

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	No.2 Heather Park
Centre ID:	OSV-0002287
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Southern Services
Provider Nominee:	Una Nagle
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	15

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 September 2016 09:00 To: 26 September 2016 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This report sets out the findings of an announced inspection of a centre managed by Brothers of Charity Services following an application by the provider to register the centre. There had been one previous inspection of this centre in June 2016 and any outstanding actions were followed up during the most recent inspection.

Description of the service:

This centre operated a respite service mainly during the months of June to September but could provide for small groups throughout the year. In 2015 there were 151 service users staying over the course of the summer i.e. from 4 June to October 2 2015 (or 102 nights).

There were three distinct parts to the centre:

1. The regional respite service provided respite/ holiday supports for a maximum of seven adults aged over 18 years at any one time from the Cork and Kerry region. Each resident had their own bedroom. There were two bathrooms in this part of the centre, each with a shower.
2. The visitors centre offered accommodation to groups of up to eight people, (including staff), from Brothers of Charity services or other organisations who supported their own service users to have a break by the sea. Each resident had their own bedroom. Six groups had used this centre in 2015.
3. The summer house provided self-catering, single bedroom accommodation, for up to five people, including staff. Each resident had their own bedroom, two of which were en suite with shower, toilet and wash hand basin. The summer house had separate kitchen with a dining/sitting area.

There was a clearly defined management structure which ensured that the service provided was safe and appropriate to residents' needs. The person in charge was a registered nurse with was suitably qualified and experienced to discharge her role. She was supported by the respite coordinator who was a dual qualified nurse with appropriate skills, knowledge and experience.

How we gathered our evidence:

The inspector met with the five residents staying in the centre on the day of inspection. In addition, a family of a resident was visiting on the day of inspection. The feedback was positive with all residents saying that they liked staying in the centre.

The inspector also met the person in charge of the centre, staff and the director of services. The inspector also observed staff practices and interactions with residents and reviewed residents' personal plans, training records, meeting minutes and the complaints log.

Overall judgment of findings:

There had been improvement on issues identified on the previous inspection including in relation to care planning, upgrading of the physical premises, review of restrictions on residents' lives and the security of confidential personal information.

Since the last inspection there was one resident staying in emergency respite. The service had sought appropriate involvement from healthcare professionals including multidisciplinary review of their care and needs. The person in charge outlined that they would support this resident until such time as an alternative placement was arranged.

An upgrade of the fire alarm and emergency lighting systems was still being completed. The person in charge was to forward written confirmation to HIQA when these upgrade works were completed.

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:

Residents' rights and dignity were respected.

The organisation had a complaints policy and easy-to-read versions were displayed throughout the centre. The complaints policy identified a nominated person to manage complaints in the organisation. The inspector reviewed the complaints log since September 2015 and there were three recorded complaints all of which had been resolved.

Residents could keep control of their own possessions. There was an up to date property list in each resident's personal outcomes folder. There was adequate space for clothes and personal possessions in all bedrooms. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy on communication and each resident's care plan clearly outlined how the resident communicated and what assistance and support they required to communicate.

As part of the application process for each resident a communication needs had been completed for all residents which outlined the methods residents use to communicate their needs and wishes. Personal plans viewed by inspectors contained detailed information in relation to the individual communication requirements of each resident. Inspectors observed that staff were aware of residents' communication plans and reflected the plans of care in practice. Inspectors observed that staff supported residents to communicate effectively.

Residents, including those who did use verbal communication, were supported to communicate at all times. Picture boards were observed to be used by staff and residents to communicate. Music systems and television was provided in the main living room and in the games room. One resident was using the computer which had internet access.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community.

A detailed application form was sent out yearly to each prospective resident and their family requesting up-to-date information on each resident. Areas covered included: personal details, next of kin details, current service information, activities of daily living, support needs, behavioural and mental health support needs, and health and safety issues. An update on these areas was requested from the family in the interim also.

Because the length of stay for residents in the centre was short, families were very involved in the lives of residents and close contact was maintained either through visits by the family or telephone calls.

Following each stay the centre engaged in consultation with residents and their families on the quality of care provided. Feedback was sought on what the service did well and what things could be improved upon for the next visit.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

Each resident had an agreed written contract which included the details of the services to be provided.

Each resident had written agreement in place in relation to the provision of services that had been agreed and signed by each resident and/or their families. The contracts included details of the:

- information about the centre
- settling in period
- approach to care planning
- respite support plan
- accommodation
- personal property
- health
- visitors
- rights/ responsibilities.

The service did not ask for a financial contribution towards the running of the centre. For groups that were planning to use the accommodation in the visitors centre or the summer house the service had drafted a service level agreement that outlined the responsibilities of guests and staff while using the centre.

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):

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

Findings:

The arrangements to meet each resident's assessed needs were set out in an individualised personal plan.

On the last inspection it was found that improvement was required in relation to development of care plans for assessed healthcare needs. On this inspection each resident with an assessed healthcare need had a plan of care in place.

One emergency respite bed was available where there was no alternative available to promote the safety of the individual. Since the last inspection there was one resident staying in emergency respite. The statement of purpose which described the service and facilities in the centre outlined that in an emergency situation the Brothers of Charity service "will request as much information as possible on the person and the situation to carry out a full assessment of care and needs as soon as possible". There was evidence that the service had sought appropriate involvement from healthcare professionals including multidisciplinary review of their care and needs. The director of services was progressing this resident's care and needs through liaison with other service providers and their funder the Health Service Executive (HSE) so that the resident would be provided a more suitable placement. However, at the time of inspection the resident was still living in the designated centre. The person in charge outlined that they would support this resident until such time as an alternative placement was arranged.

Judgment:

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.

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The location, design and layout of the centre was suitable for its stated purpose and met residents needs in a comfortable and homely way.</p> <p>Since the last inspection the recommendations from an occupational therapist were implemented so that doorway thresholds were level to prevent trip hazard.</p>
<p>Judgment: Compliant</p>

<p>Outcome 07: Health and Safety and Risk Management <i>The health and safety of residents, visitors and staff is promoted and protected.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The health and safety of residents, visitors and staff was promoted and protected. However, fire safety works were still to be completed.</p> <p>An upgrade of the fire alarm and emergency lighting systems was still being completed. The person in charge was to forward written confirmation to HIQA when these upgrade works were completed.</p> <p>As on the last inspection the centre had a risk register in place. The management of hazards on the register was robust with evidence that each item was being followed up appropriately. In response to an incident since the last inspection the hazard of residents leaving the centre had been added to the risk register.</p> <p>On the last inspection fire doors were noted to be held open by "wedges". Since then door guards had been purchased which released when the fire alarm activated.</p> <p>Since the last inspection all staff had received training on infection control practices and in particular hand hygiene training. In addition, handwash gels were now readily available throughout the premises.</p>

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were policies in place to protect residents from being harmed or suffering abuse. The service promoted a restraint free environment and there was a policy on the use of restrictive practices.

The service promoted a restraint free environment and there was a policy on the use of restrictive practices. Since the last inspection for any resident using bedrails at night a risk assessment was available in relation to the use of this restraint.

Since the last inspection risk assessments were now in place so that not all residents were "checked" at night unless it was necessary.

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:

Practice in relation to notifications of incidents was satisfactory.

The nominated provider and person in charge were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. There was a process for recording any incident that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents had for new experiences and social participation.

Each resident was supported to identify what was important to them while in the centre, what goals they wanted to achieve, what social roles/activities they wished to partake in and be involved in, and how best they wished to be supported. This was then outlined in the respite support plan from which the service aimed to support each person. During the week activities included walks on the beach, trips to the cinema and shopping in nearby towns.

A residents' meeting was held at the beginning of each week or period of respite care to encourage choice and participation and to ensure person-centred care needs were addressed. Items discussed included diet/meals, activities and any issues relevant to the respite break.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Each resident was protected by the centre's policies and procedures for medication management.

Prior to each resident attending the respite service a request for a complete and up to date prescription was sent to each resident and their general practitioner (GP). Since the last inspection an accurate and valid prescription was available on each resident's healthcare file.

Residents were required to bring their own medication with them. The respite coordinator, who was a qualified nurse, undertook a medication reconciliation process for each admission so that the medication the resident brought with them matched the prescription written by the doctor. There were examples of the respite coordinator following up with doctor and the families to ensure that all relevant information was available to ensure the resident received the correct medication.

The person in charge outlined that the service was exploring with the local pharmacy a system for dispensing medications for individuals for the duration of their stay.

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:

There was a written statement of purpose that accurately described the service provided in the centre.

The statement of purpose described the service and facilities provided to residents, the management and staffing and the arrangements for residents' wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre.

Judgment:

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:

Adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement. The provider was aware of the need to notify HIQA in the event of the person in charge being absent.

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 centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

There was evidence that the centre was resourced to ensure the effective delivery of care. For example, there had been a recent upgrade of the fire safety systems throughout the premises. In addition, the design and layout of the centre had been upgraded and improved. In particular the size of resident bedrooms had been increased.

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:

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

At the previous inspection confidential information available in rooms which were accessible to all. This had been remedied and all confidential information was locked in secure filing cabinets.

All the required policies and procedures were made available to the inspector. Staff with whom the inspector spoke demonstrated an understanding of specific policies such as the medication policy, risk management and the complaints policy. The policies available on the date of inspection were centre-specific and some were available in an easy-to-read format.

There was a policy on the provision of information to residents and a residents' guide was available which included:

- a summary of the services and facilities provided
- the terms and conditions relating to residency

- arrangements for resident involvement in the running of the centre
- how to access previous inspection reports
- complaints procedure
- arrangements for visits.

A directory of residents was maintained in the centre and was made available to the inspector. The person in charge maintained a record of all residents who accessed the service on a respite basis. In 2015 there were 151 service users staying over the course of the summer i.e. from 4 June to 2 October 2015 (or 102 nights).

The inspector reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the regulations and standards were available.

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:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	No.2 Heather Park
Centre ID:	OSV-0002287
Date of Inspection:	26 September 2016
Date of response:	16 November 2016

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 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:

An upgrade of the fire alarm and emergency lighting systems was being completed.

1. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

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

All necessary works have been completed and all relevant paperwork submitted to inspector on 15th Nov.

Proposed Timescale: 15/11/2016