused to evacuate during the night time drill and one further required additional staff support. Despite this, a night time drill had not been repeated in the subsequent 11 months.

2. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A night time fire drill has been completed on 22/12/2017 all residents evacuated appropriately and are aware of the procedure to follow in the event of a fire.

Proposed Timescale: 22/12/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A restrictive practice of locking a resident's door while staff attended to other residents required review.

3. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

A review of all restrictive practices is scheduled for the identified resident in January 2018 with the input of the Psychology Department and in accordance with National Policy. The team are working towards the least restrictive practice to ensure this resident is working towards the highest quality of life.

Proposed Timescale: 31/01/2018

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:

Although while medication errors were recorded and escalated to management level, it was not documented what the process was in terms of investigating and learning from adverse events.

4. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

An initial meeting was held with the medication trainer/ clinic assessor to review what changes need to be made to the medication procedure to address incidents of mis-administration of medication. The process for addressing errors in the procedure is currently been reviewed to give clearer guidance to managers on how to address incidents of medication errors. This will provide a more robust way of addressing incidents of medication errors and the learning to be adopted and further actions to be taken by the managers to address such incidents. This document for addressing medication errors is current in use in a draft document. The working group and due to hold a further meeting to progress this matter and implement the necessary changes. This process will be complete by 31/02/2018

Proposed Timescale: 28/02/2018

