



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

Name of designated centre:	Dun Aoibhinn Services - Cashel
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 November 2018
Centre ID:	OSV-0005060
Fieldwork ID:	MON-0025604

About the designated centre

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

Dun Aoibhinn Services - Cashel consists of a two detached bungalows, located in the environs of an urban area. The centre provides long term residential care for a maximum of twelve residents with moderate to profound intellectual disability and those with additional support needs such as physical disability, mental health diagnoses and Autism Spectrum Disorder. The centre is open 24 hours a day, 365 days of the year. Each resident has their own bedroom and other facilities in the two bungalows include kitchens, sitting rooms, visitors' rooms, bathroom facilities and garden areas. Staff support is provided by nurses, social care staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

11

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
28 November 2018	10:15hrs to 18:45hrs	Conor Dennehy	Lead

Views of people who use the service

The inspector met nine of the eleven residents who were living in the centre at the time of this inspection. These residents used a mixture of verbal and non-verbal communication. As a result the inspector engaged with residents in a number of ways. For example, some residents were observed in their environments and in their interactions with staff while three residents spoke to the inspector.

Resident and staff interactions were observed by the inspector. It was noted that residents appeared relaxed in staff members' presence. Residents and staff were also seen engaging together in a positive, respectful manner while appropriate care was observed to be provided by staff where necessary. It was also seen that residents appeared comfortable within their living environment.

Residents spoken with indicated that they liked living in the centre and were happy with the support that was available from staff members. Two of the residents that the inspector spoke to also said that they felt safe while living in the centre.

Capacity and capability

The provider had ensured that structures were put in place to ensure that residents living in this centre were kept safe and were appropriately supported. Some improvements were required in staffing where it was noted that improvement was required in relation to the arrangements for the provision of nursing staff and in maintaining a continuity of staff.

In September 2018 HIQA received a statutory notification from this centre which related to an alleged safeguarding incident. While HIQA was satisfied that there was not an immediate risk to residents living in this centre at the time of receipt, the information received did not provide assurances regarding the safeguarding processes followed and staff knowledge in this area. As a result the primary focus of this inspection was to assess compliance in such areas.

The provider had policies and procedures in place relating to safeguarding. As part of these a designated officer was in place who was responsible for dealing with safeguarding issues. The designated officer was supported by a Management and Monitoring Group who oversaw safeguarding practices within this centre and the provider's other designated centres in the area. This group met regularly and reviewed any matters of concern. Where necessary actions were taken which were subsequently followed up on. This provided assurance that there was adequate oversight of safeguarding practices within this designated centre while staff reported

that there were no barriers to raising any concerns.

The provider was actively monitoring the safety and quality of care in the centre and demonstrated the ability to self identify and address areas for improvement. This centre had last been inspected by HIQA in August 2016 and since then the provider had ensured that unannounced visits at six monthly intervals, as required by the regulations, had been carried out. Where necessary a corresponding action plan was put in place to respond to any issues identified by these visits. Such provider unannounced visits are important in reviewing the quality and safety of care and support that is provided to residents.

It was also noted that the provider carried out annual reviews for 2016 and 2017. While reviewing the annual review for 2017 it was seen that it reflected consultation which the provider had carried out with residents and their representatives. Other management systems in place to review the service provided included audits in areas such as medicines and health and safety. It was also seen that arrangements for the supervision of staff were in place while staff team meetings were taking place at regular intervals where issues as safeguarding were discussed.

Such management systems had highlighted staffing vacancies that existed within the centre. While the provider was making concerted efforts to address such vacancies, some positions continued to be unfilled at the time of this inspection. As a result the provider was not always providing for the staffing arrangements as outlined in the centre's statement of purpose which is an important governance document in setting out the service to be provided to residents.

For example, from talking to staff members, the inspector was informed of instances where the centre's allotted nursing staff was not in place in the centre. This was confirmed by a review of rosters in the centre. To mitigate against this the provider had an on-call system in place which was utilised. However, given the assessed needs of residents' living in the centre and the requirements as set out in the statement of purpose the provider was not demonstrating that the appropriate skill mix was being maintained. While the number of instances where nursing staff was not present in the centre had decreased in recent months, it was noted to have occurred twice in October 2018 and twice in November 2018. This was an area which the provider was required to assess and review to ensure that residents were cared for by the appropriately qualified people at all times.

In seeking to fill any vacancies the provider was looking to ensure that a core staff team was present in the centre. It was noted though that, while efforts were made in the centre to ensure a consistency of staff, a review of staff rosters indicated that a high number of non-regular staff, including some agency staff, had worked in the centre since the beginning of August 2018. A consistency of staff is important to ensure that relationships are not disrupted and a continuity of care is promoted.

However, the inspector observed staff members present during this inspection engaging with residents in a positive, respectful and warm manner while providing appropriate support if required. Staff members spoken to during the inspection were able to accurately describe the specific needs of the residents and the supports

required to provide for these. Residents spoken to during this inspection also told the inspector that they were happy with the staff support provided to them.

In addition, the staff members which the inspector spoke to demonstrated a good knowledge of the safeguarding procedures to be followed if required and the supports that were to be provided to residents. This provided assurance to the inspector that residents were provided with a safe and quality service. It was also noted that staff were provided with a range of training including training specific to residents' changing needs although some staff were overdue refresher training in some areas including fire safety and safeguarding.

Regulation 15: Staffing

There were a number of instances observed in the previous six months where the centre's allotted nursing compliment had not being provided in accordance with the statement of purpose and the assessed needs of the residents. It was also noted that a high number of non-regular staff had worked in the centre in recent months including some agency staff. Therefore it was not demonstrated that continuity of care was being supported. Planned and actual rosters were maintained but the inspector noted two instances where the name of agency staff members who worked in the centre were not evident in the rosters. Staff files were not reviewed during this inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

Arrangements were in place for staff members to receive supervision. Training was provided to staff members in a number of areas including areas which reflected the changing needs of residents. From training records reviewed it was observed that some staff members were overdue refresher training in areas such as fire safety and safeguarding.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The inspector was provided with a directory of residents which was noted to contain a record of all the matters as required by the regulations such as residents' names, residents' next of kin and the name of residents' general practitioner. It was noted though that the details of one resident who had commenced living in the centre

during 2018 was not included in the directory of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider has systems in place to ensure that the service provided to residents was safe. As part of this a Management and Monitoring Group was in place to oversee safeguarding in the centre while staff reported that there were no barriers to raising any concerns. The provider had also ensured that unannounced visits and annual reviews were being carried as required in addition to audits in areas such as medication and health and safety.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had policies and procedures in place regarding complaints. Information on how to make complaints was available in the centre and staff members supported residents to make complaints. A record of complaints was maintained in the centre which included details of the complaints made and any actions taken following the complaints.

Judgment: Compliant

Quality and safety

The inspector was satisfied that residents were provided with a safe service in a centre which was suited to their needs. Some improvement was required in relation to the process for managing residents' finances to ensure that a robust system was in place.

Staff members spoken with during this inspection demonstrated a good awareness of the procedures to be followed, as set out in the provider's policies in this area, in the event that a safeguarding concern arose. Staff members were aware of the designated officer's identity and information on how to contact them was on display in the centre. It was reported by staff members spoken to that there were no barriers to reporting any concerns.

Where necessary safeguarding plans were in place while staff members present

during this inspection were also aware of any safeguarding issues present in the centre. The inspector also noted one occasion where concerns expressed by a resident were acted upon appropriately by a staff member in accordance with the provider's policies. Training records reviewed indicated that all staff had been provided with safeguarding training although some were overdue refresher training.

Intimate care plans for residents were in place that provided guidance on the appropriate care that was to be provided for such activities while ensuring residents' dignity and bodily integrity. The inspectors reviewed a sample of such plans and noted that they had been reviewed within the previous 12 months. Staff members spoken demonstrated an awareness of these plans while outlining the support that they would provide to residents.

Support was also given to residents in managing their finances. While the inspector did not observe any evidence that residents' finances were being mishandled, the process in place for managing residents' finances required review to ensure that it was sufficiently robust to protect residents from any possible financial abuse. For example, some receipts of purchases residents were supported to make were noted not be signed by any member of staff. The inspector also observed that the total balances maintained in some residents' current accounts were in excess of the maximum amount permitted by the provider's own policies.

Throughout this inspection residents were seen to be comfortable and relaxed in the presence of staff members. Positive and warm interactions were also observed between residents and staff members who seen to provide appropriate support where required. Two residents who spoke with the inspector indicated that they felt safe while living in the centre and were happy with the people they lived with.

Based on observations and discussions with staff members and residents, the inspector was satisfied that the centre was suited to meet the needs of the eleven residents living there at the time of this inspection although this would need to be kept under review. The inspector reviewed the personal plan of one resident who had come to live in the centre during 2018. It was noted that this plan outlined the supports that were to be provided to the resident which were known to staff members spoken to and were also observed to be followed.

The inspector also reviewed the management of a specialised feeding system for one resident. It was found that since the previous inspection additional training had been provided on the management of this system. It was also noted that appropriate guidance was in place while records reviewed indicated that equipment checks, cleaning, storage and maintenance of this system was being carried out as required with clear records maintained.

During the course of the inspection, the inspector followed up on some actions arising from the previous HIQA inspection relating to restrictive practices. In the context of one particular restrictive practice it was found that the provider had made attempts to introduce alternative measures while it was noted that any restrictions within the centre had been reviewed by the provider's human rights committee in 2018.

Regulation 5: Individual assessment and personal plan

The designated centre was suited to meet the needs of residents living there at the time of this inspection although this would need to be kept under review. One resident had been admitted to the centre in 2018 and it was noted that this plan outlined the supports that were to be provided to the resident which was known to staff members spoken to. Such supports were also observed to be followed in practice.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that appropriate arrangements were in place for the management of a specialised feeding system for one resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

It was seen that any restrictions within the centre had been reviewed by the provider's human rights committee in 2018. For one particular restrictive practice, as highlighted during the August 2016 inspection, it was found that the provider had made attempts to introduce alternative measures.

Judgment: Compliant

Regulation 8: Protection

Staff members spoken to demonstrated a good understanding of the procedures to be followed and any safeguarding issues present in the centre. Records reviewed indicated that relevant training had been provided to all staff. Intimate care plans were in place to provide guidance in this area. While support was given to residents in managing their finances, some improvement was required to ensure that a robust system was in place to protect against the possibility of financial abuse.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Dun Aoibhinn Services - Cashel OSV-0005060

Inspection ID: MON-0025604

Date of inspection: 28/11/2018

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: All nursing posts have been filled, recruitment ongoing for relief Nurses. Nursing cover arrangements for leave is in place in both houses.</p> <p>Interviews ongoing to fill other vacant positions. Regular relief staff scheduled to work vacant lines to ensure continuity of care.</p> <p>The PIC shall ensure that all agency staff names are inputted onto the rosters. PIC will inform all staff members of the importance of the accuracy of the information on the rosters at the next staff meeting on 22th January 2019</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has identified and booked staff members on the required training courses.</p>	

Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Directory of Residents has been updated.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>A review of the financial system has been undertaken ensuring arrangements are being made to transfer excess balances in adherence with policy. All staff have been informed of the necessity of adherence to policy regarding the signing of receipts.</p>	

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 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Orange	14/12/2018
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/01/2019
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly	Substantially Compliant	Yellow	29/11/2018

	maintained.			
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	08/01/2019
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	08/01/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	08/01/2019