

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	No.1 Bilberry
Centre ID:	OSV-0002264
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Southern Services
Provider Nominee:	
Lead inspector:	Caitriona Twomey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 December 2017 09:35	05 December 2017 17:25
06 December 2017 09:30	06 December 2017 16:45

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of this centre carried out by the Health Information and Quality Authority (HIQA). This announced, two day inspection took place to inform a registration decision. The centre was inspected against all 18 outcomes.

Description of the service:

The centre was an end of terrace, three storey house, located centrally in a town in county Cork. Although the centre could accommodate two residents, on the day of the inspection one resident lived there. The centre had three bedrooms, one of

which was en-suite, and one bathroom. The ground floor of the house was open plan, comprising of a sitting room, dining and kitchen areas. The centre was warm, tidy and the furniture and fittings had been chosen by the resident. Staffing was provided in the centre overnight from Sunday to Thursday and in the evenings. The centre was closed at weekends and for agreed holiday periods.

How we gather our evidence:

As part of the inspection, the inspector met with the person living in the centre, the person in charge, and two other members of the staff team. The inspector reviewed documentation including a personal plan, healthcare plan, training records, fire safety information, meeting minutes, risk assessments, a report completed by the provider following an unannounced inspection of the centre, and questionnaires completed by the person living in the centre and their relatives.

Overall judgment of our findings:

The resident reported that she liked living in the centre most of the time. She appeared comfortable with staff and in her surroundings. The person living in the centre was very independent in many aspects of her life. She was very familiar with, and confident when accessing, the local community. There was evidence to support strong relationships with family members. Staff told inspectors that they enjoyed working in the centre and felt supported by colleagues and the management team.

Positive findings were found in relation to resident's rights, dignity and consultation regarding the running of the centre; the resident's participation in meaningful activities and her local community; family relationships; the premises; safeguarding and safety; and skill development.

There was one finding of a moderate non-compliance in relation to the resident's contract with the service provider.

Outcomes found to be at the level of substantial non-compliance related to:

- an element of the complaints process (Outcome 1),
- records and follow up relating to the resident's personal goals (Outcome 5),
- risk identification and fire safety precautions in the centre (Outcome 7),
- a component of the resident's healthcare plan (Outcome 11),
- medication management (Outcome 12),
- omissions from the statement of purpose (Outcome 13), and
- the absence of documentation required by the regulations (Outcome 18).

The reasons for these findings are explained under each outcome in the report and the actions required of the provider can be found in the action plan at the end of the report.

A representative of the provider, the person in charge, the sector manager (who also acted as a person participating in the management of the centre) and the organisation's quality coordinator attended a feedback meeting in a local office of the provider at the close of the second day of the inspection.

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:

The resident was consulted with, and participated in, decisions about the supports she received and the organisation of the centre. The complaints of the resident were acted upon, however the satisfaction of the complainant was not always documented.

There was strong evidence to indicate that the resident was supported to exercise choice and control over her life in accordance with her preferences and to maximise her independence. The resident was independent in many areas of her life and there was evidence of ongoing staff support to expand further upon these daily living skills. The inspector observed, and experienced through her own conversations, the resident's strong communication and self-advocacy skills. There was a poster on display in the open plan area of the house regarding residents' rights. At the most recent review meeting, advocacy had been raised as a topic for discussion to further support the person living in the centre to achieve her personal goals and her strong desire for further independence.

All interactions observed between the resident and members of her support team were respectful. It was evident that positive and supportive relationships had developed between the resident and those working in the centre. This was also reported by the resident when speaking with the inspector. There was evidence of staff's consideration of the resident's preferences, privacy and dignity with regard to her living environment, contact with family members, and personal information.

The resident had access to and retained control over her personal property and possessions. She was supported to further develop her financial management skills and

had recently learnt how to independently use a debit card. The resident independently managed her laundry and had effective systems in place around this. There was adequate storage for personal belongings in the centre. The resident had her own key to the centre and used it independently, often spending time there alone.

There were effective complaints policies and procedures in place. As well as verbally reporting any complaints, a system had been developed whereby complaints could be written and placed in a complaints box located in the communal area of the centre. The person living in the centre verbally described this system to the inspector. The resident had submitted written complaints independently and with staff support. The complaints process and the name of the organisation's complaints officer were displayed in the communal area of the house. The inspector reviewed the complaints log in the centre. There were eight complaints made in 2017. There was evidence that complaints were investigated promptly and resulted in follow up actions. However it was not always clear or documented whether the complainant was satisfied with the outcome of the complaint. For example, in some instances the resident's satisfaction was not noted at all and in some other instances satisfaction was noted regarding the follow up action rather than the eventual outcome of the complaint.

Judgment:

Substantially 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:

The staff working in the centre appeared to know the resident and her communication needs very well. The person living in the centre and staff were observed interacting with each other in a positive and comfortable manner.

The centre was very much part of the local community and the resident was very knowledgeable about the local area, frequently accessing it independently.

There was access to wireless internet, radio and television in the centre.

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:

The resident was supported to develop and maintain personal relationships and links with the wider community.

Given the nature of the service provided in the designated centre, the person living in the centre spent every weekend with family members. She was also in frequent contact with relatives by telephone. She was independent in this area, however staff were available to provide support if required. The person in charge told inspectors that there were no restrictions to visits in the centre unless the resident wished there to be. The person living in the house had cooked dinner for family members on one occasion in the centre. There was a communal area where the resident could welcome visitors.

Family members attended regular review meetings of the person's plan. This was evidenced in documentation in the centre, the questionnaire completed by relatives and through conversations with the woman living in the house. There was also evidence to support that family members were able to contact members of the staff team as required. This was challenging for the person living in the house and staff reported that they made continued efforts to involve the person in all communications relating to her, her support needs and welfare.

The person living in the centre was an active member of the local community. She spoke with the inspector about the various social and recreation activities she participated in. Staff explained that often initial visits to groups or activities were supported by staff and the person would then continue to attend either independently or with friends if she so wished. The inspector saw evidence of several examples of this. The resident also spoke about her job in the local area and met with the inspector both before and after work on one of the days of the inspection. The person in charge and staff advised that the person is well known in the area and has independently and appropriately sought help in local shops. This was observed during the inspection when, after independently shopping, the resident spoke with the inspector about the cooking time recommended by the local butcher.

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:

The resident had an agreed written contract however some of the terms and conditions of residency were not yet finalised, including the fees to be charged to the resident.

The person in charge outlined the financial contributions that the person living in the centre made towards her day-to-day living expenses. When speaking with the inspector, the resident was also able to clearly express the expenses she paid. These included food, electricity, gas and refuse bills, some recreational activities and other appointments, and credit for her mobile phone. The residential service agreement in place had been signed by the resident in December 2017 following a discussion with her keyworker. There was a document stating that she did not wish to discuss the agreement with relatives at that time. The residential agreement made reference to the introduction of a residential financial contribution across the wider organisation. It was stated in the agreement that due to the contributions made by the resident, this payment would be deferred until discussions were completed with the Health Service Executive (HSE). The provider representative told the inspector that discussions were ongoing with the HSE and that she expected clarification in the new year. Assurances were provided to the inspector that once this process was completed the resident would be clearly informed of the fees she is to be charged while living in the centre.

The registration application for the designated centre was for two residents. The person in charge informed the inspector that any potential admission to the centre would follow the processes outlined in the organisation's admissions, including transfers, discharge and temporary absence of residents policy. The person in charge and a representative of the provider assured the inspector that any potential admissions to the centre would involve a compatibility assessment with the current resident and consultation with her and her family. The inspector spoke with the person living in the house about her experiences of living with others. She was positive about these experiences, one of which was in the centre, and was open to the possibility of another person living with her in the centre. It was outlined on the questionnaire completed by the relative of the resident that she and her family visited the centre before she moved in.

Judgment:

Non Compliant - Moderate

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 the resident's assessed needs were set out in a plan that reflected her needs, interests and capacities. However, the person responsible for supporting the resident in pursuing goals and the timeframe was not always clearly identified.

There was evidence of a comprehensive assessment of the health, personal and social care needs of the resident. The person living in the centre had a personal plan that was reviewed by the inspector. The resident also maintained copies of some of the documents of her choosing in her own folder. These documents mainly related to daily routines and activities, wellbeing and safety. The resident was consulted in the development and review of her personal plan. She spoke with the inspector about this; her signature was also noted on documentation. There was evidence of an annual review and additional, more frequent reviews, where required. As will be discussed further in Outcome 11, there was evidence of multidisciplinary input regarding the resident's health. There was also evidence of family members' participation in the review process.

The resident had decided that she did not wish to participate in the personal outcomes process that is implemented across the organisation. Despite this, she was involved in a process of identifying and working towards goals of her choosing. There was evidence of achievement of many such goals and of trying others and deciding not to pursue them further. Of particular note were the achievements made in relation to the resident's independent skills and participation in activities in the centre and wider community. However, it was identified by the inspector that some goals were not reviewed at subsequent meetings and as a result were no longer being pursued. In discussion with the inspector, the person living in the centre expressed a wish to continue pursuing these goals. Documentation regarding the reviews often did not specify the person responsible for supporting the resident in pursuing each goal or a timeframe.

It was evident from documentation in the centre, speaking with staff who knew her well, and through speaking with the resident that the most important goal to her was to live independently. The person living in the centre had identified at two consecutive annual

review meetings a step she would like to take towards achieving this goal. When speaking with the inspector, the resident expressed her frustration and lack of motivation to continue to participate in the review process due to the lack of progress with this goal. Staff working in the centre supported the resident's wish, following the completion of risk assessment which indicated it was a low risk activity. As outlined in Outcome 1, advocacy had been discussed with the resident regarding the issue. The person in charge told the inspector that the next review meeting was planned for March 2018 and the resident would again be supported to progress this matter.

Judgment:

Substantially 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.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre was warm, comfortable and homely throughout. The layout and location of the house promoted accessibility and the resident's independence. The ground floor of the house was an open plan communal area, comprising a sitting room, dining and kitchen areas. The centre was clean, decorated in a homely manner and well maintained. There was an outside area to the rear of the house that was accessible from the kitchen area. The person in charge told the inspector that it was planned to install a tumble dryer in the shed in the outside area in the new year.

The woman living in the house had chosen her own bedroom in the centre. It was furnished and decorated to her own tastes. Storage for personal belongings was provided in each bedroom. Following a complaint by the resident, the bath in the main bathroom was replaced with a shower unit in 2017. The person expressed her satisfaction with this when speaking with the inspector. Staff informed the inspector that should the resident want a bath, this could be facilitated in the en suite adjoining the staff bedroom. The kitchen had suitable equipment and facilities to meet the resident's needs.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The health and safety of residents, visitors and staff were promoted in the centre. However, not all hazards were identified as such in the centre. In addition, the fire exit to the rear of the centre required review.

The centre had policies and procedures in place for risk management. Inspectors reviewed the risk register in the centre. There was evidence of the use of risk assessment to further develop the independence of the resident. On the day of the inspection the centre had one open risk. Documentation reviewed outlined a time bound plan to implement the required controls. The person in charge also reported that following the most recent unannounced six monthly inspection, a risk assessment was being drafted regarding the potential for cross contamination due to the location of the washing machine in the kitchen area. The practices implemented in the centre, as described to the inspector, appeared to act as sufficient control measures for this risk. In addition to the risks present in the centre, there was a documented individual risk profile for the resident. This had been most recently reviewed in November 2017. The inspector identified an individualised risk that had not been identified as such in the centre. Although it had not been included in the risk register, there were many documented supports in place in the centre to address this risk.

The inspector reviewed the log of incidents kept at the centre. There was evidence of appropriate action, learning and changes in practice as a result of these incidents. Reasonable measures were in place to prevent accidents. There were documented procedures to follow in response to identified emergencies. The centre did not have the use of a vehicle as the resident primarily used public transport.

Satisfactory procedures were in place for the prevention and control of infection. The person in charge informed the inspector that suitable storage had been requested for the storage of mops in the centre. Documentation reviewed also supported this. The interim arrangements implemented on the day of inspection regarding storage were satisfactory. Training records indicated that staff had attended training in the prevention and control of infection and hand hygiene. During the inspection, the person living in the centre was observed washing her hands in a manner consistent with HSE hand hygiene guidance.

There were effective fire safety management systems in place in the centre. The actions relating to fire precautions as outlined in the previous HIQA inspection report had all been satisfactorily implemented. The procedure to follow in the event of a fire was

readily available in the centre. Suitable fire equipment was provided. Records reviewed indicated that this was inspected annually. The inspector identified that one piece of equipment had been omitted in the most recent annual review. This was brought to the attention of the person in charge who assured the inspector that this would be addressed within one week. The centre had a fire detection and alarm system in place which included emergency lighting. This was inspected at quarterly intervals. According to records reviewed, all staff members had participated in fire evacuation training. There were completed records of weekly fire safety visual checks completed in the centre. On the day of inspection, the inspector identified that the fire exit to the rear of the centre lead to an enclosed area. It was therefore not possible to access the identified assembly point from there. The resident had a personal emergency evacuation procedure. Staff and residents participated in fire drills. The resident had also completed fire drills while alone. Nine drills had been completed in the previous 12 months, two in night time conditions. The evacuation times of the eight most recent drills were all less than 40 seconds.

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):

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place. There were policies and procedures in place regarding the safeguarding vulnerable adults, provision of intimate care, provision of behavioral support and the use of restrictive practice. A restraint-free environment was promoted in the centre.

The person in charge informed the inspector that all of the staff team had received training in relation to the safeguarding of vulnerable adults. There was a designated officer in place, based in the organisation's local head office. His name and contact number were on display in the centre. Staff outlined to the inspector some of the work completed with the resident regarding keeping safe. Two historical safeguarding concerns were referenced in conversations with the inspector, one with the person in charge, the other with the resident. The inspector was assured that the appropriate

actions had been taken regarding each incident. It was suggested by a member of the organisation's management team that additional supports be considered for the resident given this issue has been raised on many occasions, including during both HIQA inspections of the centre. Previously, social work support had been offered but the resident did not wish to pursue it at that time. There was an intimate and personal care plan in place in the centre outlining the resident's independence in the vast majority of these tasks.

Three out of five staff had attended training on how to respond to behaviour that is challenging, including de-escalation and intervention techniques. Dates to attend this training were scheduled for the remaining two staff. There was a policy in place on the use of restrictive practices dated September 2017. At the outset of the inspection, inspectors were informed that there were no restrictive practices in the centre. This was consistent with the inspector's findings during inspection.

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:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to HIQA.

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:

The resident's opportunities for new experiences, social participation, education, training and employment were facilitated and supported in the centre.

There was evidence to indicate that educational and other achievements were valued and supported in the centre. The resident had recently graduated from a literacy course. She had also previously undertaken other skills development courses such as cooking. When speaking with the inspector, the resident mentioned some of the recreational and social activities she participated in with the support of staff, independently and with friends. The resident was also employed three days a week in local, supported employment. She was described as a reliable member of the staff team and was often asked to work additional, relief shifts.

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):

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

Findings:

The resident was supported to achieve and enjoy the best possible health. However, additional information was required in her healthcare plan.

There was an annual health check for the resident available in the centre. This was completed by the resident's general practitioner in August 2017. The resident's file also contained a recently completed OK health check. A recently reviewed hospital passport was stored in an emergency folder in the centre. Both documents were completed by the resident's keyworker. The resident expressed a very good knowledge of, and dedication to, healthy eating and healthy lifestyle choices. She had successfully given up smoking and had addressed other health issues through changes to her diet and increased exercise.

The individual's file contained a list of identified medical issues. For each identified issue, there was a corresponding healthcare management plan. A general practitioner, dentist and other medical professionals of the resident's choice were available. The person living in the centre arranged and attended some appointments independently. Where

the resident was supported by outreach staff to attend specialist appointments, there was evidence of good communication systems in place to ensure all of the appropriate information was shared. Staff had a very good awareness of the health needs of the resident living in the centre. Some medical conditions required regular monitoring and review. There was evidence to indicate that these needs were addressed.

The resident had high support needs in one specific health area. Inpatient, hospital treatment had previously been required on more than one occasion. The resident spoke with the inspector about these hospital admissions and was clearly very concerned about the possibility of this reoccurring. A comprehensive support plan had been developed by the staff team with the resident regarding this specific, assessed health care need in September 2017. There was documented evidence that input into this plan had been sought and in some cases received from the medical and other allied health specialists involved in the resident's care. The plan clearly outlined many preventative measures in place to support the resident to maintain good health in this area. These included proactive routines and practices, staff supports, and regular access to community based treatments and therapies. There was a clear guidance for staff on how to support the person to prepare for specialist appointments. This was observed in practice during the inspection. The plan outlined indicators that this healthcare need was becoming more pronounced and detailed procedures regarding the support to be provided by the staff team in such an event. However, the plan did not incorporate times of acute illness, possibly requiring a hospital admission.

There was observed evidence of the resident independently buying, preparing and cooking her own meals. Inspectors observed staff supporting the resident to consider various options and choices when planning for future meals. The food available appeared wholesome and nutritious.

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):

No actions were required from the previous inspection.

Findings:

There was evidence of appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines in the centre. However, additional information regarding medicines taken as required (PRN) and segregated storage for returned medications were required.

All staff had received training in the administration of medication. The resident administered her own medication. A self-medication assessment and risk management plans had been completed. The resident signed her own medication administration records, including those for PRN medication. A review of these records identified some errors. It was also identified that there was insufficient information available regarding prescribed PRN medication. The circumstances when the medication was to be used and the maximum dosage in a 24-hour period were not outlined in a format accessible to the resident.

The person living in the centre chose to show the inspector where her medication was stored. Although there was capacity to lock the storage unit, the resident and person in charge confirmed that the key remained in the lock at all times. The person in charge was aware of the need to review this arrangement should another person move into the centre. On the day of inspection there were no medications in the centre that required refrigeration. The person in charge outlined the procedures that would be implemented should that situation arise.

The resident had access to a pharmacist of her choosing in the local community. She independently collected her medication fortnightly. Staff working in the centre completed medication stocktakes daily and also in the event of any medication being removed from, or accepted into, the centre. It was identified during the inspection that there was no segregated storage facility for out of date or returned medicines. The inspector was informed that on the one occasion that medication did need to be returned to the pharmacy, the resident did so immediately.

A medication audit was completed in the centre in July 2017. This resulted in four actions, all of which had been addressed on the day of inspection.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

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

Findings:

The statement of purpose accurately described the services provided in the centre. However, it did not contain some of the information required by the regulations.

Inspectors were provided with a statement of purpose for the centre, dated November 2017. This set out a statement of the aims, objectives and ethos of the centre. The services and facilities to be provided to residents were also outlined. There was a diagram outlining the management and supervision structures in the centre. In conversation with the inspector, the person in charge advised that one of the positions, lead facilitator, had never been filled. It was also clarified that the admissions criteria should specify that it is intended that females only live in the centre. The statement of purpose included a list of the key policies that inform practice in the centre. Not all of the information required, as per Regulation 3, was included in the statement of purpose. This information is further specified in the action plan at the end of this report.

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:

The quality of care and experience of the resident living in the centre was monitored and developed on an ongoing basis.

The person in charge worked fulltime for the organisation, four days a week. She met the requirements as outlined in Regulation 14 regarding management experience and qualifications. The person in charge informed inspectors that she fulfilled this role for two designated centres and had management responsibilities for a day service and a separate community outreach service for people living in supported living services. The person in charge informed the inspector that in the previous year she had completed training in the provision of supervision and performance management.

The lines of authority and accountability in the centre were clear. All staff that inspectors spoke with reported that they felt well supported in their roles by colleagues and their direct line managers. An annual review had been completed for the centre in November 2017. This included consultation with the resident and her representatives. Two reports had been completed following unannounced six monthly inspections of the centre in

April and December 2017. The inspector reviewed the annual review and more recent six monthly report. The six monthly report was comprehensive, addressing many aspects of the safety and quality of care and support provided in the centre. Although the report was only received the day prior to the inspection there was already documented evidence in the centre of follow up actions taken regarding areas identified for improvement the report. A medication audit had also been completed in the centre in July 2017.

The person in charge advised that a performance management system had been introduced in the organisation and had been introduced to the permanent staff working in the centre. The person in charge attended staff meetings fortnightly. The staff who attended these meetings included those working in the designated centre and with the community outreach service. The inspector reviewed records of these meetings and found that approximately 15 had taken place in 2017. A comprehensive range of topics was addressed including residents' support needs, staff training, cleaning, complaints, incident logs, medication management, personal plans, risk management, policies and procedures, health and welfare issues, and six monthly unannounced inspections. There was a standing any other business item on the agenda for any staff member to raise any other issues or concerns.

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:

There were arrangements in place for the management of the centre during any absence of the person in charge. There were no documented absences of the person in charge from the centre for 28 days or more.

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 centre's statement of purpose. The facilities and resources in the centre supported the resident to achieve her individual personal goals and supported her to further develop her independent living skills. In discussion with the provider representative, it was acknowledged that when considering any future admissions to the centre, in addition to a compatibility assessment with the current resident, the prospective resident's assessed needs and the resources available in the centre would need to be considered .

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of the resident and the safe delivery of services.

The woman living in the centre received continuity of care and support. There was a consistent staff team in the centre comprising of one social care worker and three care assistants. It was explained that within the core staff team of four, it was possible to cover leave. The person in charge reported that on the rare occasion that relief staff are required, they are sourced from within the organisation and are familiar to, and with, the person living in the centre. There was a planned and actual staff rota in the centre. The person in charge reported that this reflected the current support needs of the

resident. Previously, additional staffing hours had been provided; however, due to improvements in the resident's health and increased independence these were gradually reduced. The inspector reviewed a sample of staff personnel files. All reviewed contained the information as required by Regulation 15.

The majority of staff had up-to-date mandatory training. However as outlined under Outcome 8, two staff were scheduled to attend training on how to respond to behaviour that is challenging, including de-escalation and intervention techniques. The person in charge reported that a performance management system was in place in the centre for two of the staff team, others were still going through the probation process. A formal supervision process was planned to be introduced in the new year. The person in charge reported that she had not yet completed a performance management review or formal supervision sessions with her line manager. However, they were frequently in contact and met regularly. The representative of the provider advised the inspector that the organisation is hoping to source training in these areas for senior management.

The person in charge informed inspectors that there were no volunteers working in the centre.

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):

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in full. Inspectors found that systems were in place to maintain complete and accurate records in the centre. However, it was identified that a record of dates that the resident was not residing at the centre was not maintained.

The records reviewed were comprehensive, accurate and up to date. These were stored in the staff office in the centre. The person in charge told inspectors that the person living in the centre could access her own records if she wished. As outlined in Outcome

5, a folder containing copies of some documents that comprised her personal plan was kept by the resident. She had chosen which documents to include and went through the folder with the inspector. As a result of this duplication, the resident did not always have a copy of the most up-to-date document, for example her personal emergency evacuation procedure. A residents' guide was available in the centre.

It was identified that there was no record of dates that the resident was not residing at the centre. In addition, it was stated in the resident's contract that a record of her personal property would be kept in the centre, reviewed and signed annually. The record on file regarding the resident's property was dated June 2014. The person in charge advised the inspector that both of these records issues would be addressed.

There were operational policies and procedures in place. The inspector looked at a sample of policies; all had been reviewed recently.

The designated centre was adequately insured. Inspectors reviewed a document outlining the insurance in place, dated 8 November 2017.

Judgment:
Substantially 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:

Caitriona Twomey
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 Southern Services
Centre ID:	OSV-0002264
Date of Inspection:	05 December 2017
Date of response:	18 January 2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

It was not always documented if the resident was satisfied with the outcome of the complaint.

1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

A review will be carried out of all complaints to ensure the resident's satisfaction with the outcome of the complaint is documented in the complaints log.

Proposed Timescale: 31/01/2018

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Not all of the financial contributions made by the resident, as outlined to the inspector, were included in the contract for the provision of services.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

1. The current system of resident contribution to household running costs designed to promote residents independence and choice will be aligned to the HSE statutory contribution requirements of residents.
2. The Person in Charge will ensure that the operational changes for residents is minimal and that changes and rationale for the changes are clearly outlined to the residents. The updated Contract of Care outlining the amount of the statutory contribution required of residents will be part of this discussion.
3. A review of resident's contributions to date against the statutory amount payable will be undertaken and any refunds due will be made in line with the HSE processes in this regard.

Proposed Timescale: 31/01/2018

Outcome 05: Social Care Needs

Theme: Effective Services

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

The person responsible for supporting the resident in pursuing goals and the timeframe was not always clearly identified.

3. Action Required:

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

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

The name of those responsible for pursuing goals in the residents Personal Plan will be included in the plan with agreed timescales. This will be put in finalised at the next formal review in March 2018.

Proposed Timescale: 28/03/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Some hazards required formal identification and risk assessment.

4. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

A full review of Risks and Hazards in the Centre will be carried out and risk assessed. Risk Management Plans will set out actions will be taken to remedy same.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

It was not possible to access the designated assembly point from the fire exit to the rear of the centre.

5. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Access is now in place to the designated assembly point from the exit to the rear of centre.

Proposed Timescale: 15/12/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The healthcare plan in place did not address times of acute illness, requiring hospital admission.

6. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

The healthcare plan will be written up to address the protocol to be followed at times of acute illness that requires hospital admission. The protocol will be finalised at next multidisciplinary annual review meeting in March 2018.

Proposed Timescale: 31/03/2018

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 prescription regarding PRN medication did not provide the required information in a format accessible to the resident who self-administers this medication.

7. 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:

An accessible / easy to read format on the use of PRN medication including maximum dosage in a 24-hour period will be made available to the resident.

Proposed Timescale: 13/12/2017

Theme: Health and Development

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

Segregated storage facilities were not available for out of date or returned medicines.

8. 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 segregated storage facility is now available for out of date or returned medications.

Proposed Timescale: 17/01/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include all of the information outlined in Schedule 1 of the regulations, including the arrangements made for the supervision of therapeutic techniques and the total staffing complement in full-time equivalents.

9. 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 and Purpose will be reviewed and updated to include all of the information outlined in schedule 1 of the regulations, including

- supervision process for of the multidisciplinary team inputs and
- the whole time equivalent staffing complement.

Proposed Timescale: 19/01/2018

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory

requirement in the following respect:

Not all of the records as outlined in Schedule 4 of the regulations were kept in respect of the designated centre.

10. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

A record of dates that the resident is present in or absent from the Centre will be set up.

The record of resident's personal property will be reviewed and signed off by the resident/representative on an annual basis.

Proposed Timescale: 31/01/2018