

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
Centre ID:	ORG-0008311
Centre county:	Clare
Email address:	aoibheannlindsay@clare.brothersofcharity.ie
Registered provider:	Brothers of Charity Services Clare
Provider Nominee:	Eamon Loughrey
Person in charge:	Aoibheann Lindsay
Lead inspector:	Gemma O'Flynn
Support inspector(s):	Finbarr Colfer;
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 February 2014 09:50 To: 18 February 2014 18:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This report sets out the findings of an announced one day monitoring inspection. Inspectors met with residents, staff members, the person in charge, the regional manager and the designated provider.

This centre provides residential accommodation and services to adults with intellectual disabilities. It can accommodate a maximum of three adult residents who reside permanently at the centre.

Overall, inspectors found that residents received a good quality service that was responsive to the individual support requirements of each resident. Inspectors observed good practice in a number of areas. A good rapport between residents and staff was evident throughout the inspection and staff supported residents in a respectful and dignified manner. Support to residents was delivered with a person centred approach, individualised to the needs of each resident.

Residents spoke with inspectors and gave examples of how their autonomy and independence was maximised at the centre and confirmed their involvement in decisions relating to their care and wellbeing.

Inspectors found non-compliance in some areas which included risk management, medication management, governance & management and staff training. These issues are discussed in the main report and included in the action plan at the end of the 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 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

Judgement:

Compliant

Findings:

Inspectors found that residents' wellbeing and welfare was maintained by a high standard of evidence based care and support.

Residents were actively involved in an assessment to identify their needs and choices. Each resident had a written personal plan which detailed his/her individual needs and choices and residents had signed their own plan. Personal plans were fully implemented and were regularly reviewed to ensure that they were reflective of residents' ongoing or changing needs.

Inspectors saw that residents and families were involved in the review process to their maximum extent. Residents' plans included their aspirations and wishes and inspectors observed staff respectfully supporting residents in implementing their personal plan. Inspectors spoke with residents who knew about their personal plans and were able to describe their review meetings.

Inspectors observed residents participating in meaningful activities appropriate to their interests and preferences. On the day of inspection one resident was at work for the morning and returned home where he/she was supported to bake and then prepare his/her own evening meal. Another resident was involved in purchasing produce for his/her mealtimes in a part of the town that was significant to the resident as it enabled him/her to maintain contact with lifelong friends and family.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Findings:

There were arrangements to manage risk in the centre, however, areas of non-compliance were noted in relation to a risk management policy, infection control, fire safety and incident reporting .

There was no risk management policy in the centre as required by the Regulations. The safety statement incorporated some of the requirements of the Regulations, however, it didn't direct staff on how to plan for residents who might go missing and didn't give guidance on protecting residents who might self harm. The absence of a risk management policy increases the risk of insufficient or inconsistent practices.

Inspectors found that the infection control policy did not give sufficient guidance to staff on how to control outbreaks of infectious diseases in the centre. Inspectors spoke to some staff who had some general knowledge in terms of personal protection measures such as hand washing and gloving but were unclear as to what temperatures potentially contaminated clothing should be laundered at. Clear guidelines for infection control are necessary to prevent the spread of infection to vulnerable adults and co-workers.

The centre's fire safety policy did not reflect the centre's practice in relation to fire safety checks. There was no evidence that fire checks on exit doors and checks on the fire detection system were undertaken as per the policy. Where the centre had decided to change their practices on the advice of professional fire safety service providers, the policy was not updated to reflect the changes and there was no documentary evidence of the professional advice that had been given. Training records indicated that not all staff had received fire training and for staff who had received training, some had not been refreshed in over 6 years.

Fire fighting equipment had been serviced in the last 12 months and there was documentary evidence of this.

Inspectors found that incident report forms were incomplete as some reports did not include information on follow up action to assist in minimising the risk of the event re-occurring. Whilst there was evidence that staff were responding to individual accidents there was inadequate arrangements for the recording, investigating and learning from serious incidents or adverse events involving residents.

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

Judgement:

Compliant

Findings:

There were measures in place to safeguard residents and protect them from abuse. There was a policy in place that gave clear guidance to staff on the prevention, detection and response to abuse. The policy included contact details of the designated person who deals with disclosures of abuse and it also set out how investigations will be carried out in the event of a disclosure of concern.

Inspectors spoke to a sample of staff who were able to demonstrate knowledge on how to recognise abuse and they were clear what to do if they had any suspicions or concerns regarding abuse.

Adult protection training was provided to staff every three years and staff records supported this finding.

Residents' personal plans included measures that promoted ways for residents to maintain their own safety. Residents with whom inspectors spoke indicated that they felt safe in the centre and well looked after by the staff.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

Inspectors found that residents were supported on an individual basis to achieve and enjoy the best possible health. Residents had access to their GP and other health professionals as required.

Residents' healthcare needs were identified in their personal plans and were met by the care provided in the centre. The care provided to residents encouraged and enabled them to make healthy living choices. Some residents were able to tell inspectors about their own health needs and spoke of positive changes that had occurred in the management of their own health as a result of undertaking dietary changes.

Residents had access to food that was nutritious, appetizing and available in sufficient quantities. Residents were supported in preparing their own meals appropriate to their ability and preference. Inspectors observed staff supporting residents in a respectful manner throughout the duration of their meal.

Inspectors saw residents and staff engaging in baking activities and one resident with specific dietary requirements was facilitated in baking with appropriate ingredients.

Residents' weights were regularly monitored and there was evidence that residents had achieved a healthier weight due to these support measures.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

There was a policy in place that gave guidance on medication management however the policy was insufficient as it did not set out the procedure for safe management of out of date or returned medications as required by the Regulations.

The policy was not fully implemented in the centre as the prescription chart did not include the address of the resident or the GP contact details. The medication management policy of PRN (as required) medication which indicated that a medical officer should be contacted post administration of all PRN medication did not reflect the centre's practice.

Medications were securely stored in line with the centre's policy. Administration charts that were examined were found to be signed and easy to follow. There was a system in place for checking residents' medications were accounted for. Training was provided to staff and certificates of competency were seen for a sample of staff.

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

Judgement:

Non Compliant - Moderate

Findings:

There was a clear governance structure in place and staff and management were able to demonstrate their knowledge of roles and responsibilities within the organisation.

The person in charge was qualified, experienced and demonstrated good leadership skills. She was involved in the operational management of the centre on a regular and consistent basis and showed an in depth knowledge of the residents and their needs.

Whilst the provider had undertaken reviews of some aspects of the service there was no system in place for regular review of key aspects of the service in relation to quality and care. There were no arrangements in place for the provider or the nominated person to visit the centre twice per year to monitor the safety and quality of care and support provided in the centre.

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

Judgement:

Non Compliant - Moderate

Findings:

Inspectors found that there was sufficient staff on duty to meet the needs of the residents. Rosters were arranged to meet the needs of the residents. Inspectors found that staff had very good knowledge of their roles and of the residents. A good rapport between staff and residents was evident throughout the inspection. Inspectors found

that staff were very respectful when speaking with or about residents.

There was evidence that staff training had taken place however some staff had not received mandatory fire training or had not received refresher fire training in more than 6 years. As per the National Standards for Residential Services for Children and Adults with Disabilities, annual refresher training for fire safety is required.

Inspectors found evidence that a copy of the Regulations and National Standards were available and accessible to staff.

There was a performance management system in place for annual staff reviews and the provider indicated that there were plans in place to increase the frequency of these appraisals.

There were effective recruitment policies in place and a sample of staff files had the required documentation as set out in the Regulations.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Gemma O'Flynn
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 Clare
Centre ID:	ORG-0008311
Date of Inspection:	18 February 2014
Date of response:	2 April 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was no risk management policy that gave guidance on how to plan for residents who might go missing.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

A Risk Management Policy is currently being drafted, it will include measures and actions to be undertaken to control the unexplained absence of a resident.

Proposed Timescale: 30/06/2014

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

Theme: Effective Services

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

There was no risk management policy that gave guidance on how to protect residents who might self harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

A Risk Management Policy is currently being drafted, it will include measures and actions to be undertaken to protect residents who self-harm.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

There were inadequate arrangements for the recording, investigating and learning from serious incidents or adverse events involving residents.

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:

A risk Management Policy is currently being drafted and will include arrangements for the identification, the recording, investigating and learning from serious and adverse incidents. This will include audit tools to assist in analysis at a local level and by the organisation at a regional level. The incident form has been reviewed to reflect this process.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

The infection control policy did not give sufficient guidance to staff on how to control outbreaks of infectious diseases in the centre. Staff were unclear in their responses as to how they would manage infection control.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

An Infection Control Policy is currently being drafted which will include procedures for the prevention of healthcare associated infections.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

The centre's fire safety policy did not reflect the centre's practice in regards to adequate arrangements for means of escape and testing of fire equipment.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The centre's fire policy is being updated to reflect the practice currently in the centre which includes daily, weekly and monthly checks. New templates have been drafted to record daily and monthly checks of fire escapes and equipment.

Proposed Timescale: 30/06/2014

Outcome 12. Medication Management

Theme: Health and Development

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

The medication management policy did not set out the procedure for safe management of out of date or returned medications as required by the regulations.

Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The Drug Policy/Medication Policy is currently under review. The new document will include procedures for safe management of out of date or returned medications as required by the regulations.

Proposed Timescale: 30/06/2014

Theme: Health and Development

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

The centre did not segregate out of date or returned medications as required in the Regulations.

Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

A locked medical cabinet has been purchased and will be screwed to the wall to store out of date or medication being returned to the pharmacy.

Proposed Timescale: 14/04/2014

Theme: Health and Development

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

The management of PRN medications did not reflect the centre's policy.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Drug Policy/Medication Management Policy is current being revised to reflect the practice undertaken in relation to the management of PRN medications.

Proposed Timescale: 30/06/2014

Outcome 14: Governance and Management

Theme: Leadership Governance and Management

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

There were no systems in place for regular review of key aspects of the service in relation to quality and care.

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 organisation are currently developing a management system which review the quality, safety and care within the service. Templates are currently being designed to assist with this process of monitoring the service which will be reviewed by the Service Leader or a nominated representative. The Risk Management Policy will assist this process with new systems to identify, record, investigate and learn from serious and adverse incidents.

Proposed Timescale: 01/06/2014

Theme: Leadership Governance and Management

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

There were no arrangements in place for an annual review of the quality and safety of care and support in the designated centre

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Organisation are currently putting arrangements in place for an annual review to be undertaken which will assess the quality and safety of care and support.

Proposed Timescale: 01/06/2014

Theme: Leadership Governance and Management

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

There were no arrangements in place for the provider or their nominated representative to carry out an unannounced visit to the centre at least once every six months.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The Organisation are currently developing a Management system to review the quality, safety of care and support. This Management system will include arrangements for unannounced visits every six months.

Proposed Timescale: 01/06/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff did not have mandatory fire training. Some staff that had received fire training had not received formal refresher training in more than 6 years.

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:

Refresher training has been put in place within the Organisation. It will be made available annually. Staff who had not undertaken mandatory training have scheduled training for the 12th of June, 2014.

Proposed Timescale: 30/06/2014