

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Parkside Residential Supports Services
<b>Centre ID:</b>	OSV-0005095
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	Liam Strahan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	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 decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 26 March 2018 08:50 To: 26 March 2018 18:30

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 inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by the Brothers of Charity Services Ireland South East Region (the provider) to the registration of the centre.

The centre was last inspected in February 2016 where generally good levels of compliance were found across most outcomes. However, moderate non compliances were found in Risk Management and Social Care Needs.

This inspection found that while residents appeared happy and content with the service provided, some of their assessed needs had changed considerably since the last inspection. This in turn, had impacted on the quality and safety of care provided to the residents living in the centre.

Of the 18 outcomes assessed, nine were found to be compliant including Communication, Family and Personal Relationships with the Community, Contracts of Care, Statement of Purpose and Use of Resources. However, due to the changing needs of some residents, staffing arrangements in place and layout of the premises, non-compliances were found in Residents Rights, Dignity and Consultation, Safe and Suitable Premises, Risk Management, Safeguarding, Workforce and Governance and Management.

Background to inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by the Brothers of Charity Services Ireland South East Region (the provider) to the registration of the centre.

The centre was last inspected in February 2016 where generally good levels of compliance were found across most outcomes. However, moderate non compliances were found in Risk Management and Social Care Needs.

This inspection identified that while there were some issues with regard to notification of incidents, workforce, documentation and governance and management, the centre demonstrated good levels of compliance across most outcomes assessed.

The quality and safety of care provided to the residents was being adequately monitored and residents' needs were generally being met in a professional and caring manner.

How we gathered our evidence:

The inspectors met with one staff member and spoke with them briefly about the service being provided. The person in charge and acting service manager were also spoken with at length over the course of this inspection. The regional services manager also attended the feedback on completion of the inspection process.

The inspectors also met with four residents and spent some time chatting with them over the course of the day. Other residents communicated with inspectors through various mediums including hand signals, diaries and pictures. They appeared content and relaxed in the centre and communicated that they were very happy with the service they received.

A sample of documentation was also viewed such as health and social care plans, risk assessments, positive behavioural support plans, safeguarding plans and contracts of care.

Description of the Service

The centre comprised two separate houses providing accommodation for up to six residents. One house provided respite support to two residents and the other house provided permanent accommodation to four residents.

The centre was in close proximity to a large nearby town and transport was provided so as to access local amenities such as restaurants, shopping centres, cinema, pubs, bowling and cafes.

#### Overall Findings

Overall it was found that that residents appeared mainly happy and content with the service they received and indeed appeared relaxed in the company of both management and staff.

However, and as identified above, due to the complexity and changing needs of some residents, the staffing arrangements in place and the layout of the premises the centre was presented with some significant challenges in meeting the requirements of some of the regulations.

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

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

**Outcome 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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that the rights and dignity of the residents were promoted and there were a number of mediums available so that residents' individual choices were supported and encouraged in the service. However, due to the changing needs of the residents and the layout of the premises, one resident's privacy was being compromised.

The inspectors reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedures were available in the centre and an easy-read format was also available to the residents. Residents were supported to discuss any dissatisfaction they may have with the service and were provided with the contact details of the complaints officer

There was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. It was observed that when a complaint was made about any aspect of the service it was being addressed.

In order to support the residents' privacy and dignity there was a policy available on intimate care in the centre. The inspector viewed this policy saw that it was to provide a framework for staff based on best practice which identified guidelines to follow when involved in intimate care.

The inspectors viewed a sample of intimate care plans and found that they were informative of how best to support the intimate care needs of the residents while at the same time maintaining their independence, choice, privacy and dignity.

It was observed that one resident whose needs had changed significantly over the last year, had to relocate to a new bedroom in the centre from the second floor to the ground floor. This was because the resident was at risk of falling on the stairs. The new bedroom had previously been a communal sitting room and office space that both residents and staff could utilise.

While it appeared the resident had no issue with this move, inspectors noted that due to the layout of the premises and lack of space in the centre, staff continued to use the resident's new bedrooms as an office facility.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a policy available in the centre on communication with residents and arrangements were seen to be in place to support and assist residents in accordance with their assessed needs and preferences.

A sample of personal planning documents was reviewed. These included residents' communication needs, preferences and abilities; as well as the appropriate interventions. Personal plans included development of skills around using computer tablets, sign language, picture books and picture boards.

When inspectors met with residents these communication methods were seen to be implemented and empowering of residents. Additionally documentation within the centre was also available in easy-to-read format, such as residents' guides, contracts of care and picture-plans for respite stays. While not all staff had training in communications, strategies staff did demonstrate a good knowledge of residents' communication needs.

Residents had access to radios, TV's and newspapers and computers.

**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:**

Inspectors were satisfied that familial and personal relationships were maintained and supported through visits home and reception of visitors into the centre. Family were also seen to be involved in care planning to the extent that residents so desired.

The centre had a visitors' policy. This detailed how residents were facilitated to receive visitors, with supports for private visits if so desired. The policy placed no restrictions on visits, except if requested by the resident or due to a health and safety risk. However the capacity of the buildings of the designated centre to host a visitor in private was limited and this is further discussed under Outcome 6, Premises.

Records demonstrated that families were included in the care decisions of residents (where residents so wished), through channels such as family fora, circle of support meetings and questionnaires.

There were also records in relation to respite planning to confirm that residents were able to access respite at dates and frequencies as appropriate to their individual needs. Records also demonstrated that residents were able to undertake visits home, as appropriate.

There was evidence that residents had opportunities to meet and engage with people outside the centre through a variety of mediums. These included community activities, day service and personal relationships, as well as activities such as visits to local shops, restaurants, bowling, leisure centres and art classes.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were policies and procedures in place for admitting residents, including transfers, transitions, discharges and the temporary absence of residents. These policies included consideration of the welfare of both the potential resident and the existing residents when a new resident is being admitted.

Practice around the organisation of respite care was seen to be in line with the admissions policy and the statement of purpose. There had been no recent admission for fulltime residential care.

Suitable contracts for the provision of services were in place. They included the details of the care and support to be provided, standard fees to be charged and any additional fees that may be incurred. An easy-read version was available for residents. Contracts were signed by both residents and a family member and or representative.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that the care and support as described by the person in charge and documentation viewed was consistent and sufficiently provided for the residents' assessed social care needs and wishes in the service. However, it was observed that there was inadequate input from the multidisciplinary team into some residents' individualised social care plans.

The inspectors reviewed a sample of personal plans and found that they were identifying residents social care goals and preferred individual choice. For example, one

resident was supported to go on a foreign holiday and was delighted to show the inspectors pictures of their time overseas. Other residents were supported to undertake courses such as cookery classes.

The inspector also spoke with another resident who worked on a farm. The resident in question appeared very happy with his job and was very happy to speak with the inspector about it.

Residents were also supported to engage in healthy social activities such as going for walks in the countryside and swimming classes. Activities such as trips to the cinema, bowling, shopping and meals out were supported by the centre.

However, it was observed that for one resident in particular (whose needs had changed considerably over the last year) there was limited input from the multidisciplinary team with regard to their individual plans and social care needs.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

This designated centre consists of two houses. Inspectors considered the location, design and layout of the centre.

The first house was home to four residents. On the ground floor it contained a sitting room, living room-diner, kitchen and down-stairs toilet and shower. On the first floor it contained a bathroom, two resident bedrooms and a staff room. On the second floor it contained two bedrooms, one of which had access to an external fire escape.

Bedrooms and common living areas had been personalised to the taste of residents. That said, at the time of inspection the changing needs of one resident had resulted in the bedroom with access to the fire-escape being vacant, that resident having moved into the sitting room of the house. It is recognised that this change took place in response to changing resident needs, however updated floor plans had not been submitted to HIQA to reflect such a change in layout.

The second house was used as a respite house. On the ground floor it contained a sitting room, dining room, kitchen and shower and toilet. On the first floor it contained three bedrooms, one of which was used as a staff room. As this was a respite house the decoration was not personalised, as expected.

These houses however had some limitations.

- The conversion of the sitting room to a bedroom impacted on the capacity of residents to host visitors in private, a point raised by two of the residents in their communications with inspectors. This also impacted generally on the availability of communal space in a busy house.
- A filing cabinet had been positioned in the corridor of the residential house due to limited alternative options.
- The staff computer was positioned within the downstairs bedroom of the residential house due to limited alternative options, resulting in the corner of this bedroom being utilised as an office facility.
- The bathrooms were not of a sufficient standard suitable to meet the needs of residents.
- Some flooring (having slipped boards and holes) required renovation.
- General maintenance works were required such as the need to remove the potential hazard presented by the clothes line ropes hanging in disrepair from their poles in the respite house.

Each of these houses had access to secure outdoor space, laundry facilities, secure storage for medications and secure storage for valuables. An outdoor smoking area had been allocated for smoking. Adequate facilities were in place for waste disposal. These houses were located with a community and facilitated easy access for residents to the locality and to their day services.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

At the last inspection the following finding was made; "Some risk management control measures and risk and incident reporting systems were not found to be robust and consistent". While risk management systems were in place, and under review, a similar

finding was found on this inspection.

The centre had a risk management policy which met the requirements of Regulation 26. It included the identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

A general organisational and individual risk register was maintained. A wide variety of risks were listed, including risks associated with the activities and equipment in the centre. However, the register however did not adequately identify the hazards associated with risks. Moreover, risk assessments for individual residents did not contain all pertinent risks; examples of individual risks identified on inspection which were not assessed include:

- Falls risk assessments following incidents of falling
- Choking risk assessments following choking incidents
- Smoking in bedrooms where such is a known behaviour.

Arrangements for investigating and learning from accidents, incidents and near-incidents involving residents were in place. In the review actions were noted such as the need to update individual risk assessments or safeguarding plans, the need for staff to observe more closely and the need to record patterns of behaviours of concern.

Nevertheless examples discussed in the last paragraph demonstrate that such learning outcomes were not consistent, such as where falls risk assessments had not taken place to establish if falling was an ongoing individual risk. In this regard the arrangements for the review of accidents and incidents were not consistent.

The centre had adequate means of escape, to include emergency lighting. Fire exits were unobstructed on the day of inspection. An external fire consultancy company had been engaged for the regular service, inspection and maintenance of the fire alarm, emergency lighting and fire safety equipment. The most recent service of alarms, emergency lights and extinguishers had been undertaken in January 2018. Internal checks were also routinely undertaken and recorded. Records also showed that the central heating systems had been serviced.

Procedures for the safe evacuation from the centre in the event of fire were prominently displayed. There was a personal emergency evacuation plan developed for each resident. These were seen to be concise, and communicative of the specific supports that would be necessary in an emergency evacuation.

It was the policy of this centre to hold fire drills on a quarterly basis. This had been fulfilled in one house, with the most recent drill on 08 March 2018. This house recorded which staff and which residents attended for these drills. This house also held drills at varying times, to include early morning or evening thereby simulating night drills. Space was available to record learning outcomes from drills.

In the other house records showed that the last drill was on 14 Oct 2017; that drills in this house were commonly at the same time in the early evening; and there was no

record as to which resident partook.

Fire-safety training had been completed by all but two staff members. The provider had identified this training gap and arranged training for approximately two months after the inspection date. The risk caused by such a delay was discussed with the person in charge.

An emergency plan was in place. This detailed the actions to be undertaken in the event that the centre had to be evacuated. It also included an instruction on when to arrange alternative accommodation. Emergency phone numbers were accessible to staff.

The centre had access to a number of vehicles. Maintenance, service and National Car Test (NCT) records indicated that vehicle roadworthiness was kept under review. Establishing if a person had a driving licence, and the type there of was part of the recruitment processes.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspectors were satisfied that adequate measures would be put in place to protect the resident being harmed in the centre. However, and as found in the last inspection some safeguarding plans required review and updating to reflect the complexities of some of the behaviours some residents could present with.

There were policies and procedures in place with regard to safeguarding and protecting vulnerable adults which outlined the responsibility of staff in protecting residents and the appropriate reporting procedures. From a small sample of files viewed it was also observed that staff had training in the safeguarding of vulnerable adults.

From a sample of files viewed the inspectors observed that at times, some residents

could engage in behaviours deemed to be unsafe however, their safeguarding plans were not adequately detailed did not reflect measures required to protect them

Residents were being provided with emotional, behavioural and therapeutic support that promoted a low arousal approach to behaviour that challenges. There were also policies in place guiding the management of positive behavioural support. However, it was observed that one resident who could present with verbal aggression towards staff and other residents did not have a detailed positive behavioural plan in place.

There were some restrictive practices in place however, it was observed that they were being reviewed accordingly, were only being used to promote residents safety and were the least restrictive option possible.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

Inspectors reviewed incident reports and resident's records and were satisfied that notifications had been submitted to the chief inspector, as required by Regulation 31.

The provider and the person in charge demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found that arrangements were in place to ensure that the welfare and development needs of residents were promoted and residents were afforded social inclusion, education and training experiences based on their interests and assessed needs.

The inspectors observed that residents had opportunities to engage in meaningful training and learning opportunities based on their individual likes and preferences. Some had attended classes such as cookery courses, worked on farms and were supported to work some hours in their local community.

Residents also attended day services where a range of work based and social activities were on offer. They were also supported to use their local community and local amenities.

**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:**

The inspectors were satisfied that resident's health needs were being regularly reviewed with appropriate input from multidisciplinary practitioners as and when required. However, it was observed that one resident who recently had some issues with swallowing, had not been reviewed by a healthcare professional at the time of this inspection.

The inspector saw that the residents had regular and as required access to a GP, their medication requirements were being reviewed regularly and visits to a range of other allied health care professionals were being provided for as and when required.

For example, from viewing a sample of documentation the inspectors saw that residents were being supported to attend appointments with dentists, opticians, speech and language therapists and chiropodists. Hospital appointments where required were also

being provided for.

Residents were also being supported to experience best possible mental health and where required, had access to mental health professionals to include a psychologist.

It was observed that one resident who recently had two choking incidents had not been assessed by a healthcare professional at the time of this inspection. However, when this was discussed with the person in charge and the acting service manager they informed the inspectors that they were aware of this situation and would ensure the resident was assessed as a priority.

**Judgment:**

Substantially Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that medication management policies were in place and that practices described by the person in charge were suitable and safe.

There was a medication management policy available in the centre which outlined the centres responsibility with regard to the ordering, storing and administration of medication. (The policy had only recently been updated).

A locked drug press secured in each house that comprised the centre was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

There were systems in place to manage and learn from a drug error should one occur in the centre however, the inspectors observed that there had been no recent drug errors on file in the centre.

It was observed that the centre did not have a system in place for the recording and return of unused medication to the pharmacy. However, by the time of this inspection this issue had been addressed and a recording and return system had been introduced to both houses that comprised the centre.



**Judgment:**

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 centre had a statement of purpose incorporating the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013. This included the aims, objectives and ethos of the centre, as well as the services and facilities to be provided to residents. The Provider was aware of the duty to update this annually or sooner if required. Admissions to the centre were seen to be in line with the statement of purpose.

**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 a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. However, it was also found that the person in charge did not have adequate protected management hours to complete some of her duties in a timely manner.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. From speaking with the person in charge it was evident that she had an in-depth knowledge of each resident's support needs.

She was also aware of her statutory obligations and responsibilities with regard to management of the centre. As part of this registration inspection the acting services manager was also spoken with at length over the course of the inspection. He was also found to be aware of his statutory obligations and responsibilities in this role.

The person in charge was supported by the acting service manager. He was actively involved in the governance and management of the centre, knew the residents very well and made regular visits to each house.

The person in charge was also supported by a team of suitably skilled and qualified staff. All staff were either qualified social care professionals or qualified care assistants.

Overall the inspectors also found that the person in charge provided good support, leadership and direction to her staff team. However, and as found in a number of previous inspections, she was person in charge for five centres comprising eight individual houses. This in turn meant that the governance and management arrangements in place for this centre required review. For example, some risk assessments required updating and review to reflect the current needs of the residents, some safeguarding plans required review and some maintenance issues with regard to the upkeep of the centre required review.

It was also observed that an annual review of the quality and safety of care had been carried out and the centre was subject to a number of audits. While these audits were detailed, some of the actions arising from them were not being implemented in a timely manner. For example, prior to this inspection an audit had identified issues with the layout of the premises (particularly related to the resident using a sitting room as a bedroom). This issue remained unresolved at the time of this inspection.

Audits also identified some issues pertaining to the back garden of the centre, yet these issues had not been addressed at the time of this inspection.

**Judgment:**

Non Compliant - Major

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The acting services manager and person in charge were aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.</p> <p>The acting service manager informed the inspector that he would assume the role of person in charge should she be absent from the centre.</p> <p>To date there had been no absences of the person in charge that required notification to the Authority.</p>
<p><b>Judgment:</b> Compliant</p>

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Rosters and observations during the course of this inspection demonstrated to inspectors that the staffing arrangements in place required review in order to meet the assessed and changing needs of residents. At times there was only one staff on duty and it was not always possible to provide adequate supervision to each individual resident in the centre.</p> <p>For example, during the course of the inspection, one inspector witnessed a resident using a staircase unattended where their assessment said staff support was required when this resident was using the stairs.</p> <p>This resource issue was supported by the provider’s annual review for 2017 which noted that “as some of the residents are getting older they require more support in social activities which is reflected in their [evidence based] assessments”.</p> <p>The person in charge and acting service manager confirmed that the centre had the resource of a vehicle on a full-time basis to support residents transportation needs and</p>
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wishes.

The inspector observed that all documentation regarding the vehicle, such as servicing road tax and NCT were up to date.

**Judgment:**

Non Compliant - Major

**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 reviewed staff rosters, staff training records and staff files. There were no volunteers volunteering in this centre. There were no actions required from the previous inspection; however residents' assessed needs had changed significantly since that inspection.

Rosters and observations demonstrated to inspectors that the number, deployment and skill mix of staff required review in order to meet the changing needs of residents. This conclusion was supported by the provider's annual review for 2017 which noted that "as some of the residents are getting older they require more support in social activities which is reflected in their [evidence based] assessments". This issue was discussed and actioned under Outcome 16: Use of Resources.

This statement however was preceded by the acknowledgement that "some of the residents attend most of their social activities with limited supports". Additionally it was noted that residents' assessed needs had further increased since the start of 2018.

Records of staff training were reviewed by inspectors. The centre had an induction programme for all staff. Training records also demonstrated that staff had access to a range of training, such as the protection of vulnerable adults, fire-safety training, crisis intervention, medicines management and the physical handling of persons.

There were however gaps in some of these (the protection of vulnerable adults, fire-safety training and the physical handling of persons) which the provider had identified and scheduled training for. Additionally there were gaps in training for crisis intervention

(which had been recommended for all staff by a psychologist when reviewing resident needs).

Staff were subject to formal supervision on a regular basis. However the supervision process was not up to date due to organisational constraints placed on the person in charge (discussed earlier under Outcome 14).

A selection of staff files was reviewed over the course of the inspection and all contained the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. These requirements included requirements for criminal record checks and reference checks during the recruitment process.

Staff met by inspectors were seen to be knowledgeable of residents and interacted with residents in a sensitive manner.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

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 were maintained to ensure accuracy and ease of retrieval. The designated centre was undergoing a process of review of the policies required by Schedule 5 of the Regulations. All such policies were seen to be in date with the exception of two, which were still within the review process. These policies informed practice within the centre.

**Judgment:**

Substantially Compliant

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<b>Closing the Visit</b>
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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:***

Raymond Lynch  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services South East
<b>Centre ID:</b>	OSV-0005095
<b>Date of Inspection:</b>	26 March 2018
<b>Date of response:</b>	26 April 2018

### Requirements

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

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

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The privacy of one resident was being compromised as staff were using their bedroom as an office space at times.

#### 1. Action Required:

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- A laptop will be provided for staff use which will eliminate the use of the computer in the resident's bedroom
- All files and the filing cabinet will be moved to the vacant room on the third floor

**Proposed Timescale:** 31/05/2018

**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:**

There was limited input from the multidisciplinary team regarding some residents' individualised social care plans.

**2. Action Required:**

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

- The support needs of this resident will be a weekly agenda item for the service area Multi-Disciplinary team and outcomes will be communicated to the frontline team
- Resident's files will be reviewed and updated to ensure input from members of the Multi-Disciplinary Team as relevant

(i) April 26th 2018

(ii) August 31st 2018

**Proposed Timescale:** 31/08/2018

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Aspects of the designated centre had not been kept in a good state of repair, as required.

**3. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound



construction and kept in a good state of repair externally and internally.

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

- The immediate action is to complete a full review of all maintenance issues in both houses
- All identified maintenance and remedial repairs which pose any health and safety risk will be actioned and addressed appropriately.
- The long term aim for the team is to actively seek alternative housing to replace this property

Proposed Timescale: (i) May 15th 2018  
(ii) July 31st 2018  
(iii) December 2019

**Proposed Timescale:** 31/12/2019

**Theme:** Effective Services

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

The premises required review and pertinent improvement works in order to comply with the requirements of Schedule 6, Matters to be Provided For in Premises of Designated Centre.

**4. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- The immediate action is to complete a full review of all maintenance issues in both houses
- All identified maintenance and remedial repairs which pose any health and safety risk will be actioned and addressed appropriately.
- The long term action is to actively seek alternative housing to replace this property

Proposed Timescale: (i) May 15th 2018  
(ii) July 31st 2018  
(iii) December 2019

**Proposed Timescale:** 31/12/2019

**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:**

The register however did not adequately identify the hazards associated with particular risks.

**5. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

- Review and update risk assessments specifically in relation to the following:-
  - a.Smoking in the bedroom
  - b.Behaviours which can cause concern
  - c.Risk of Falls
  - d.Risk of Choking
- Include incidents/accidents/near misses on the agenda for the service area Multi-Disciplinary Team Meeting
- Review risk assessments following an incident specifically after a fall or a choking incident and update assessments accordingly to mitigate the risk of further occurrences.
- Involve the team in these discussions and share the learning from these incidents
- Update the risk register to reflect these risks
- Complete a quarterly analysis on the incidents of above and include these findings for discussion at the Multi-Disciplinary Team meetings.

**Proposed Timescale:** 15/05/2018

**Theme:** Effective Services

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

Arrangements for investigating and learning from accidents, incidents and near-incidents involving residents were not consistent insofar as some accidents/incidents/near-misses had not resulted in appropriate individual risk assessments being undertaken to mitigate the risk of repetition.

**6. Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

- Include incidents/accidents/near misses on the agenda for the service area Multi-Disciplinary Team Meeting
- Review risk assessments following an incident specifically after a fall or a choking incident and update assessments accordingly to mitigate the risk of further occurrences.
- Involve the team in these discussions and share the learning from these incidents
- Update the risk register to reflect these risks

•Complete a quarterly analysis on the incidents of above and include these findings for discussion and learning at the Multi-Disciplinary Team Meetings.

**Proposed Timescale:** 26/04/2018

**Theme:** Effective Services

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

Two staff required fire-safety training.

**7. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

•The staff concerned have been enrolled on the next fire safety training scheduled for May 29th 2018.

**Proposed Timescale:** 29/05/2018

**Theme:** Effective Services

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

In one house drills had not been taking place at a frequency in accordance with the provider's own guidelines; night drills had not taken place (or been simulated) and drills were being inadequately recorded.

**8. 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 planned schedule for fire drills will be created and sent to the house providing respite. This will include a deep sleep drill.  
•Staff will be provided with information to ensure that fire drills will be accurately recorded.

**Proposed Timescale:** 09/05/2018

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

It was observed that some residents who could present with behaviour of concern, did not have a positive behavioural plan in place.

**9. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

- The resident who can present with behaviours of concern was discussed at the Multi-Disciplinary Meeting on March 29th 2018.
- A positive behavioural support plan will be created with psychology support and input from the resident
- This plan will be reviewed within three months of its creation and thereafter on a six monthly basis or more often if required.

**Proposed Timescale:** 31/05/2018

**Theme:** Safe Services

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

Some residents who could engage in activities deemed to be unsafe, did not have adequate safeguarding plans in place to reflect this.

**10. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- The resident who can engage with activities deemed to be unsafe was reviewed at the Multi-Disciplinary Meeting on March 29th 2018.
- His safeguarding plan will be reviewed and amended with the input of members of the Multi-Disciplinary Team
- This plan will be reviewed within three months of its creation and thereafter on a six monthly basis or more often if required.

**Proposed Timescale:** 31/05/2018

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**

**in the following respect:**

Access to an allied healthcare professional for one of the residents was not timely.

**11. Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

- The resident was referred to the Speech and Language therapist for a review
- The resident has an appointment with the Speech and Language therapist on April 24th 2018

**Proposed Timescale:** 24/04/2018

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The person in charge was responsible for five centres comprising eight houses which was impacting on her capacity to carry out some of her duties in a timely and effective manner.

**12. Action Required:**

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

- The registered provider has appointed two team leaders to two designated centres to help take the workload from the current person in charge with records, staff supervision and oversight.
- One team leader is in the process of gathering his information to become a person in charge for one designated centre.
- One designated centre will be moving from this service area to another.
- Management in the service area will speak with another staff member to ascertain whether they might take on the role of a person in charge in one designated centre
- Management in the service area will speak with the person in charge to identify adequate protected management hours to aid completion of duties in a timely manner.

Proposed Timescale: (ii) May 31st 2018

(iii) July 31st 2018

(iv) May 15th 2018

(v) May 15th 2018

**Proposed Timescale:** 31/07/2018

**Theme:** Leadership, Governance and Management

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

The governance and management arrangements in place in this centre required review so as to ensure that the service provided was adequately safe, appropriate to residents' needs, consistent and effectively monitored.

**13. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

- The Person in Charge, Services Manager and frontline teams will meet to establish a system for oversight on
  - o Risk Assessments
  - o Safeguarding Plans
  - o Health and Safety Audits
  - o Staff Supervision
  - o Staff Training
  - o Maintenance Issues
- Include incidents/accidents/near misses on the agenda for the service area Multi-Disciplinary Team Meeting
- A business case has been put forward to the HSE seeking additional funding to provide a service to meet the higher support needs of a resident
- The enrolment team have denoted that this resident is priority for the next high support vacancy that may become available within our organisation; if this does not occur within the next three months, the situation will be reviewed.

Proposed Timescale: (i) May 31st 2018

(ii) April 26th 2018

(iii) April 10th 2018

(iv) July 31st 2018

**Proposed Timescale:** 31/07/2018

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

The designated centre was not adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose and residents assessed

needs.

**14. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- Additional staffing has been provided for evenings and weekends in an effort to address the changing needs of a resident while awaiting a higher support placement.
- A business case has been put forward to the HSE seeking additional funding to provide a service to meet the higher support needs of a resident
- The enrolment team have denoted that this resident is priority for the next high support vacancy that may become available within our organisation; if this does not occur within the next three months, the situation will be reviewed.

**Proposed Timescale:** 31/07/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The staffing arrangement in one unit required review to ensure that it was meeting residents' changing needs.

**15. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- Additional staffing has been provided for evenings and weekends in an effort to address the changing needs of a resident while awaiting a higher support placement.
- A business case has been put forward to the HSE seeking additional funding to provide a service to meet the higher support needs of a resident
- The enrolment team have denoted that this resident is priority for the next high support vacancy that may become available within our organisation; if this does not occur within the next three months, the situation will be reviewed.

**Proposed Timescale:** 31/07/2018

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**

**in the following respect:**

At the time of inspection gaps were identified in staff training to include - protection of vulnerable adults, fire training, crisis intervention techniques and manual handling.

**16. 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:**

- Staff requiring training as identified will be booked in on the next scheduled dates.

**Proposed Timescale:** 31/07/2018

**Theme:** Responsive Workforce

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

Supervision and appraisal of staff was not up to date.

**17. Action Required:**

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

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

- Staff requiring supervision meetings will be completed

**Proposed Timescale:** 31/05/2018

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The policy for provision of the behaviour support had expired in September 2017. The policy for the creation of, access to, retention of, maintenance of and destruction of records had expired in September 2016.

**18. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- The policy for provision of the behaviour support will be reviewed



•The policy for the creation of, access to, retention of, maintenance of and destruction of records will be reviewed

**Proposed Timescale:** 30/09/2018