

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	No 4 Stonecrop
Centre ID:	OSV-0005127
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
31 May 2018 10:00	31 May 2018 18:30
01 June 2018 09:30	01 June 2018 13:30

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 inspection:

The purpose of this inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with disabilities regulations 2013)(hereafter called the regulations) and the National Standards for Residential services for Children and Adults with Disabilities 2013 (hereafter called the Standards), and to inform a registration decision.

How we gathered our evidence:

On the days of inspection, the inspector met with eight residents and five staff

members - including the person in charge (PIC). The inspector observed practices and reviewed documentation such as personal care plans, policies, risk assessments, training records and rosters. The inspector observed interactions between staff and residents and noted that they were respectful at all times. The inspector spent time with all residents and engaged with some residents, who spoke positively of improvements that had occurred. Staff were observed to be aware and informed of residents care and support needs during the inspection. In addition, all staff spoken with had a knowledge and awareness of their roles and responsibilities in the centre; and were also advocates for all residents living in the centre.

Description of the service:

The designated centre consisted of four cottages, located in a complex. The designated centre was located outside a small village on the outskirts of Cork city. There were eight residents living at the designated centre, requiring a high to moderate level of support, who were receiving an individualised service. Their day programmes were built around their care and support needs and reflected their abilities to engage in activities of their choice. There was a vehicle available to the designated centre to support the residents to access community services.

Overall judgment of findings:

Overall, the inspector found this centre had made significant improvements since the last inspection. In addition, actions required from the previous inspection had all been addressed. At the time of inspection some residents were awaiting completion of new accommodation and were looking forward to moving within three weeks. Furthermore, all staff spoke positively of the improvements that had occurred in the centre and of the positive outcomes for all residents. The inspector found that the centre had appropriate management systems in place with effective oversight of the centre.

The findings of this inspection identified 13 outcomes in compliance and five in substantial compliance with the regulations. The outcomes and the findings are further discussed in the body of the report and the action plan at the end.

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 inspector found that the centre's complaints policy was promoted and residents were involved in the running of the centre.

The inspector found that the centre's complaints policy was comprehensive and reflected staff knowledge. In addition, the complaints policy was prominently displayed alongside an accessible version for residents. The inspector observed that information about the complaints officer; which included their photograph and contact details, was also displayed on the communal noticeboard. The centre maintained a record of all complaints received which included the actions taken to resolve the complaint and the complainants' satisfaction with the outcome.

Information on advocacy services was also displayed on the communal notice board.

Residents were supported to access a range of activities both at the centre and in the local community, which reflected their interests and personal plan goals. Activity records and goal planning showed that residents accessed activities such as meals out, shopping and trips to places of interests.

Staff told the inspector that residents participated in residents' meetings. The inspector reviewed meeting minutes and found that residents were involved in decisions about the running of the centre, such as menu planning, shopping and weekly activities. In addition, discussion was recorded, informing residents about advocacy services, fire safety and personal safety.

Judgment:

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 inspector found that residents' communication needs were supported as set out in their personal plans.

Residents' personal plans included assessments of their communication needs, which reflected staff knowledge and observed practices on the day of inspection. The inspector found that residents were supported to communicate their needs through the use of pictures, photographs, symbols and objects of reference. In addition, residents also had access to easy-to-read versions of their personal plans.

The inspector found that the residents had access to radio, television and the internet at the centre. Assistive technology was provided for residents where requested or identified as a need. Assessments were completed for all residents regarding communication needs. The person in charge outlined that all residents were offered choice and their personal plans reflected their assessed needs and choice involving assistive technology.

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 inspector found that residents were supported to maintain personal relationships and engage in activities in their local community.

The centre had an up-to-date visitor's policy and provided facilities for residents to meet family and friends in private. The inspector found that residents' families visited regularly as well as attending annual personal plan reviews and social events, which was reflected in documents reviewed.

Residents access a range of activities in their local community such as personal shopping, restaurants, day trips which reflected their interests and annual personal goals.

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 inspector found that the centre had an up-to-date admissions and discharge policy and residents had written agreements in place.

The centre had an up-to-date admissions and discharge policy which was reflected in their statement of purpose. No new admissions had occurred at the centre prior to the inspection.

Residents' had a written agreement in place, which included the total fees for their residency and any additional charges such as for community activities. Furthermore, the inspector found that the written agreements had been signed by both the provider and the resident or their representative.

Judgment:

Compliant

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):

Findings:

The inspector found that significant improvement had occurred in the management of residents' personal plans. In addition, each resident's social wellbeing was maintained by a high standard of care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre, at day centres and in the community.

Each resident had a personal plan which contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals.

There was an annual meeting for each resident attended by the resident, their family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing. Throughout the year, progress on achieving goals was reviewed by staff. In a sample of files viewed, the inspector found that the goals identified for the previous year had been achieved and current goals were being progressed.

There were a range of activities taking place in day services and residents' involvement was supported by staff. Some residents attended day services while others were supported with individualised programmes.

Staff also supported residents' access to the amenities in the local community such as shopping, eating out, meeting their families, attending sporting events and leisure outings. There was a vehicle available to transport residents to day services or other activities they wished to participate in. Arrangements were also made for residents to take holidays, go for outings and attend activities of their choice.

The inspector reviewed transition plans in place for residents moving to a new service. The plans detailed the support required, planning meetings with the residents and site visits. Residents spoken with regarding the planned move were happy and understood the plans in place.

Judgment:

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 design and layout of the centre suited the needs of residents. However, the centre required maintenance internally and externally throughout. The inspector observed that the centre was clean, warm, suitably furnished and comfortable.

There was a variety of communal space including adequate sitting rooms and suitable kitchens with dining areas provided throughout. The inspector found all kitchens to be well-equipped and clean.

Bedrooms were bright, well furnished and personalised with residents' personal belongings, pictures and souvenirs. Residents had adequate personal storage space and wardrobes.

There was a well equipped utility room with laundry facilities. Residents had access to a washing machine, tumble dryer and outdoor clothes line.

There were suitable arrangements for the disposal of general waste. Refuse bins which were stored externally and were emptied by contract with a private company. There was no clinical waste being generated in the centre.

Residents had good access to the outdoors. There was a safe, well maintained outdoor space to the front and back of the houses.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff.

There was an up-to-date health and safety statement. There was also a risk management policy and risk register which identified measures in place to control identified risks. There were measures in place for control of the risks specifically mentioned in the regulations and these were addressed in separate policies viewed in conjunction with the risk management policy. In addition to environmental risks, personal risks specific to each residents were identified and control measures documented in residents' personal plans. Systems were in place for the regular review of risk.

The inspector reviewed fire safety policies and procedures. There were up-to-date servicing records for all fire fighting equipment, fire alarms and emergency lighting. There was a range of internal safety checks being carried out. For example, weekly checking of fire alarms and escape routes, and these checks were being recorded. The procedures to be followed in the event of fire were displayed. The provider had measures in place to control the spread of fire. All internal doors were fire doors and these had been fitted with self closing mechanisms. Reviews had been completed by a local fire officer, to ensure the centre met compliance.

Fire evacuation drills were being carried out involving all residents and staff. Records of all fire drills were maintained which included the time taken and comments recorded for learning. Records indicated that fire evacuations were completed in a timely manner. However, a drill had not been completed with minimal staffing. Residents also told inspectors how they would evacuate if they heard the fire alarm. All staff had engaged in drills and were familiar with the procedures in place. In addition, all staff were trained in fire safety, at the time of inspection and fire drills were also completed with minimal staffing.

There was an emergency plan which provided guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation.

The building was clean and in a hygienic condition. In addition, all records were maintained for the vehicle attached to the service. This included insurance, maintenance and service checks.

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):

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

Findings:

Overall, the inspector found the provider had adequate measures in place to protect residents from abuse and to ensure residents, with behaviour of concern, were supported.

There were active safeguarding plans in place at the time of this inspection and the inspector found that management team had completed a robust assessment with all required responses in place. There was a safeguarding policy in place to guide staff on identifying and responding to any safeguarding concern, and staff who spoke with the inspector were found to be knowledgeable of this procedure. All staff had received up-to-date training in safeguarding.

Overall, the inspector found that the provider had responded to actions required from the previous inspection. This included; comprehensive forensic assessments, monthly clinical case management reviews and forensic risk assessments. There was also a policy on responding to behaviour that challenges to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours of concern. The plans included prediction of triggers, displayed behaviour, on-going support strategies and reactive strategies. All staff had attended training on managing behaviours that are challenging. The inspector observed staff interacting with residents in a respectful and friendly manner throughout the two days of the inspection. The inspector found that all residents were supported and their care managed effectively without any impact to their independence and choice.

Restrictive practices were in use in the centre; however, the management team ensured that all practices were reviewed and monitored. In addition, these practices were also reported to the Chief Inspector as required.

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):

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

Findings:

Overall, the inspector found that significant improvement had occurred since the last inspection in the management of all incidents.

Records of all incidents occurring in the centre were being maintained and, where required, notified to the Chief Inspector. The inspector found that an NF07 was also required which was linked to recent notifications submitted. The person in charge completed and submitted this during the course of the inspection.

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:

Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.

Residents were involved in basic household chores such as baking and laundry, as a form of skill building. Residents stated that they were involved in doing their laundry and some housekeeping.

There were a range of developmental and social opportunities available to residents both in the day service and the local area. Other activities which residents were involved in included; bowling and social outings. Residents' personal plans contained photos of all outings and activities completed, which involved trips away and visits to local places of

interest. In addition, some residents were supported to engage in the special Olympics in sporting activities.

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:

Overall, the inspector found each resident was supported to achieve and enjoy the best health possible. Residents' healthcare needs were met, with timely access to healthcare services and appropriate treatment. Residents had access to local General Practitioner's (GPs) of their choice. Residents also had access to healthcare specialists, as required; including dietitians, chiropody and ophthalmic services. The centre maintained a clear record of each resident's last visit to these professionals and when their follow-up appointment was due.

Each resident had access to their own dining and kitchen area which was fully equipped with cooking appliances. Residents prepared their own meals with support from staff. Regular opportunities were available to residents to dine out if they wished. Menu planning was regularly discussed with residents and mealtime options based on residents' preferences. The inspector sat with residents and observed interactions at mealtimes during the inspection. The inspector found that there was an individualised approach to support all residents. Staff were observed to treat residents with kindness and respect throughout the inspection. In addition, staff were very knowledgeable about all residents' needs, choices and preferences for support during mealtimes.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents were protected by safe medication management policies and practices. Further improvement was required to the checking of opened products contained in the medication unit.

The person in charge had supported residents to access a pharmacist of their choice and they had support in their dealings with the pharmacist. The person in charge had completed risk assessments for residents and assessments to reflect their capacity to self-medicate.

An inspector reviewed a sample of residents' medication files. These were clear and legible and noted that medication information was filed appropriately with all interventions and guidelines as provided by the pharmacist. Inspectors found that the person in charge and staff were informed and aware of local policies and procedures that were in place for all residents. The prescription sheets for a number of residents were viewed by an inspector who found that each medication was accompanied by a signature from a GP, medication was administered in the required timeframe and discontinued medication was signed off by a GP.

There were procedures in place in relation to ordering, collection and storage of medication for residents. The person in charge informed the inspector, that they had commenced a new system of ordering and the collection of medicines, to ensure stock control was monitored and reduced medication errors. Audits were completed as scheduled by the person in charge. In addition, the pharmacy also provided frequent audits of the medication practice and documentation in the centre. However, the inspector found that the management team had failed to recognise that some medicinal products were not labelled stating date opened. As a result, they had failed to adhere to the guidelines of the medicinal product and manage their stock effectively.

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 inspector found that the statement of purpose was informative and described the services provided in the designated centre. However, it did not meet the requirements of the regulations. The statement of purpose was not available in an accessible format in the centre, at the time of inspection.

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 inspector found the actions identified in the last inspection were completed. Overall, effective management systems were in place that supported and promoted the delivery of safe and quality care. There was a clearly defined management structure and identified lines of authority and accountability. Staff spoken with found the management structure in place responsive and informed of the needs of all residents in the centre and the resources required to support them.

The person in charge had overall responsibility for the centre. They were supported in their role by the provider's representative and the person participating in management. The person in charge was found to have a good knowledge of each residents' needs, and of the operational management of the centre. The person in charge held an administrative role and visited the centre frequently each week to meet with residents and staff. The person in charge told the inspector that they had sufficient time, support and resources to meet all the functions of their role. In addition, the inspector found that the person in charge was forthcoming with required information and was transparent regarding all aspects of the service.

There were management systems in place to ensure the service provided to residents was safe and consistently monitored. The person in charge held regular staff meetings in the centre, where topics specific to the operation of the centre were discussed.

Various monthly meetings were also attended to by the person in charge to include governance meetings and incident review meetings. The person in charge told the inspector that they meet frequently with the local management and fellow person's in charge, to discuss and seek support on any areas of concern within the centre.

An annual review of the service and six-monthly unannounced provider visits were occurring within the centre. These reports were available to inspector on the day of the inspection. Action plans were developed following each visit and demonstrated how the provider planned to address the areas of non-compliance identified. All actions were found to be completed within their specified timeframes. The person in charge informed the inspector that a number of other audits were regularly undertaken in the centre to increase oversight of the centre's general operations. The inspector observed various audits were being conducted in areas such as hygiene, finance, medication, complaints and fire safety

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:

The person in charge and their line manager were aware of the requirement to notify HIQA of the absence of the person in charge.

There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours.

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 statement of purpose. The inspector found there were sufficient resources to support residents achieve their individual personal plans. The centre had access to full-time vehicles.

There were no resource issues identified that impacted on the delivery of appropriate service or provision of suitable care to residents at the time of inspection. In addition, the inspector found that the person in charge had ensured that appropriate resources were in place to support residents when their needs changed or increased.

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:

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had been suitably recruited and had undergone a range of training courses appropriate to their roles.

Staffing levels were based on the needs of residents and were determined by reviews of residents' care needs by the person in charge and the multidisciplinary healthcare team. There was a planned and actual staff roster which the inspector viewed and found to be accurate. Staff were present in the centre to support residents at all times including weekends. Staff also accompanied residents for outings, such as to concerts or trips away. This included when the residents wanted to do things in the local community such as going shopping or for coffee, going for a walk or to attend social events.

Staff confirmed, and training records indicated, that staff had received training in fire safety, adult protection, behaviour management and manual handling, all of which were mandatory in the organisation. In addition, staff had received other training, such as medication management, food safety management and first aid.

The inspector found that staff had been recruited and selected in accordance with the requirements of the regulations. On review of 4 staff files, the inspector found that they contained the information as required by schedule 2.

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:

The inspector found that records and documentation required under regulations were maintained at the centre.

The inspector found that although the centre had all of the written policies as required under schedule 5 of the regulations; the provider had not ensured that all policies were in date, at the time of inspection.

There was a guide to the centre available to residents, which met the requirements of the regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for residents involvement in the running of the centre, how to access inspection reports, the procedure for complaints and the arrangements for visits.

The centre was insured against accidents or injury to residents, staff and visitors and the policy was up-to-date.

The inspector found that records required under the regulations were being maintained

at the centre.

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:

Catherine Glynn
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-0005127
Date of Inspection:	31 May 2018
Date of response:	27 June 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 06: Safe and suitable premises

Theme: Effective Services

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

The provider had failed to ensure that the centre was maintained as required by schedule 6 of the regulations.

1. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6

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

(Matters to be Provided for in Premises of Designated Centre) are met.

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

The internal painting works have now been completed. The external painting of the centre will be completed in July

Proposed Timescale: 27/07/2018

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:

Fire drills had not been completed with minimal staffing levels in the centre at the time of inspection.

2. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The Person in Charge has ensured that the night-time evacuation will be completed and that it will be carried out 3 times per annum. One simulation has already been carried out [11/06/2018] and a second simulation has been arranged.

Proposed Timescale: 30/06/2018

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 person in charge had failed to identify or dispose of medications that were not stored as recommended.

3. 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:

Procedure now in place that all preparations are dated once opened. All opened but undated preparations have been returned to the Pharmacy in line with Services Policy.

Proposed Timescale: 31/05/2018

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 provider had failed to ensure that the statement of purpose contained all information as set out in the regulations.

4. 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 of Purpose has now been updated to reflect the current staffing levels in the centre and will be submitted to the Authority. Forms NF31 and NF30 was submitted to the Authority on 20/06/2018.

Proposed Timescale: 02/07/2018

Theme: Leadership, Governance and Management

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

The provider had not completed an accessible version of the statement of purpose.

5. Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

Easy to read version of the Statement of Purpose will be compiled.

Proposed Timescale: 31/08/2018

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:

The provider had not ensured that all policies were reviewed in line with the requirements of the regulations.

6. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The Provider will ensure that all policies and procedures are updated and kept reviewed as required under regulation.

Proposed Timescale: 31/07/2018