

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	No.4 Fuchsia Drive
<b>Centre ID:</b>	OSV-0003562
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Southern Services
<b>Provider Nominee:</b>	Una Nagle
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	5

## 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 un-announced and took place over 1 day(s).

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

From: 04 August 2016 09:45 To: 04 August 2016 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
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. This was a follow up to the previous inspection in February 2016.

Description of the service:

The centre provided a home to 15 residents and was based in three separate locations each in a community setting in a large town in West Cork. One of the houses catered for five residents who were "actively retired". The residents in the other two houses had moderate to high support needs, some of whom also had complex healthcare needs.

How we gathered our evidence:

On the day of inspection a number of residents were on holidays and four residents had gone on a day trip to the beach. The inspector met with seven residents with the feedback from residents being positive about their quality of life and the supports they received. The inspector also observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Overall judgment of our findings:

At the last inspection there had been 16 actions identified including two actions that were at the level of major non-compliance, namely governance of the centre and medication management. In relation to governance a review of the remit of the person in charge had taken place; and the number of designated centres that the person in charge had responsibility for had been reduced from six to five. The person in charge no longer had responsibility for day service provision.

Practices had improved in relation to medication on schedule 2 of the Misuse of Drugs Acts (commonly referred to as controlled drugs/schedule 2 drugs). Since the last inspection the service medication management policy and the local medication management policy had been updated to include guidelines on the use of schedule 2 drugs. Staff had also received training on the use administration of this pain medication and there were clear instructions on how the medication was to be administered.

This inspection found that most other non-compliances had been rectified. However, two were still outstanding namely:

- residents who had been assessed as requiring a moving and handling plan there had not been input into the plan from a suitably qualified professional in moving and handling. (Outcome 7)
- the statement of purpose did not have sufficient information (Outcome 13)

The reasons for these findings are explained under each Outcome in the report and the regulations that are not being met are included 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):**

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

**Findings:**

At the previous inspection the statement of purpose (a document that provided a description of the centre and the services and supports for residents) outlined "at holiday times, for example at Christmas, the residents could be asked to consider facilitating a service user from another house to join them (in the centre)".

This practice was no longer being done in the centre and this reference had been removed from the statement of purpose.

**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):**

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

**Findings:**

At the last inspection it was found that the contracts of care outlined that residents were expected to make a financial contribution towards the running of the house. A booklet explaining the detail of these costs and contributions was made available to residents. In addition on the last inspection it was not articulated in the contract or in the booklet that residents could refuse to pay the voluntary contribution.

Since then an updated residential service agreement had been sent to all residents and their families to include reference to the voluntary nature of the charge.

The service had also prepared a booklet explaining the detail of costs and contributions being requested from residents. This booklet was entitled "Charges and voluntary contributions – an explanation for residential service users" and was dated February 2016. This booklet outlined:

- what is a charge
- what is a contribution
- how are charges/contributions calculated
- types of charges
- what the charge/contribution does not cover

The service also outlined that it was planned that an independent advocate would be engaged to explain the charges/contributions to residents if the residents needed it.

**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):**

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

**Findings:**

Overall, the health and safety of residents, visitors and staff was promoted and protected. However, not all actions identified on previous inspection had been remedied.

Moving and handling deficits had been identified in this and previous inspections regarding residents who had been assessed as requiring a moving and handling plan. These plans did not have input from a suitably qualified professional in moving and handling and therefore there was a possibility that the resident or staff could be injured while following these instructions.

The inspector spoke with one of the residents who at times stayed in the house on their own. The resident spoke to the inspector and was aware of what to do in the event of a fire and there were risk assessments in place in relation to this.

**Judgment:**  
Substantially 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:**

Adequate systems were in place to protect residents from being harmed. Residents were provided with appropriate emotional, behavioural and therapeutic support as required.

On the last inspection it was found that residents who required positive behaviour support guidelines did not have these guidelines consistency implemented or reviewed. Since then one staff member was completing a course in longitudinal person focused training in positive behaviour support under the supervision of a board certified behaviour analyst.

As part of this training a comprehensive behaviour support assessment was in place for one resident who required this support. The assessment included an analysis of the resident's daily living skills, cognitive skills, communication, emotional needs, and sensory needs. Recommendations on how best to support this resident were also in place. The person in charge told the inspector that once the staff member was qualified a behaviour support assessment would be completed for any resident who required this support.

At the last inspection it was also found that the directions in the behaviour management plans in relation to the use of as required medication (or PRN) were not always clear for staff. On this inspection the inspector found the information was clear and available to direct staff in the appropriate use of this medication.

The Brothers of Charity service had ensured that one unannounced visit to the designated centre in relation to the quality and safety of care had been completed in

July 2016. This had identified that some staff were unclear on who the designated officer was for the referral of safeguarding concerns. This deficiency had been addressed by the person in charge by providing the required information at staff team meetings. However, one staff member when speaking with the inspector was not clear about what to do if they were made aware of a safeguarding concern.

**Judgment:**  
Substantially Compliant

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

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.

One of the residents required medication for the management of pain. This medication was on schedule 2 of the Misuse of Drugs Acts (commonly referred to as controlled drugs/schedule 2 drugs). Since the last inspection the service medication management policy and the local medication management policy had been updated to include guidelines on the use of schedule 2 drugs.

Staff had also received training on the use administration of this pain medication and there were clear instructions on how the medication was to be administered.

There was a register for the recording stock balance of this schedule 2 medication. On this inspection it was found that there were adequate security systems in place for monitoring/checking a stock balance at each transaction of the pain medication as two staff were counting the medication. In addition, at changeover of shifts there two staff completing the count of this medication.

Some medication needed to be stored in a medication fridge. Since the previous inspection the temperatures on the medication fridge were being recorded daily and therefore the stability of the stored medication could be guaranteed.

**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):**

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

**Findings:**

The statement of purpose was a document intended to describe the service and facilities provided to residents. As on the previous inspection the statement of purpose did not have sufficient information in relation to:

- the specific care and support needs the centre was intended to meet, for example it didn't specify that some of the residents were actively retired
- day service, for example it didn't specify that five residents who were actively retired had a day service provided from their home.

**Judgment:**

Substantially 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:**

Management systems were in place that supported and promoted the delivery of safe, quality care services.

The person in charge was a registered nurse in intellectual disability and was suitably qualified and experienced to discharge her role. Since the previous inspection a review of the remit of the person in charge had taken place; and the number of designated

centres that the person in charge had responsibility for had been reduced from six to five. The person in charge no longer had responsibility for day service provision.

The Brothers of Charity service had ensured that one unannounced visit to the designated centre in relation to the quality and safety of care had been completed in July 2016. There was a prepared written report available in relation to the "outcomes" that had been reviewed including: social care, risk management, safeguarding, healthcare, medication, governance and workforce. The review had a detailed action plan to address any deficiencies identified. Each action had a timeline with a named person having responsibility to implement the action.

An annual review of the quality and safety of care of the service had been completed in June 2016. The review looked at a number of issues including:

- the practice of overnight guests being stopped
- the brochure on voluntary contributions being distributed to residents and their families
- staff completing training on positive behaviour support
- healthcare records
- complaints
- personal planning
- feedback from residents/families/staff
- achievements.

**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:**

During the last inspection non compliances were identified In relation to;

- the format in which the person-centred planning folder was presented. This folder containing up to date information to support each resident and the format made it

difficult to retrieve information efficiently. In particular there was duplication of information throughout the folder

- the communication diary contained a number of original hospital consultant out-patient appointment records stapled into the diary. This filing method could not guarantee the confidentiality of residents' personal information.

Both these issues had been rectified.

**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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	No.4 Fuchsia Drive
<b>Centre ID:</b>	OSV-0003562
<b>Date of Inspection:</b>	04 August 2016
<b>Date of response:</b>	06 October 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:**

One of the residents had been assessed as requiring a moving and handling plan. However, there hadn't been input from a suitably qualified professional in moving and handling with the hazard that the resident or staff could be injured while following these instructions.

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

**1. Action Required:**

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

A qualified Manual Handling Instructor has been engaged to review and recommend on the Moving and Handling plan for resident as required.

**Proposed Timescale:** 20/10/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

One staff member when speaking with the inspector was not clear about what to do if they were made aware of a safeguarding concern.

**2. Action Required:**

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

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

This staff member attended an In Service Protection and Welfare training on 1.10.2015. A refresher on the procedure to follow regarding any safeguarding concern has been completed with this staff member. [3 October 2016]

The remainder of the staff will receive refresher at a Team meeting and with all new staff members at local induction.

**Proposed Timescale:** 31/10/2016

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not have sufficient information in relation to:

- the specific care and support needs the centre was intended to meet, for example it didn't specify that some of the residents were actively retired
- day service, for example it didn't specify that five residents who were actively retired had a day service provided from their home.

**3. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose has been updated to include the details of the home based day programme and the active retirement programme for the residents.

**Proposed Timescale:** 03/10/2016