Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	No.1 Seaholly
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	19 and 20 June 2018
Centre ID:	OSV-0004574
Fieldwork ID:	MON-0021567

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre is located in Cork City suburbs. It is within access to shops, transport and amenities. The service is managed by The Brothers of Charity Ireland. The centre has been adapted to meet residents' needs and is a four-bedroom, ground floor premises. One bedroom is used for staff to sleep over at night in addition to a waking night staff. In total three residents live in this centre. This centre was set up to provide a specialist service for people with an intellectual disability, including autism. It has an integrated day service. The centre's focus is on understanding and meeting the individual needs of each resident, by creating as homely an environment as possible. Residents are encouraged to live a meaningful everyday life by participating in household, social and leisure activities. Each individual is assessed, and a plan put in place. As residents' needs change, their individual plan of care is adapted and appropriate supports provided by staff. The ethos in this centre is to build a better world for every human being. The organisation works to develop supports and services based on the needs and choices of each individual.

The following information outlines some additional data on this centre.

Current registration end date:	22/11/2018
Number of residents on the date of inspection:	3

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
19 June 2018	09:00hrs to 17:00hrs	Margaret O'Regan	Lead
20 June 2018	09:00hrs to 17:00hrs	Margaret O'Regan	Lead
19 June 2018	09:00hrs to 17:00hrs	Elaine McKeown	Support
20 June 2018	09:00hrs to 17:00hrs	Elaine McKeown	Support

Views of people who use the service

The inspectors met with the three residents who resided in this centre. Residents communicated in a non verbal manner. The inspectors observed residents and noted the positive interactions that took place between residents and staff. Staff were able to interpret resident's signals, needs and preferences. Residents were seen to be relaxed in the company of staff and expressed their ease by being unperturbed about the inspection and continuing with their routines. There was a calm atmosphere in this home throughout the two days of inspection. Residents were observed listening to going out for walks, attending their day services and relaxing in the centre.

Capacity and capability

Inspectors observed that overall, the governance, management and oversight of the delivery of the service was good but some improvements were required, in particular in the manner in which information was relayed to management and staff.

The person in charge was appointed as person in charge for a number of centres on campus. The provider was actively working to address the number of centres, persons in charge within the organisation managed. In the week prior to this inspection, the Health Information and Quality Authority (HIQA) had been informed by the provider, that the person in charge arrangements were to change in the week post inspection. There were no issues with regards to the suitability of either the outgoing or the incoming person in charge. The impending changes were aimed at making the workload of the person in charge more manageable. This had been identified on a number of HIQA inspections as an area needing to be addressed.

Both the current and future persons in charge were aware that such changes were to take place at some stage but neither the incoming or the outgoing persons in charge appeared to be aware of the time frame for this to occur. Apart from this lapse in effective communication, the impact of this was, that important matters being discussed the day after inspection and from which decisions would be taken, did not involve the incoming person in charge even though they would be the person responsible for implementing the actions. In addition, the inspectors noted that neither the night supervisor nor the house leader were aware of these imminent changes, changes that affected their reporting line structure. As an aside, there was a general lack of clarity regarding night staff reporting structures.

Systems were in place where residents and staff could raise concerns, queries or comments regarding the quality and safety of care delivered. The service being

delivered to residents was observed to be in keeping with the centre's current statement of purpose. Staff were observed engaging with residents in a person centred and respectful manner.

There were sufficient staff on duty with the required skills to provide support to the residents. There was a low staff turnover which aided the consistency of care. Nursing care was available on site daily. Staff rosters were in place. Much care was taken between the night supervisor and the house leader to ensure the skill-mix of staff was appropriate to the needs of residents, in particular in instances where relief staff were covering shifts.

Staff were provided with training in line with the residents' needs. However, one staff member was awaiting training in managing behaviours that challenge, safeguarding and moving and handling. A number of staff were awaiting food hygiene training. Staff received formal supervision from the house leader and regular staff meetings took place. Minutes of these staff meetings were maintained.

The management of complaints was not in line with the centre's complaints policy and there was a delay in recording one complaint. For example, a complaint was received on 1 May 18; however, it was not logged in the complaints log and the person in charge only became aware of it on 19 June 18. The complainant in this instance was responded to; however, the response time was outside the organisations policy of issuing a response within five days.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application for the renewal of the centre's registration.

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The provider submitted information with regards to the changes in persons participating in the management of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was providing effective governance, operational management and administration of the centre. She was appropriately qualified and experienced for this role.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with the required skills to provide support to the residents. There was a low staff turnover with aided with consistency of care. Nursing care was available on site daily. Staff rosters were in place. Much care was taken between the night supervisor and the house leader to ensure the skill mix of staff was appropriate to the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Overall there was a good staff training programme in place. However, one staff member, employed with the organisation for approximately 12 months, had not completed their mandatory training requirements. Other staff were up to date in mandatory training.

Staff were scheduled to complete food safety awareness but at the time of inspection this staff training need was outstanding.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a lack of clarity around the management structure; for example, a lack of clarity with regards to who the night time supervisors reported to and a lack of clarity about the impending changes to the person in charge.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was an error in the statement of purpose in relation to the stated holiday arrangements for residents.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The management of complaints was not in line with the centre's complaints policy and there was a delay in recording one complaint.

Judgment: Not compliant

Quality and safety

Overall this was a well-maintained and attractively decorated home. However, there was a delay in altering one resident's apartment to best meet that resident's current needs. Another room used by residents for therapies, did not have adequate ventilation. It was an internal room with a high roof window. No mechanism was available to open this window to allow air to circulate. There was no mechanical ventilation in this room.

Each resident's privacy was respected, with residents having their own rooms. These rooms were decorated according to individual preferences. There was good flexibility in the centre around routines and this was combined with good organisation by front line staff. Residents consent was sought for interventions. Residents chose what clothes to wear, when to go for walks, and when they wished to be alone.

Residents and family members were involved in determining the services they received and invited to annual review meetings. Residents independence was promoted. The effective delivery of services resulted in a high standard of health and social care provided to residents. This was confirmed by the inspectors' observations, examination of documentation, and from discussions with staff.

The approach to care was individual and tailored to each resident's specific needs. Staff were respectful in their communication with residents, in how interventions were documented and in how they referred to residents. There were detailed written assessments and plans in place. These plans were reviewed regularly. The plans were generally reflective of the resident's needs and written in a person centred manner. However, minor improvements were required such as signing and dating changes to the plan and ensuring that the plan was adhered to, or updated if the actions in the plan were no longer required. For example, one plan stated that a resident's blood pressure and temperature were to be checked twice daily, this did

not occur and it was likely it was no longer necessary. The multidisciplinary team were involved in assessment and care planning.

A suite of services were available to residents in supporting their needs. These included services from the Brothers of Charity on site support including, physiotherapy, psychiatry and speech and language therapy. Residents had regular visits from the general practitioner (GP) and had access to out of hours GP services.

Residents had access to transport, community activities and activities that interested them. The inspectors noted that residents enjoyed dining out, going for forest walks and feeding the hens.

There were no barriers to staff reporting concerns; however, from the documentation examined, one staff member did not have training in safeguarding vulnerable adults.

Aside from some premises issues to be addressed, the centre was found to be in substantial compliance with regulations and standards pertaining to the quality and safety of the service offered.

Regulation 10: Communication

The presence of regular staff enhanced effective communication. Where indicated the services of speech and language therapy was sought. Residents were supported to use assistive technology to support their communication needs

Judgment: Compliant

Regulation 13: General welfare and development

The care provided to residents was appropriate to the nature and extent of residents assessed needs. Much effort was made to ensure residents had access to occupation and recreation that interested them and utilised their skills.

Judgment: Compliant

Regulation 17: Premises

The relaxation room needed to be redesigned to meet the resident's current needs.

There was inadequate ventilation in one internal room.

Judgment: Not compliant

Regulation 26: Risk management procedures

A risk log was in place and regularly updated. However, individual risk assessments were not available for each of the risks identified in the log.

Judgment: Substantially compliant

Regulation 28: Fire precautions

All but one staff member had up to date fire safety awareness training. The personal emergency egress plan for one resident was actioned in the six monthly review, as a priority to be updated; however, this had not occurred.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Overall the management of medication was good. There was a significant decrease from quarter one 2018 to quarter two 2018, in the number of times chemical interventions were used.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Minor improvements were required to the care plans, such as signing and dating small changes to the plan as per the centre's policy and ensuring that the plan was adhered to or updated if the actions in the plan were no longer required.

Judgment: Substantially compliant

Regulation 6: Health care

There were good improvements in health outcomes for residents. For example, skin conditions were well managed. Such improvements had a significant positive impact for residents quality of life.

Judgment: Compliant

Regulation 7: Positive behavioural support

One staff member did not have training in responding to behaviour that is challenging and to support residents to manage their behaviour.

The behavioural support interventions requested by staff were not adequately provided for.

Judgment: Not compliant

Regulation 8: Protection

All but one staff were up to date with their training on safeguarding. They were familiar with the process of reporting any concerns in relation to abuse.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for No.1 Seaholly OSV-0004574

Inspection ID: MON-0021567

Date of inspection: 19 & 20/06/2018

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All staff due Food Safety awareness training will complete this training by 30/09/2018. • One staff member requiring training will have completed all of the mandatory trainings by 09/10/18	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Additional Managers have been recruited by the Provider to the role of Persons in Charge and are in the process of being inducted into the role. These appointments will reduce the number and geographical spread of designated centres of the Person in Charge of No.1 Seaholly. • The Sector manager (PPIM) provided written updates to staff regarding the structural changes for the Person in Charge role on the 02/07/18. Further information on the exact date of changeover of Person in Charge will issue to staff once all of the new managers have completed management training. [31 August 2018] • The management structure and lines of accountability have been clearly defined for staff. The Person in Charge meets with the Social care leader and night	

supervisors monthly. The Peron in Charge will arrange for night staff to attend team meetings on a regular basis.
- The night supervisors attend the social care leaders meetings quarterly to ensure effective communication across the shift patterns.

- The Centre has a sleepover staff who works directly with the night awake staff ensuring effective communication across the shift patterns.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- .T he statement of Purpose has been amended to remove the statement regarding arrangements during holiday periods, which is outdated
- All other items detailed in schedule 1 are included in the statement of purpose.
- The Person in Charge and Provider will ensure that the latest version of the Statement of Purpose is available in the Centre.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The Person in Charge will ensure that local informal complaints are logged in the Complaints log and acknowledged within 5 working days.
- The Person in Charge will ensure that all formal Complaints are logged in the Complaints Log and acknowledged by the Complaints Officer within 5 working days.
- If the Complaint cannot be acknowledged in this timeframe, an apology will be issued with the acknowledgement and the reason for the delay will be noted in the Complaints log.
- The Person in Charge will continue to monitor the complaints log to ensure that complaints are dealt with in a timely manner.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
- Renovations to a bathroom and the addition of ventilation in two rooms. Completion date 31/08/18
- The relaxation room will be redesigned to meet the resident's needs [30/09/2018]

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • The services will be utilising the HSE risk register template that will support staff in identifying and rating risks. Training staff in its use has commenced in the Centre. • A review of the risk register is scheduled for 25/07/18; all identified risks will have an associate risk assessment. • All unit leaders received positive risk assessment training on the 11/04/18 to ensure that control measures are proportional to the risk identified. • Learning from incidents forms part of the agenda for Centre team meetings	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Fire precautions are reviewed within agreed timeframes and regular day/night evacuations are occurring at intervals throughout the year. • All equipment is maintained within the agreed timeframes. • One Staff member requiring fire safety training is booked for 05/09/18. • An action from a 6 monthly unannounced inspection- to update one residents personal evacuation plan was reviewed was completed 25/07/18	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • Residents attend their personal plan meetings as appropriate, family members are also welcomed to attend. • All residents personal plans including the goals set were discussed and agreed at the annual multi-disciplinary review on 06/06/18 • The residents' personal plans are scheduled for review on the 25/07/18 to ensure that the plans are signed and dated and to assess the effectiveness of the plan. This review will note plans adhered to and actions no longer required with reasons	

therefor.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- All residents had an annual multidisciplinary review on 06/06/18
- Positive Behaviour support team commenced the assessment for one resident in the Centre on the 15/06/18.
- As part of the ongoing monitoring of the behavour support plans residents will continue to have regular Periodic Service Review meetings with multi-disciplinary input, which ensures that the behaviour support plan is implemented including reviewing the proactive/reactive strategies in use for the resident.
- A new PRN reporting form was implemented on 06/06/18, which will evidence the alternative measures that were trialed prior to a restriction being implemented.
- Staff member requiring training in Positive behavior support will receive training on 08/10/18.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The Centre will ensure compliance with regulation 8 by:

- Awareness training was delivered to the Unit Leaders on safeguarding concerns and zero tolerance [21/02/18].
- Ensure that all staff have received refresher Safeguarding training, remaining staff member is booked for 10/07/18
- Regular Risk Management Meetings will be scheduled and the issue of Safeguarding will form part of the standing agenda.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	09/10/18
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/09/18
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/18
Regulation 23(1)(b)	The registered provider shall ensure that there is	Not Compliant	Orange	02/07/18

	a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Yellow	31/08 /18
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	25/07/18
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	25/07/18

Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	25/07/18
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	23/07/18
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	19/06/18
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on	Substantially Compliant	Yellow	25/07/18

	an annual basis.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	25/07/18
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	15/06/18
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	10/07/18