<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Parkside Residential Services Bellfield</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0005109</td>
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<td><strong>Centre county:</strong></td>
<td>Waterford</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Raymond Lynch</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Laura O'Sullivan; Liam Strahan</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>7</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>1</td>
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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: 15 January 2018 09:00  
To: 15 January 2018 17:00

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

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<th>Outcome</th>
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<td>02</td>
<td>Communication</td>
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<td>03</td>
<td>Family and personal relationships and links with the community</td>
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<td>04</td>
<td>Admissions and Contract for the Provision of Services</td>
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<td>Safe and suitable premises</td>
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**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 (the provider) to the registration of the centre.

The centre was last inspected in April 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 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 provider nominee attended the feedback on completion of the inspection process.

The inspectors also met with three residents and spent some time chatting with them over the course of the day. Residents appeared very happy and relaxed in the centre and staff interacted with them in a professional, caring and supportive manner. Residents were also very complimentary of the service they received.

Two family members were also spoken with as part of this inspection via telephone. They were extremely complimentary of the service being provided and spoke highly of the entire staff team (to include multi-disciplinary support).

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

Description of the Service
The centre comprised of three separate houses providing accommodation for up to eight residents (there was one vacancy at the time of this inspection). Each house was found to be homely, welcoming and suitably decorated.

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 the person in charge, acting service manager and staff team provided a good quality of care to the residents and residents appeared very content and at home in the service. Family members also spoke exceptionally highly of the service.

Of the 18 outcomes assessed 13 were found to be compliant including healthcare needs, medication management, safeguarding, residents’ rights, safe and suitable premises and communications needs.

Some issues were found with workforce and documentation and these were assessed as being moderately non-compliant, while notifications of incidents and governance and management and social care needs were found to be substantially complaint.
Overall this inspection found that the care provided to the residents was to a good standard and feedback from family members and residents was positive about the service.

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, privacy and dignity of the residents were promoted and there were a number of mediums available so as residents' individual choices were supported and encouraged in the service.

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.

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 of the 14 complaints made about the service in 2017, 12 had been addressed satisfactorily and two were on-going at the time of this inspection.

Family members spoken with informed the inspectors that they could talk to any staff member about any aspect of the service, they felt they were listened to and had no concerns about the service or the care provided to their loved ones.

The person in charge informed the inspector that there are a number of ways to support the residents' autonomy in the centre, one being that residents' meetings were supported and facilitated on a regular basis.

At these meetings residents decided what social activities to participate in and menus for
the week. There were also systems in place to support systems of advocacy and residents could attend advocacy group as part of their individual day services if they so wished.

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 an 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.

On viewing a sample of residents’ finances the inspectors were assured that there were robust systems in place to keep monies safe in the centre. It was also observed that financial assessments were undertaken with each resident to determine the level of staff support they required in managing their finances.

The inspectors spoke with two family members over the telephone. They reported that they were more than happy with the care provided to their relatives, the staff team were excellent and it was a home away from home.

**Judgment:**
Compliant

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**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:**
The inspectors observed that a policy was available on communication with residents in the centre and overall the inspector found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

The policy stated that all forms of communication were equally valued in the centre and that each resident had the right to have their message understood.

Residents’ communication needs were identified and it was observed that a sample of personal plan documents read by the inspectors captured individual communication
preferences, abilities and support requirements of each resident.

It was also observed that while residents were able to communicate their needs, wishes and preferences to staff working in the centre, where required information was also provided in an easy to read version to suit the communication needs of all residents.

Residents also had ample access to radios, TV’s and newspapers if and when desired.

**Judgment:**
Compliant

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**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:**
The inspectors were satisfied that family, personal relationships and links with the community were being supported and encouraged in the centre.

There was a policy in place in relation to visitors. The policy supported residents to be facilitated to receive and was to ensure that visitors were made welcome to the centre.

The inspectors spoke with two family members during the course of the inspection. They were extremely complimentary of the service and staff working in the centre. They also informed the inspector that they felt the care their family member received was excellent.

Family members stated that they could visit the centre at any time they wished and that staff were always very accommodating and welcoming.

Other residents spoken with as part of this inspection also informed inspectors that they were in very regular contact with family members and loved ones.

The inspectors also observed that residents were supported to develop and maintain personal relationships and links with their community. Residents used the local shops and restaurants and a designated car was provided for trips further afield.

From a sample of files viewed and from speaking with two family members, the inspectors observed that family representatives formed an integral part of the individualised planning process with each resident.
### 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 wishes, needs and safety of both new and existing residents at times when a new resident is being admitted.

Practice around admissions was seen to be in line with the admissions policy and the statement of purpose. When a resident was being admitted detailed transition planning was evident.

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 charges and any additional fees that may be incurred.

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

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 needs and wishes in the service. However, (and as found of the last inspection) some social care goals were basic in nature at times could only be implemented pending availability of staff.

The inspectors reviewed a sample of personal plans and found that they were identifying residents social care goals and preferred individual choice. However, it was also observed that at times implementation of some social care goals were either not commenced or not achieved as they were dependent on staff availability.

For example, one resident as part of their social care plan had wanted to take a train journey. This had yet to happen due to the staffing arrangements in place.

However, each resident attended a day service where they got to participate in meaningful activities of their choosing. For example, some worked on a farm, others in woodwork, some worked in the canteen, another was partaking in a cookery course. Regular exercise classes were on offer and another was looking at undertaking a course in art.

It was also observed that one resident had a wrap around service as required by an assessment of their needs. The resident in question chose their own social care activities to participate in and liked enjoyed working on a farm and attending courses.

Activities such as cinema, bowling, shopping trips and meals out were supported in the centre.

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:
Inspectors found that the location, design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. There were appropriate facilities in place and the layout of the houses promoted residents’ safety, dignity, independence and wellbeing.

The centre consisted of three houses, which were suitably furnished and fitted for occupancy by up to eight residents. One house had four bedrooms for residents, a staff room, three living rooms, a dining room, a kitchen and a separate utility room. There was also a shower and toilet on each of the ground and first floors.

The second house had two bedrooms for residents, a living room and a kitchen-diner. This house had a toilet on the first and ground floors and had both a bath and a shower.

The third house had two resident bedrooms (one was vacant at the time of inspection), a staff room, a sitting room and a kitchen-diner. This house also had a toilet on the first and ground floors and had both a bath and a shower. All three houses had access to gardens and had sufficient grounds and patio areas for outdoor recreation.

The centre was clean, suitably decorated and well-maintained. On inspection rooms were seen to be personalised with photos, pictures and personal items such as medals adorning the walls. The premises had adequate heating, lighting and ventilation.

A maintenance system was in place and arrangements were in place for the safe disposal of general and clinical waste. Inspectors observed that there was adequate storage space available within the houses.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
At the time of the last inspection there were neither fire doors in the centre nor fire drills taking place at night time (either actually during night or simulated).

This inspection found that fire doors had been installed to contain any potential fire
within key risk areas, namely the kitchen and utility rooms. Fire drill records demonstrated that night-fire drills had taken place. Inspectors therefore found that both actions had been adequately addressed.

Overall inspectors found that arrangements were in place to ensure that the health and safety of residents, visitors and staff was promoted and balanced with residents’ individual right to choice.

Policies and procedures were in place for risk management, emergency planning and health and safety. Suitable arrangements were in place for the prevention and control of infection.

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. Inspectors noted that open fireplaces within houses were not in use (the fire hearths had been removed).

A general organisational risk register and individual risk registers were maintained and were up to date. The general risk register was however vague with regard to describing the risks being considered. This was discussed with the person in charge who explained that the risk register was used as an index referencing the individual risk assessments.

These were found to be detailed, and the risks identified were pertinent to the centre and to the residents. Additionally one risk which was not identified on the risk register was discussed with the person participating in management.

They explained the steps that had been taken to eliminate this risk; it was therefore deemed no longer a risk. Inspectors were satisfied that this risk was addressed via the resident’s safeguarding plan. Mitigating actions on the risk registers were seen to inform practice proactively.

Arrangements for investigating and learning from incidents and near-incidents involving residents were also in place.

There was a policy on the prevention and control of infection. The centre contained suitable domestic laundry equipment.

The centre had adequate means of escape. Fire exits were unobstructed on the day of inspection. An external consultancy company had been engaged for the regular service, inspection and maintenance of the fire alarm, intruder alarm and fire safety equipment. The fire alarm, intruder alarm and emergency lighting were all certified as having been serviced in January 2018.

Fire fighting equipment had been serviced in January 2017 and was due to be serviced again in the weeks following this inspection. Internal checks were also routinely undertaken and recorded. The gas boiler was serviced in December 2017.

Procedures for the safe evacuation from the centre in the event of fire were prominently
displayed. There was an up-to-date evacuation plan for each resident.

These were seen to be concise, and communicative of the specific supports that would be necessary in an emergency evacuation. Fire drills were held quarterly, recorded for learning outcomes and reviewed by management. The learning from these drills informed the update of personal evacuation plans.

All staff except one had up-to-date fire-safety training completed. The one staff with out-of-date fire safety training was already scheduled for refresher training. Records showed that at least some residents had also attended fire safety training.

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 arrangements for alternative accommodation should the centre become uninhabitable. Emergency phone numbers were accessible to staff.

The centre had access to a number of vehicles. Maintenance and service records indicated that vehicle roadworthiness was kept under review. Staff files reviewed contained copies of staff driving licences.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
At the last inspection one action arose here. This was “alternatives to and trial periods for removal of restrictions were not consistently implemented and the rights committee did not review such procedures to ensure they remained necessary”.

Records demonstrated that the rights committee were now reviewing restrictive practices and considering the lower forms of restrictive practices, where appropriate. Inspectors found that this action had been addressed adequately.
Overall inspectors found that arrangements were in place to keep residents safe in the centre.

There was a policy on, and procedures in place, for protection of vulnerable adults. This was in accordance with the protection of vulnerable adults policy issued by the Health Service Executive in 2014.

Staff were trained during their induction about recognition, detection, prevention and response to abuse. Up-to-date refresher safeguarding training was in place for all staff.

There was a designated person for handling safeguarding concerns. There were procedures for the recording, investigating and responding to any allegations or suspicions of abuse, in line with national guidance and legislation.

There was a policy in place for providing personal intimate care. This accounted for individual resident’s needs and preferences and thereby detailed how best to support each resident whilst maintaining their dignity, privacy and respect. Care plans for the provision of intimate care were in place.

Residents were assessed to manage their own finances in accordance with their individual needs and abilities. Systems were in place to ensure that residents' monies were safe and accounted for. A sample of finance records was reviewed; receipts were kept on file and no money was unaccounted for in the samples reviewed.

There was also a policy in place for the provision of positive behavioural support. This included recognition of triggers, non-verbal expression, proactive strategies to avoid incidents and diversionary strategies for when incidents arise.

Speaking with staff and observation of practice assured inspectors that these supports informed day-to-day care for residents. All staff except one were trained in managing challenging behaviours, including de-escalation and intervention techniques. This is actioned under Outcome 17.

There was a centre-specific policy in place on the use of restrictive procedures. This was comprehensive enough to guide practice and to protect residents. Each use of a restrictive practice was recorded.

As required medicine, (PRN), was in use. It was observed that it was used as a last resort and there were strict guidelines in place for its administration. PRN medicine & restrictive practices were subject to regular multi-disciplinary review.

Residents who met inspectors said that they felt very safe and well cared for in the centre. They were also aware of who they could speak to should they feel uncomfortable or need to report a concern or complaint.

**Judgment:**
Compliant
### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Inspectors reviewed incident reports and resident’s records. It was noted that there were a small number of restrictive practices in place that were not notified to HIQA in the quarterly notifications.

Additionally a small number of injuries had been notified in quarterly notifications which should have been notified to HIQA within three days of their occurrence. These were not recent injuries. These matters were discussed with the person in charge; inspectors were then satisfied that the person in charge was aware of their legal responsibilities to notify the Chief Inspector as required.

**Judgment:**
Substantially Compliant

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### 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 and education and training experiences based on their interests and assessed needs.

There was a policy available in the centre on access to training and education. This was to ensure that opportunities were provided to the residents to participate in all aspects of life with regard to training, education and employment.
The inspectors observed that residents had opportunities to engage in meaningful training and learning opportunities based on their individual likes and preferences. Some attended regular exercise classes, others had attended art classes, some had undertaken fire training. Some worked on a farm and on the day of this inspection one was looking into undertaking a cookery class.

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.

For example, one resident informed the inspector that they were a member of the local library and a member of the local cinema.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**
*R Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors found that arrangements were in place to ensure that residents health care needs were regularly reviewed with appropriate input from allied health care professionals as and when required.

The person in charge and acting regional service manager informed the inspector that arrangements were in place in relation to residents having access to the local GP, psychiatrist and a range of other allied health care services as and when required.

From a sample of files viewed the inspectors observed that health monitoring documents were available and maintained in the centre. These files informed the inspector that regular GP check-ups were facilitated and clinical observations and treatments were provided for if required.

Consultations with the dentist, optician, chiropodist, foot clinic and speech and language therapist were provided for as part of an annual check up or sooner if required.

Positive mental health was also provided for and where required residents had access to multi-disciplinary support such as a psychiatry as and when required.
Health care plans were informative of how best to manage special conditions such as epilepsy. It was also observed that hospital appointments were supported and facilitated as required.

The inspector found that arrangements were in place to ensure residents’ nutritional needs were met to an acceptable standard. and menu planning and healthy choices formed part of discussion between residents and staff in weekly meetings.

Judgment:
Compliant

Outcome 12. Medication Management
_Each resident is protected by the designated centres policies and procedures for medication management._

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors found that the medication management policies were satisfactory and that practices described by the person in charge and as demonstrated by the acting service manager 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.

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. The inspector observed that one recent (minor) drug error had occurred in the centre, and in line with policy it was recorded, reported to management and discussed at the next team meeting so as to reduce the risk of a reoccurrence.

It was observed that one resident did not have a protocol in place for the use of a p.r.n. medicine. However, on furthering investigating this issue the inspector observed that the resident had never been administered the p.r.n. medicine since they were admitted to the centre over six months ago.

When this was brought to the attention of the person in charge she assured the
inspector that it would be addressed as a priority and that the resident in question had seen their psychiatrist on the day of the inspection.

There were no controlled drugs in use in the centre. The person in charge regularly and staff team audited all medicines kept in the centre and from viewing a sample of these audits the inspector observed that there were no issues identified with regard to the management of medication.

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 nominee provider also attended feedback. She was also found to be aware of her statutory obligations and responsibilities in this role.

The person in charge was supported by an acting service manager. He was actively involved in the governance and management of the centre, knew the residents very well and made regular visits (announced and unannounced) 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. The inspector spoke with one of the care assistants and found that he was very aware of and responsive to the needs of the residents in his care.

Overall the inspectors also found that the person in charge provided good support, leadership and direction to her staff team. However, she was person in charge for five centres comprising of eight individual houses.

While it was found that she was managing this significant remit in ensuring the care and support to the residents was appropriate, she was behind in some of her duties such as staff supervision and updating of some documentation.

The inspectors examined the annual review of the quality and safety of care and support of the centre, which was carried out on behalf of the provider nominee and in accordance with the Regulations. Announced and unannounced visits/audits were also carried out in the centre.

The inspectors observed that actions arising from these audits had been addressed by the time of this inspection (or were in the process of being addressed).

Overall while it was found that there were robust systems of governance and
management in place, the person in charge did not have adequate protected management hours as she was managing five centres comprising of eight individual houses.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The nominee provider 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.

The acting service manager informed the inspector that he would assume the role of person in charge should she be absent from the centre.

To date there had been no absences of the person in charge that required notification to the Authority.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors observed that sufficient resources were available to meet residents' assessed needs as required in line with the statement of purpose.

An issue with regard to the staffing arrangements in place to meet some of the assessed social care needs of the residents was already identified in this report, however, this was discussed and dealt with under outcome 5: social care needs and outcome 17: workforce.

It was observed that one resident required a wrap around service and on the day of this inspection the inspectors observe that this was in place and the resident was provided with a 24 hour 1:1 staffing ratio.

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/wishes.

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

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

**Findings:**
One action arose under this outcome at the last inspection. Inspectors were satisfied that this had been addressed adequately.

Staff possessed a range of suitable skills, training and qualifications to care for residents in accordance with the ethos of the centre, as described in the statement of purpose. The staff comprised of a mix of healthcare assistants, social care workers and other ancillary support staff.

Inspectors reviewed rosters, staff skill-mix and staff numbers available to support residents. In two of the three houses these were all found to be adequate.
In the third house inspectors found that the staff arrangements did not allow both residents to always have a choice of activities. Instead staffing arrangements meant that there were times that both residents were required to engage in the same activities concurrently. This staffing arrangement required review in order to ensure residents’ needs were being met.

A selection of staff files were reviewed to ensure they contained the documents 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.

However some gaps were found. In the representational sample two files has gaps in work history, and two files did not contain evidence of qualifications. Criminal record checks were in place in all sample files reviewed, as were reference checks during the recruitment process.

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).

Records of staff training were reviewed by inspectors. These reflected that staff had undertaken training in protection of vulnerable adults, fire-safety training, management of challenging behaviours, crisis intervention, medicines management and the physical handling of residents.

Where staff required updates to their training this had been identified in advance and a training plan was in place. The centre also had an induction programme for all staff which covered a broad range of areas, including the training listed above.

There was evidence of regular and good communication between the management team and the staff to promote continuity of care for the residents. Staff met by inspection staff 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:**  
While it was found that there were was a complete set of records, policies and procedures available in the centre, some documentation required review and/or updating.

There was a suite of centre specific policies available in the centre however some were outdated and required review. For example, the policy on the provision of intimate care required updating, as did the policy on communication with residents and the policy on medication management.

It was also observed that there were some gaps with regard to schedule 2, staffing records and the risk register required updating.

However, it was observed that a lot of the information kept in the centre was in an easy to read format. For example, a resident's guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function and how to make a complaint was also available.

**Judgment:**  
Non Compliant - Moderate

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**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:**

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services South East</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005109</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>15 January 2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14 February 2018</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The arrangements in place to meet some of the social care goals as identified by some residents required review.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The process of identifying and developing appropriate social care goals for some residents also required review.

1. **Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
- A full review of each resident’s goals will be completed with the residents themselves and relevant support staff.

**Proposed Timescale:** 28/02/2018

| **Outcome 09: Notification of Incidents** |
| **Theme:** Safe Services |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of non-recent incidents that should have been notified to HIQA within three days of their occurrence were instead included in quarterly notifications.

2. **Action Required:**
Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

**Please state the actions you have taken or are planning to take:**
The 3 day notification report identified has been completed retrospectively.

All notifications will be reported in line with the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013.

**Proposed Timescale:** 15/01/2018

| **Theme:** Safe Services |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of restrictive practices used within the centre had not been included in quarterly notifications.

3. **Action Required:**
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.
Please state the actions you have taken or are planning to take:
All restrictive practices will be included on the quarterly returns going forward

**Proposed Timescale:** 15/01/2018

### 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 did not have adequate protected management hours to complete some of her duties in a timely manner.

4. **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:
Two team leaders have been appointed who will become P.I.C.s of two designated centres which will reduce the workload for the current P.I.C.

The Registered Provider will also review [by 30 July 2018] the number of designated centres allocated to the person in charge with a view to reducing same.

**Proposed Timescale:** 01/10/2018

### 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 resident's individual needs.

5. **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:
Since the visit by the inspectorate, the staffing arrangement has been reviewed and time identified where each resident can be facilitated to have some individualised support.
**Proposed Timescale:** 15/02/2018  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Two sample files reviewed did not contain complete work history, as required.  
Two sample files reviewed did not contain evidence of qualifications, as required.

6. **Action Required:**  
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:  
- The two people in question have been requested to produce the relevant documentation in relation to their work history by 28 February 2018.  
- The two people in question will be requested to produce the relevant documentation in relation to their qualifications, by 28 February 2018.  
- The Service Provider will [by 28 February 2018] amend the checklist used by all interview panels to include “Review of work history” and “Explanation of gaps in work history”.  
- The Service Provider will conduct [by 30 April 2018] an audit of 5% randomly selected employees files as a baseline to provide assurance that this is not a more widespread issue.

**Proposed Timescale:** 30/04/2018  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
One staff member had been identified as not having had training in crisis intervention which was required training in this centre. This staff member's crisis intervention training was not listed on the schedule of planned training.

7. **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:  
This staff member will be facilitated to attend the next scheduled training in Crisis Management.
**Proposed Timescale:** 15/03/2018  
**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.

8. **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:**  
• Team Leader has met with all the teams within the designated centre and set a date with all staff members for appraisals during 2018  
• Appraisals for 2018 have commenced

**Proposed Timescale:** 30/04/2018

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**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:**  
Some of the documentation, policies and procedures required review and updating in the centre.

9. **Action Required:**  
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**  
Senior management will undertake a full review of all policies and procedures and update accordingly.

**Proposed Timescale:** 30/04/2018