

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	No 3 Fuchsia Drive
Centre ID:	OSV-0005139
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Lead inspector:	Thelma O'Neill
Support inspector(s):	Christopher Regan-Rushe
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was Representation received This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 October 2018 10:00 To: 11 October 2018 18:00

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

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 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the fifth inspection of this centre carried out by the Health Information and Quality Authority (HIQA). The last inspection took place on 31 August 2018 in response to an application to register this centre by the provider. However, inspectors found the actions identified over the previous two inspections were not addressed, and were impacting on the health and safety and quality of life of the residents. Therefore, the Chief Inspector made a decision to issue a notice a proposal to cancel and refuse the registration of this centre on the 12/9/18. The provider submitted a representation response to the Notices and this inspection was completed to determine the progress which had been made by the provider to bring the centre into compliance as stated in that response.

How we gather our evidence:

On this inspection, inspectors did not have the opportunity to directly meet the residents, as two people were ill on the day of inspection. However, inspectors met with the director of services, sector manager, team leader, staff members and the person in charge of the centre. Inspectors spoke with the staff and management

team and reviewed documents maintained in the centre.

Description of the service:

The centre was located in a village and approximately 25kms from Cork city. The design and layout of the centre was in line with the centre's statement of purpose. The centre was a domestic single-storey bungalow with four bedrooms and a separate apartment to the back of the house that accommodated one resident. There was also a small garden to the front and back and an apartment to the rear of the house.

Inspection findings:

Following the issuance of the notice of proposal to cancel and refuse the registration of this centre to the provider, they submitted a written representation to the Chief Inspector outlining their plans to address the non-compliances and to bring this centre back into compliance with the regulations. As part of the regulatory process an unannounced inspection was completed on the 11 October 2018 to review the actions taken by the provider.

Inspectors found that fire safety management, workforce and safeguarding had all improved and the immediate actions issued previously had been completed. The provider had also ensured that actions arising from the previous three inspections completed in June 2017, July 2018 and August 2018 had either been completed or the provider had a plan in place to address these issues by 30 November 2018. While there remained a number of improvements to be made, the provider had also ensured that as a result of these actions being implemented that the overall quality of life and experience of residents living in the centre had improved.

The findings of the inspection are outlined in outcomes in this report.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Since the last inspection, the provider had taken action to improve residents' access to the community. However, inspectors found the person in charge had failed to ensure residents assessments and personal goals were being achieved and did not identify the names of those responsible for pursuing objectives in the plan within agreed timescales.

Inspectors found that additional staffing resources were now allocated in the evenings to allow residents the opportunity to achieve their social goals. However, while there was evidence that residents' opinions had been sought around their choices of activities, inspectors found improvement was required for planning and documentation of these activities to ensure these goals would be achieved.

Inspectors found one resident's health condition had recently deteriorated, but there was an absence of a health management plan or tracking sheets to monitor the delivery of care for the resident. The Director of Services gave assurances on the day of inspection that a review of documentation would be completed by the 25/10/18.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The provider had put measures in place to ensure the premise's were meeting the aims and objectives of the service and the needs of the residents.

Since the last inspection, a new front door and ramp had been installed to improve access and egress from the house, including the emergency exit. In addition, renovations to a resident's ensuite were completed which meant this was now suitable to meet the their individual needs.

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:

Inspectors found the management of risks had improved since the last inspection. However, improvements remained in the governance and oversight of this system.

Fire safety management was non compliant on the past two inspections. On this inspection inspectors found that all actions had been either satisfactorily completed or were scheduled to be completed by the 12 October.

Since the last inspection, the provider had reviewed the local operational risk management arrangements in the centre and developed a system to ensure risk management updates were escalated to be effectively managed by the provider. It was evident that the risk register now included the risks and actions in the centre and this was clearly documented. Areas such as, staff resources, suitability of residential placements and other key issues were risk assessed on the centre risk register. However, the management of the risks identified on the register and escalation of risks

in the centre required improvement to ensure that there was sufficient oversight of this arrangement. The provider assured inspectors that a risk forum had been due to meet on the day of the inspection which was now postponed until the following Monday. The provider subsequently submitted evidence of the meeting's purpose and copies of the minutes from this meeting to demonstrate this oversight.

Also, the provider identified that actions which were identified from the suite of audits, inspections and provider visits would be logged on this system and reviewed during a newly constituted risk management forum which was due to have its initial meeting on the day of inspection, this was postponed until the 15 October.

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:

Inspectors reviewed the three actions from the last inspection and found that they were addressed or had measures in place to address them. These included, training for staff in managing behaviours of concern, the removal of environmental restrictions, and the management of safeguarding risks.

At the last inspection, all staff working in the centre did not have up to date training in positive behaviour support. On this inspection, arrangements had been made for two staff to train in positive behaviour support this is due to commence on the 14 October 2018. The two staff will be trained in this system by the end of next year. In addition, the person in charge sought the input of the behaviour support team and gained the consent from the resident to participate in developing a positive behaviour support plan.

Safeguarding arrangements in the centre had improved, in part, due to the extra staffing, but in addition the provider had a plan in place to ensure that the back garden in the centre was made secure for residents of the main house and that there would be a suitable outside area available for the resident who lived in the apartment. These environmental improvements were due to be completed by the end of October.

<p>Judgment: Compliant</p>

<p>Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: On the last inspection, inspectors found a number of notifiable events had occurred in the centre, but were not reported to the chief inspector as required. On this inspection, inspectors found all reportable events had been submitted to date and retrospective notifications had also been submitted as required.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Inspectors found the delivery of care for residents healthcare concerns had improved and arrangements for the assessment of health by allied health professionals had been implemented. However, improvement was required in the documentation of specific health management plans.</p> <p>Inspectors found that one resident's health had deteriorated over the previous few weeks, and the person in charge did not ensure that there was a written plan in place outlining his care requirements. This was required to guide staff on the resident's specific needs and care requirements. In addition, while the resident had a history of</p>

falls and a plan was in place, this needed to be reviewed to ensure that all information was being used to identify and eradicate, where possible, the underlying causes.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had prepared a statement of purpose for this centre, which outlined all of the requirements of schedule one.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

Since the last inspection, inspectors found improvements had occurred in the governance and management of this designated centre. The provider had strengthened the governance arrangements, by appointing a new person participating in the management of the centre, as well as completing quality assurance audits and annual

reviews. However, accountability and responsibility for the management of this centre required enhancement to ensure service delivery was in line with the residents' needs and regulatory requirements.

Inspectors met with the management team during this inspection and reviewed the actions identified in the representation plan as well as the actions issued in the previous two action plans in July and August this year. While there was good progress in addressing many of the actions in the previous reports, inspectors found the management of these issues was reactive rather than proactive; for example, where issues had been identified during a recent audit by the person in charge there was no evidence that these were being actively addressed. Following a review of a number of areas around residents care and service delivery, inspectors found improvements were still required in the quality of the local management oversight in the designated centre.

A new person participating in the management of the centre was appointed to the role of sector manager, who would support both the director of services and the person in charge in the management and governance of the centre. She provided assurances of the quality improvement process that she will be implementing in this centre, including the arrangements for the review of the actions identified to ensure that they are being appropriately completed.

The person participating in the management had planned supervision sessions with the person in charge and confirmed that the agenda for these meetings will include a range of assurance checks in relation to the completion of actions, review and monitoring of the designated centre's risk register. It will also include a review and monitoring of the person in charge's completion of any items arising from the audits completed within the centre. In addition the person participating in the management of the centre will be monitoring the service through the quality improvement programme to ensure that the centre is adhering to the organisations policies and procedures.

The director of services outlined to inspectors the actions they have taken to bring the centre into compliance and had devised a plan for the remaining actions. The director of services produced evidence of key actions taken, including records of the refunds made to residents as outlined in the provider's response to the notices of proposal.

In addition to the key governance arrangements described above, the persons participating in the management had identified the need to review the volume of documentation within the centre to ensure that this is fit for purpose and able to demonstrate effectively how the providers' policies and procedures are implemented through good practice and supported by clear and concise documentation. This process is due to commence imminently and is planned to conclude in October 2018.

The person participating in the management of the centre demonstrated throughout the inspection process a good understanding of the centre and the arrangements in place currently to ensure that these governance arrangements were effective. In addition the person participating in the management of the centre had identified a number of gaps in the assurance processes and had put in place actions to resolve these in a planned and managed way.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The provider had reviewed the resources available in this centre since the last inspection in August and found they had significantly increased the staffing resources in the centre up to four full- time posts. This had made a significant improvement in meeting the assessed needs of the residents and improving their quality of life.

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:

Since the last inspection, the provider had ensured that a staffing needs assessment had been completed and this had identified the need for additional staffing within the centre. This staffing increase was being introduced over a phased period of time while recruitment was ongoing. However, it was evident from the roster and from speaking to staff that they had increased evening cover both during the week and the weekends from 7pm to 9:30pm. There was a plan for this to increase to 10pm by 17 October and by 19 October the evening cover will extend to be available up to midnight with the

remainder of the night being sleeping night cover.

This arrangement now meant that residents were able to access improved social care hours during the evening hours and there was evidence that this had been discussed with residents during a recent residents' meeting and that residents had begun to express their preferences for how these hours should be used. One resident was due to go to the cinema in the following week, while two other residents were planning to go for a meal together one evening.

One resident who lived in their own apartment was now receiving one to one staffing from 9 to 5 as well as increased staffing social hours at other times. This allowed a significant improvement to her quality of life and meant that she was now able to choose how to spend her day both inside her home and out in the community. The roster demonstrated that this support was consistently scheduled and inspectors observed that the resident and the allocated staff member were actively engaging with each other during the day of the inspection.

There were staff some staff that were due mandatory fire safety training and safeguarding training. The person in charge told the inspector that the staff were scheduled to complete this training in the near future. However, inspectors found there was an issue with auditing staff training records to confirm staff attendance at training sessions and this required review.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

There were three actions issued following the last inspection, which were reviewed on this inspection and found to be complete.

The person participating in the management of the centre provided assurances that all schedule 5 policies had been reviewed and were now up to date.

The provider had maintained documents and records for all residents in the centre in line with schedule 3 and schedule 4 requirements.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0005139
Date of Inspection:	11 October 2018
Date of response:	08 November 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 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 an absence of a comprehensive plan to implement residents' health and social goals, and the names of those responsible for pursuing objectives in the plan within agreed timescales.

1. Action Required:

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

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

The Provider PPIM and PIC has reviewed the current system of planning for needs identified in the assessment process [25 October 2018]

The planning system has now been updated to ensure that all recommendations are tracked to the personal plan and the names of those responsible for pursuing the identified actions and the targeted timelines are clearly stated in the plan. This tracking system will cover personal, developmental, social goals and health care management plans.

All assessment, plans and risk assessments will be allocated a review/renew date and person responsible for follow up.

This new system is being introduced in November 2018 when one resident's plans are due for renewal.

Proposed Timescale: 30/11/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some residents did not have specific health management plans, such as epilepsy and falls management plans to ensure a consistent delivery of care for the residents.

2. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Health Care Section of the Personal Profile has been reviewed and are being updated to ensure that residents health profile and their individual health risks have an associated health care management plan. These plans will have a clear review date and an identified staff member assigned to keep these updated.

Proposed Timescale: 16/11/2018

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 appointed to manage more than one designated centre, but did not demonstrate to inspectors the process of effective governance and operational management of this designated centre.

3. 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:

1.The Person in Charge is now required to make a written report to the PPIM on all Regulations every 2 months commencing with a report on the Centre for September/October 2018 due on 16/11/2018.

2.The PPIM will provide supervision to the PIC on a structured basis based on the report at 1 above and review actions and targets for next review as part of the PPIM Oversight Function. This will be complete by 23/11/2018 for this Centre.

3.The PIC will also undertake a thematic audit and compliance risk assessment schedule of key risk areas in the Centre each quarter and report thereon as part of the Report to the PPIM at 1 above.

4.The PPIM will provide a report to the Provider on a two monthly basis on the effectiveness of the current governance and management system in the Centre. The first report is due by 30/11/2018

Proposed Timescale: 30/11/2018

Theme: Leadership, Governance and Management

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

The provider failed to ensure the volume of documentation within the centre was effective in recording, service delivery and did not demonstrate effectively how the provider's policies and procedures were implemented through good practice and supported by clear and concise documentation.

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:

The Provider in conjunction with the PIC and PPIM has arranged for a full review of the

documentation in the Centre [25/10/2018]

A number of recommended changes to the current system are being introduced and will be finalised [16/11/2018]

Compliance Risk Assessments templates have been developed to assist the Person in Charge and the Staff Team to ensure practices in the Centre are in line with the organisations Policies and Procedures.

Proposed Timescale: 16/11/2018