

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kingfisher 1
Centre ID:	OSV-0004836
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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 following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 January 2018 15:00 To: 03 January 2018 20:30

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

Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to follow up on matters from the previous inspection. The last inspection was carried out in June 2017. This inspection was also to meet with the recently appointed person in charge.

How evidence was gathered:

As part of the inspection, the inspector met with all 10 residents residing in the centre. Residents were able to express their views of the service provided both verbally and non-verbally. Residents told the inspector they were satisfied with the care provided to them, the facilities made available and the approach of staff who assisted them. The inspector noted that since the June 2017 inspection, the number of residents in one house had reduced from five to four. This had a significant positive benefit for residents.

The inspector spoke with staff who shared their views about the care provided. The inspector spoke with the person in charge and gained an insight into their role in the operation of the centre. The inspector examined documentation such as care plans, risk assessments and medication records.

The person in charge was present for the inspector's feedback at the end of the inspection.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. The statement of purpose described the centre as one which endeavored to provide a homely environment for the residents. Both houses in this centre were homely and achieved the aim as set out in the statement of purpose.

This centre comprised two, two-storey houses in the suburbs of Limerick city. The houses had capacity to cater for 11 residents. At the time of inspection 10 residents were living in the centre. There were no plans to increase the occupancy as the benefits of reduced occupancy were beneficial to the residents.

Residents were accommodated in single occupancy bedrooms with ensuite facilities. Each house had sitting rooms, a fitted kitchen, dining area, an office, toilet facilities and a garden. The houses were well-maintained.

Male and female residents were accommodated in this service. Residents were able to get out and about on a daily basis. Transport was available to support residents avail of trips to local shops and other local amenities. Residents availed of day services Monday to Friday.

Overall judgement of our findings:

The flexibility around care practices helped to ensure that residents retained their independence yet obtained the support they required as their needs dictated. Some of these needs were complex both medically and socially. The person in charge was aware of these complex needs and was committed to supporting each resident to achieve a good quality of life and support each resident's independence in so far as practicable.

The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw residents enjoying chatting with other residents, enjoying chatting with staff and coming home from their work. Residents had opportunities to spend leisure time together and develop friendships.

The inspector was satisfied the healthcare needs of residents were appropriately attended to. Residents told the inspector they liked their home and liked the people who they lived with. Residents were particularly keen to tell the inspector how satisfied they were with the staff that worked in the houses. From discussions with staff, it was clear staff took a great interest in each resident and in particular in liaising with residents' families and supporting residents to visit their family home.

The inspector found the action plans from the previous inspection had been addressed. One non compliance was noted on this inspection. This was under governance and management. The recently appointed person in charge had appropriate management experience for the role. He was involved in the day-to-day operation of the centre and was well known to both residents and staff. However, the person in charge had yet to complete a management qualification. The inspector was informed this matter was in the process of being addressed.

These findings are outlined under each outcome in 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 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):

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

Findings:

As noted on previous inspections, the centre was comfortable well-maintained and attractively decorated. The design and layout of the centre was in line with the statement of purpose, which was to provide an environment that was homely. The premises met the needs of current residents. The design and layout of single occupancy ensuite bedrooms promoted residents' dignity and independence. The premises had suitable heating, lighting and ventilation. There were sufficient furnishings, fixtures and fittings.

There was adequate private and communal accommodation. There was a well-equipped kitchen with sufficient cooking facilities and equipment in each house. There were adequate toilets, bathrooms and showers. The number of residents had decreased from five to four in one house. This facilitated extra space and a larger bedroom for one resident. Staff and residents reported the reduction in occupancy had a positive impact on the overall quality of life for the remaining residents.

There was suitable outside areas for residents. Cleaning of the patio area had been addressed since the previous inspection.

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:

On the last inspection adequate emergency lighting was not in place. Subsequent to that inspection, the provider submitted a time bound plan to address this matter. The centre was subsequently registered on condition that the emergency lighting and fire alarm system be upgraded by 12th March 2018. The person in charge was satisfied that the work would be completed by this date.

Judgment:

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:

Since the previous inspection the inspector had been notified of two possible safeguarding issues. These notifications were submitted to HIQA in line with the person in charge's responsibility to notify of such instances. Both matters had been investigated, reported to the officer designated to deal with allegations of abuse and reported, as required, the Health Service Executive (HSE).

It was evident from the documentation examined that there was multidisciplinary input into devising positive behaviour support plans for residents. There were regular safeguarding meetings, regular psychological reports and regular review as to the effectiveness of the positive behaviour support plan. The plan set out what the team were trying to achieve and the supports that were needed to achieve this. At the time of this inspection there were no open safeguarding issues. From the documentation viewed and from speaking with staff, the inspector concluded that residents' behaviour was closely monitored. This monitoring was carried out with a good understanding and respect for each individual's autonomy and needs. Work had been undertaken in

promoting positive relationships. The multidisciplinary team examined in detail the impact and risk for each resident of sharing accommodation or services with other residents. Controls were put in place to manage the risk and there was no escalation of the risks assessed. Some of the risks had reduced.

A regular cohort of staff was assigned to this centre to ensure continuity for both residents and staff. Every effort was made to ensure staff leave was covered by the same staff member for the duration of the leave. It had been identified by residents via their advocacy forums that continuity of staff impacted on the quality of the service they received. In order to progress this important matter, residents with support from staff, made a video explaining the impact of staff moves on their lives. This video was presented at a national conference, to the Brothers of Charity senior management team and to HSE personnel.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

On the last inspection, medication management practice was not fully reflective of the centre's policy. For example, the checking of medication delivered to the centre was not recorded as being checked in the manner set out in the centre's policy. A different checking form (less detailed) was used than the policy stated form. This matter was addressed immediately following that inspection.

Residents were facilitated to develop a relationship with their pharmacist and vice versa. Residents collected their own medications from the local pharmacy in the company of staff.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The recently appointed person in charge had five years experience as a manager of a social care service for persons with an intellectual disability. However, the person in charge had not completed a qualification in health or social care management.

A clearly defined management structure was in place that identified the lines of authority and accountability. The person in charge was satisfied with the support he received in his new role from his line management structures. Staff and residents reported to have easy and regular access to the person in charge. Communications between the person in charge and residents was noted to be warm, friendly and respectful.

Management systems were in place such as annual reports and six monthly unannounced inspections by the provider, to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Arrangements were in place to support, develop and performance manage members of the workforce. Staff were facilitated to raise matters about the quality and safety of the care and support provided to residents via the regular staff meetings that took place and the ease at which staff could access the person in charge.

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:

Margaret O'Regan
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-0004836
Date of Inspection:	03 January 2018
Date of response:	06 April 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 14: Governance and Management

Theme: Leadership, Governance and Management

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

The recently appointed person in charge had five years experience as a manager of a social care service for persons with an intellectual disability. However, the person in charge had not completed a qualification in health or social care management.

1. Action Required:

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

Under Regulation 14 (3) (b) you are required to: Regulation 14 (3) (b) Ensure the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations came into operation has an appropriate qualification in health or social care management at an appropriate level.

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

BOCIRL will source a management course suitable to the role for the PIC. The PPIM & PIC have started to source available courses. Some have been identified and the PPIM is awaiting course content. We will continue to link with the inspector around the suitability of courses which are sourced. The PIC will continue to be supervised by the PPIM. The PIC will have started a management course before the end of 2018.

Proposed Timescale: 31/12/2018