

**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 Ireland
Centre ID:	OSV-0005064
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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, 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 March 2016 10:30 To: 01 March 2016 19:00

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 was the first inspection of the designated centre.

The centre comprised of a single storey dwelling located in a rural setting close to a village. There were five residents living in the centre on a full time basis and day services were provided within the centre.

A team leader facilitated the inspection. A service manager attended the centre during the inspection and also attended a feedback meeting at the end of the inspection. A regional service manager along with a second service manager also attended a feedback meeting. The inspection took place over one day and seven outcomes were inspected against. As part of the inspection the inspector spoke to staff members and met residents. The inspector also reviewed documentation such as personal plans, risk assessments, fire records, staff training records, staff records and staff supervision minutes.

Overall the inspector found the residents received a good standard of care and support consistent with their assessed needs. The centre was in compliance in safeguarding and safety and healthcare needs. Substantial compliances were identified in medication management and social care needs. One moderate non-compliance was identified in workforce and related to the provision of appropriate training. Two major non compliances were identified in health and safety and risk

management relating to inadequate fire precautions and to governance and management relating to no person in charge. These non compliances are discussed in the body of the report and the actions required to address these are set out 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, 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found residents' welfare and wellbeing was maintained by a good standard of evidence-based care and support. Arrangements were in place to meet residents' assessed needs and details were set out in personal plans to reflect residents' needs, interests and capacity.

The inspector reviewed two personal plans as part of this inspection. Each resident had a comprehensive assessment of need completed, detailing their health, social and personal needs. Multidisciplinary team members had been involved in assessment, for example, speech and language therapist, psychiatrist and psychologist. Residents were involved in assessment and there was evidence that residents were knowledgeable on the plans in place to support their needs. For example, plans were available in an accessible format for residents and a resident had signed consent for the implementation of a restrictive procedure. The assessment of need process for each resident was subject to annual review or as needs changed. The inspector reviewed minutes of annual review meetings in which both the resident and their relative had attended.

Personal plans were developed in line with assessed needs and wishes of residents. Social plans were developed outlining the actions required and the person responsible for supporting the resident to achieve goals. Social goals were subject to a three monthly review with dates for reviews planned for the upcoming year. Health care plans were developed in areas such as epilepsy, nutrition, eye care, dental and gastrointestinal. However, the inspector found mental health care plans had not been developed for some residents in line with their assessed needs. The inspector found

health care plans were detailed in order to guide practice. Overall the inspector found personal plans were fully implemented, for example, weekly activity plans were implemented in line with residents' social goals. There was also evidence that health care plans were implemented and residents had regular reviews with the appropriate healthcare professionals in line with the details set out in corresponding plans.

Judgment:
Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found significant improvements were required to ensure the health and safety of residents, visitors and staff was promoted and protected. Fire safety precautions were inadequate and risk management procedures and infection control procedures required improvement.

Suitable fire equipment was not provided in the centre. There were no fire doors, emergency lighting or fire alarm available in the centre. Fire exits were not marked to identify the exit route in the event of a fire. Smoke detectors were available throughout the centre and these were checked daily by staff to ensure they were in working order. Two fire extinguishers and one fire blanket were available in the centre and had recently been serviced. There were adequate means of escape in the centre with three exits. However, the inspector found the route to one exit partially blocked by a refrigerator. In addition, the location of one resident's room beside the kitchen was inadequate to ensure their safe evacuation in the event of a fire.

There was a fire evacuation plan prominently displayed on a notice board in the sitting room. All residents had a personal emergency evacuation plan in place. A sample of four staff training records were reviewed and staff had received training in fire safety. The inspector reviewed a record of fire drills for the preceding year. Five fire drills had been completed including one night time drill. Where issues had been identified during fire drills corrective action had been taken to reduce reoccurrence.

There was a risk management policy in place. The risk management policy included the measures and actions to control the risks of unexplained absence of a resident, accidental injury to residents, visitors and staff, aggression and violence and self harm. Individual risk assessments were developed for example, self harm, falls and in specific restrictive practices. Site specific risk assessments were developed in identified risks

such as lone workers, falls and chemical use however, the inspector found risk assessments had not been developed in fire safety. In addition, the inspector found corrective action had not been taken to mitigate the risk of residents falling over a stone fire hearth. This fire hearth was located between the kitchen and dining area en route to the dining table.

There was a plan in place to respond to emergencies such as fire, no water supply or no power in which the location to which residents should be evacuated was identified. However, the inspector found the plan did not outline the arrangements for emergency accommodation should that be required.

Some precautions were in place for the prevention and control of infection. There was a centre specific infection control plan available. Personal protective equipment such as gloves and aprons were available and there were suitable hand washing facilities throughout the centre. Colour coded chopping boards and colour coded mops and buckets were also available. However, the inspector found the covering of two chairs damaged and given the profile of the residents, the inspector was not assured that adequate infection control measures were in place.

There was a service policy in place in the event a resident goes missing.

The centre had policies and procedures relating to health and safety. There was an up to date health and safety statement which outlined the roles and responsibilities of personnel employed in the service. The policy also outlined guidelines for challenging behaviour, emergency procedures incident reporting and first aid. All staff had received training in food safety. Staff had also received training in manual handling. A first aid box was available and checked on a weekly basis. The team leader completed a health and safety audit on a three monthly basis including housekeeping, heating, drainage, hazards and disposal. A copy of all health and safety audits were forwarded to the regional service manager once completed.

The procedure for incident management also formed part of the health and safety statement. Incident management procedures included the immediate care and the follow up actions which may be required to be taken for example, further investigation or a team meeting.

The centre had a vehicle which had an up to date insurance and certificate of road worthiness.

Judgment:
Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found measures were in place to protect resident from suffering abuse and resident were provided with appropriate therapeutic, emotional and behavioural support.

There was a policy in place for the prevention, detection and response to abuse. A sample of four staff training records were reviewed and staff had received training in safeguarding. Staff members spoken to were knowledgeable on what constitutes abuse and the measures to take in the event of an allegation, suspicion or disclosure of abuse.

Staff members were observed to interact with residents in a warm and approachable manner.

There was a policy in place for behavioural support incorporating restrictive practice. The inspector reviewed a sample of two behavioural support plans. A psychologist had been involved in the development of behavioural support plans which were subject to regular review. Behaviour support plans defined presenting behaviours and clearly outlined the preventative and responsive actions to each identified behaviour. Plans were also linked with restrictive practices where applicable.

There were some restrictive practices in use in the centre. All restrictive practices had been referred to a service human rights committee for approval for implementation and were subject to regular review. There was evidence that attempts had been made to reduce restrictive practices, for example, free access to the restricted items however, the risk of free access had outweighed the benefit. There was evidence also that residents had been supported to develop self awareness and were fully involved and agreed with the decision to use a restrictive practice.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Overall residents were supported to achieve and enjoy the best possible health.

Residents health care needs were appropriately assessed and met in line with personal plans. Although mental health care plans required to be developed there was evidence that appropriate and timely mental health care was provided to residents with residents attending regular review with a psychiatrist. Health care plans relating to physical needs were found to be fully implemented and residents had regular reviews with a local general practitioner. Annual medical reviews had been completed by the general practitioner. Residents also had access to allied health professionals such as a speech and language therapist a dietician and a psychologist.

There was a daily residents meeting in which residents developed a meal plan. Meal choices were varied and nutritious and a visual picture display of menu choices was available in the kitchen area. There was information available to support residents in making healthy food choices. Mealtimes were observed to be positive and social.

The advice of a dietician and a speech and language therapist formed part of nutritional plans for residents where required.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector found there were safe systems in place for the ordering, prescribing and disposal of medication however, some improvement was required in prescription documentation.

All staff had received training in the safe administration of medication however, not all staff had completed training in the administration and monitoring of emergency epilepsy medication.

Individual medication management plans had been developed for each resident.

There were written operational policies for the ordering, prescribing, storing and administration of medication. Medications were supplied by a community pharmacist in a nearby town. The centre had recently changed to this pharmacy supplier and the team leader outlined that arrangements are currently underway for the residents to meet the pharmacist. Medications were supplied in a monitored dosage system.

Medications were stored in a locked cupboard and the key was observed to be kept secure. The inspector reviewed four medication prescription and administration records. Where medications required to be crushed this had been approved by the prescribing doctor. Improvements were required in prescription records some of which did not contain the centre name or address, a photo identification of the resident and the general practitioner's details. The inspector also found the maximum dosage was not stated on two PRN (as required) medications. Administration records were complete and medications had been administered as prescribed to the residents for whom they had been prescribed.

Out of date or unused medications were stored separate from regular medications. A record of these medications was maintained and signed by the pharmacist on receipt.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that while the quality of care was monitored and developed, improvements were required to ensure there was a person in charge appointed to the centre. Some improvement was also required in the annual review of the quality and safety of care and support.

There was no person in charge appointed to the centre. A previous person in charge had left post approximately five months ago. There was a defined management reporting structure. A team leader (clinical nurse manager) was employed in the centre managed the centre on a day to day basis. The team leader reported to a service manager and the service manager attended all staff meetings held in the centre on a six to eight weekly basis. The service manager was also available for ongoing support on a daily basis if required. The service manager reported to the regional service manager who in turn reported to the provider nominee. The regional manager met the service manager along with other service managers collectively on a monthly basis. Service managers provided an on call system at night time.

There was an annual review of the quality and safety of care completed by a service manager and a clinical nurse manager on behalf of the provider nominee. An action plan had been developed to address issues identified and there was evidence throughout the inspection that these actions had been implemented. However, the inspector found the views of relatives had not formed part of this review. There were six monthly unannounced visits completed and actions had also been developed to address shortcomings.

Arrangements were in place for staff supervision and the team leader was available to staff for ongoing support on a day to day basis.

Judgment:

Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector found there were appropriate staff numbers and skill mix to meet the assessed needs of residents.

The centre was staffed by a clinical nurse manager employed on a full time basis and by care staff. Two staff were on duty during the day and one staff on waking night duty. Additional staff resources had recently been allocated to the centre. The inspector found the staffing levels, experience and knowledge of the staff were sufficient to meet the assessed needs of residents.

There was an actual and planned roster and resources were effectively deployed. Staff members were observed to interact with residents in a respectful and caring manner. The inspector also observed staff supporting residents to attend a social outing in line with their wishes and personal plans.

The team leader had taken up post approximately five months ago. Staff supervision had been facilitated on an annual basis and the team leader identified to the inspector the need to increase the frequency of supervision. The inspector reviewed the records of staff supervision and found the supervision to be of good quality and addressed areas for improvement. For example, supervision identified areas of good practice, challenges, training needs and action plans.

The inspector reviewed records of staff training. Staff had received mandatory training in manual handling, fire safety, safeguarding and medication management. Additional training had also been provided in challenging behaviour, food safety and first aid. However, the inspector found not all staff had completed training in the administration and monitoring of emergency epilepsy medication.

The inspector reviewed four staff records the day after the inspection and all the requirements of Schedule 2 of the regulation were met. Where required staff had an up to date registration with the relevant professional body.

There were no volunteers employed in the centre.

Judgment:

Non Compliant - Moderate

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:

Caroline Vahey
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-0005064
Date of Inspection:	01 March 2016
Date of response:	18 April 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 05: Social Care Needs

Theme: Effective Services

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

Mental health care plans were not developed for some residents in line with their assessed needs.

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

1. Action Required:

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

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

Mental Health Care plans will be devised by the CNM in consultation with Consultant Psychiatrist

Proposed Timescale: 28/04/2016

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 assessment available in the centre for the risk of fire.

2. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Risk Assessment for fire has been completed.

Proposed Timescale: 07/04/2016

Theme: Effective Services

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

Residents were at risk of falling over a fire hearth however, corrective action had not been taken to mitigate this risk.

The emergency plan did not include the arrangements for emergency accommodation should that be required.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Risk Assessment and Management Plan for falling over the fire hearth has been completed and corrective actions will be completed by the 09/04/2016. An enclosed fire guard to be put in place and alternate room will be used for dining.

Emergency plan has been updated and alternative accommodation arrangements are included.

Proposed Timescale: 09/04/2016

Theme: Effective Services

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

Adequate infection control measures were not in place. The covering of two chairs were damaged.

4. 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:

The two chairs have been recovered to ensure adequate infection control.

Proposed Timescale: 10/03/2016

Theme: Effective Services

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

There was no emergency lighting available in the centre.

Fire exits were not marked.

The route to one fire exit was partially blocked by a refrigerator.

5. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Emergency lighting will be installed on 20/04/16.

Fire system will be installed by 27/05/2016.

Refrigerator relocated on 07/04/16.

Proposed Timescale: 27/05/2016

Theme: Effective Services

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

Adequate arrangements were not in place for detecting or containing fires.

There was no fire alarm available in the centre.

Fire doors were not available in the centre.

6. Action Required:

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

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

Emergency lighting will be installed by 20/04/16.

Fire system will be installed by 27/05/2016.

Fire doors will be fitted by 29/04/16

Proposed Timescale: 27/05/2016

Theme: Effective Services

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

The location of one resident's bedroom beside the kitchen was inadequate to ensure safe evacuation in the event of a fire.

7. Action Required:

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

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

This resident's bedroom will be relocated to ensure safe evacuation in the event of a fire.

Proposed Timescale: 09/04/2016

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:

Photo identification was not available on all prescription records.

Two PRN (as required) medications did not have a maximum dosage stated.

General practitioners details and the centre's name and address was not detailed on all prescription records.

8. 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:

Photo identification is now present on all prescription records.

Max dose of PRN is now clearly stated on all prescription records.

GP details and the centre's name and address are now detailed on all prescription records.

Proposed Timescale: 07/04/2016

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 was no person in charge appointed in the centre.

9. Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

The Person in Charge was appointed on the 02/01/2016, relevant PIC documentation was submitted on 08/03/2016 and NF30 notification received by the authority on the 24/03/2016.

Proposed Timescale: 08/04/2016

Theme: Leadership, Governance and Management

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

The annual review did not take into account the views of relatives.

10. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for

consultation with residents and their representatives.

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

The annual review for 2016 will take into account the views of the families.

Proposed Timescale: 31/01/2017

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 had not completed training in the administration and monitoring of emergency epilepsy medication.

11. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

This medication is no longer in use in the centre.

Proposed Timescale: 03/03/2016