

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	South Tipperary Respite Services
Centre ID:	OSV-0005546
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services South East
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
16 January 2018 12:00	16 January 2018 18:00
17 January 2018 10:00	17 January 2018 19:00

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

This inspection was undertaken in order to inform the decision for registration of this centre. It was the first inspection of the centre in its revised configuration. The revision was undertaken as part of a strategic plan by the provider to better align compatible services. One of the units had been inspected previously in 2016 as part of another designated centre.

This inspection was announced notice and took place over two days. All eighteen outcomes required to demonstrate compliance with the legislation and regulations were inspected against. The actions required from the previous inspection were also

reviewed.

How we gathered our evidence:

As part of the inspection the inspector met and spoke with four residents and all were very happy with the service. They communicated with the inspector in their preferred manner said they looked forward to the respite breaks and really enjoyed the activities they took part in. They also said they enjoyed their day care services and schools.

The inspector also met with the staff, the person in charge, deputy person in charge, regional and service manager. The inspector reviewed documentation including personal plans, accident and incident reports, and policies, procedures and staff files. There was one action required following the previous inspection and this was addressed.

Description of the service:

The statement of purpose states that the service provides respite care for up to 5 adults and five children aged from 3 to 18 yrs, male and female with moderate to profound intellectual and physical disabilities. The needs and preferences of residents and families informs the length of stay but it is usually between one or three evenings. The service is open for up to 17 days each month .The care provided was congruent with the statement of purpose.

The premises are very suitable for purpose and also fully accessible and equipped for the needs of more dependent residents. They are comfortable and homely. One is within easy access to the local town, all amenities with the second further away. Both units have their own transport.

Overall judgement of the findings:

The inspector was satisfied that the provider had systems in place to ensure the service could meet the needs of the residents' and provided a supportive and safe respite service. This resulted in positive experiences for residents the details of which are described in the report.

There were robust and effective governance and oversight systems evident. The inspector found that there had been significant improvements since the last inspection with all except one action satisfactorily resolved. Each unit was managed in a manner appropriate to the age and developmental needs of the residents.

Good practice was identified in areas such as:

- There was good access to social supports and recreation while on respite which made it an enjoyable experience
- Children and adults were treated with dignity and respect and complaints were managed promptly
- Safeguarding measures and medicines management systems were robust which promoted residents safety
- There was good access to multidisciplinary assessment and interventions which supported resident's wellbeing
- Health and primary care needs were well managed.
- Staffing numbers and skill mix were satisfactory

Some improvements were required in:

- Reviews of behaviour support programmes for effectiveness
- Updating of training and recruitment processes for staff.
- A formal agreement for service provision
- Some amendments were required to the policy on admission.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in 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):

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

Findings:

The action identified at the last inspection had been addressed. Observation panels had been used in two bedrooms due to significant medical and safety needs. Both had been reviewed by the multidisciplinary team and one was deemed no longer necessary. A protocol had been devised for the second. A blind had been installed so that staff could observe the resident only as needed and for very specific purposes. The rational and procedure was in this instance satisfactory.

In one unit the location of a large accessible well equipped shower room raised some concerns regarding resident's privacy. This was located off a bedroom. Inspectors queried whether this would impact on the privacy of the person in the bedroom another requires required this facility. While the person in charge was satisfied that this had not in fact occurred, and admissions took account of the dependency levels of residents, the need for a protocol was discussed and agreed.

It was however apparent to and observed by inspector that the management and staff were committed to promoting resident's dignity, and ability to make choices pertinent to their ages. There was evidence that the residents and their representatives were actively involved in decisions regarding their daily activities and education. Residents confirmed this. On the first evening of the respite break residents meet with staff to decide on and plan the preferred activities and social outings and meals.

Personal belongings and favourite possessions were carefully stored by staff on admission. They had their preferred bedrooms when in respite and these preferences

were facilitated where at all possible.

Inspectors observed that personal care was undertaken with due regard to residents privacy and dignity with sufficient staff to provide this.

A small number of complaints were recorded and it was apparent that action had been taken to address these promptly. These were also reviewed by senior managers to ensure they were resolved. The residents told the inspectors who they would speak to if they had any concerns.

Any pocket monies the residents brought with them was recorded; spending itemised, and signed on return.

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 saw detailed information in personal plans of communication patterns and personal preferences based on sound knowledge of the individuals to ensure the residents had choice and that their preferences were known. Staff were very familiar with the resident's means of communication and inspectors saw that they used social stories and pictorial images to support this. A number of staff were proficient with sign language and staff advised how they kept themselves updated with this.

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:

Families remain the primary carers and decision makers for the residents and from record and speaking with staff it was apparent that they were fully involved in the planning and implementation of therapeutic interventions and goals. While in the service residents had good access to the local community for activities and were supported by sufficient staff to ensure this occurred.

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):

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

Findings:

The action from the previous inspection had not been fully resolved. An easy read individual contract had been devised and signed for both adults and children. While this was very user friendly it lacked specific information as to what service and support would be provided in relation to residents who availed of respite for over a set number of days per year which incurred a fee.

The admission policy was centre-specific. However, it required some amendments to detail how decisions in relation to the compatibility of residents would be made in order to ensure there was limited risk involved. In practice inspectors saw that such matters were considered appropriately.

Judgment:

Substantially 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

Theme:

Effective Services

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

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

Findings:

This outcome was reviewed in the context of specific nature and responsibilities of this service. The action required from the previous inspection had been resolved with more integrated and outcome focused planning systems for residents evident.

The inspectors reviewed the personal plans, multidisciplinary records and daily records of 6 residents and found good practise in assessment of need and implementation of support plans. In accordance with the statement of purpose the planning and review process was undertaken in combination with the day service, schools and family who remained the primary carers and pertinent to the role and level of involvement of each service. It was apparent that improvements had been made in the communication with the other services and in access to updated information. They now attended the annual support meetings and multidisciplinary reviews. At the time of inspection further systems for ensuring updated information between agencies and parents had been implemented which would support consistency of care.

There was evidence of a range of assessments undertaken for pertinent issues such as falls, nutrition, mental health and social and personal needs as relevant to the resident's needs and preferences. Where any assessment required review the team leader was in the process of having these updated. Relevant support plans were put in place for any issues identified. A range of goals were identified and these were achieved via the families and external services. There was no disruption to work, training or education when in respite.

The primary function being respite recreation and activities were planned according to age and individual preferences.

The children's unit had a fully equipped sensory room and individual sensory equipment of their choosing available. There was a large garden, well equipped with play material and soft play area.

They were asked what activities they would like and inspectors saw that games, suitable DVDs and toys, painting and drawing took place.

If in residence at weekends they went to the cinema, swimming (suitable pools had been identified if hoists were needed), shopping or to play grounds.

It was evident in both units that staff attention was focused on the residents and making the experience positive and enjoyable for them.

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):

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

Findings:

Both units were suitable for purpose and actions identified at the last inspection had been addressed. Children did not share rooms unless they especially chose to and screening was provided. If the children's unit was at full capacity the fifth child used the staff bedroom which was suitable.

In addition, both units had been repainted and decorated. The children's unit had suitable colourful murals on the walls. They were warm and comfortable. Each unit had large suitable equipped safe garden space and play areas. Play and recreational equipment was also available in the units.

Overall, the rooms were of a suitable size and layout for the needs of both adults and children. They were well equipped with ceiling hoists and specialised beds available for those residents who required them. Each unit was easily accessible for wheelchair use. There was evidence of servicing and maintenance of all equipment and the vehicles available. There were sufficient furnishings, fixtures and fittings in place.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The actions from the previous inspection had been satisfactorily resolved. These included systems to assess and manage potential risks of unauthorised absence and accident and injuries.

However, there were some improvements necessary in fire safety systems. These were:

- There was no fire door on a room which contained a fire risk -a washing machine and tumble dryer
- No practice fire drill taken place using an exit door which may be necessary in the event of a night time evacuation.

There was however, evidence of the servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis. Self-closing fire doors were installed in all other areas of both units. Regular fire safety checks were undertaken by staff.

Detailed personal evacuation plans had been compiled for each resident. Fire drills were held very frequently to ensure the different residents were familiar with the procedures. They were also reminded of the procedure in a suitable manner on each admission.

The risk register identified both environmental and clinical risks with appropriate measures in place to manage them. There were detailed individual risk assessments undertaken for residents including falls, seizure actively, skin integrity, absconding and road safety. Risk were managed in a constructive manner without undue restrictions on the residents and taking the type of service into account. For example, rather than the previous locked windows restrictors had been installed in the children’s unit which was a more suitable option. Sensor alarms were also installed on some exit doors which alerted staff if needed.

There was a signed and current health and safety statement available. A number of detailed safety audits of the environment were available.

The risk management policy was current and complied with the regulations including the process for learning from and review of untoward events. Regulator audits of untoward events, medicines errors, challenging behaviours were undertaken with actions taken to prevent re-occurrence.

The emergency plan contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff and staff confirmed that these were responsive and effective.

The policy on infection control was detailed and practice was in accordance with this.

Judgment:

Non Compliant - Moderate

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:

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

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

Findings:

The inspector was satisfied that the provider had taken steps to protect residents and had systems in place to respond effectively to any concerns which arose.

However in some instances behaviour support systems required further review or implementation to ensure they were consistently effective and to avoid negative impact on other residents.

It was apparent from records and observed by inspectors that despite support plans and changes to routines and structures some residents were on occasions impacted on by the behaviour of others. For example, they were prevented from watching the television in the sitting room due to the preferences of another resident. Other residents had to watch the television sitting on hard chairs in the kitchen as a result. It was also observed that some residents' did not access to their belongings, for example mobile phones , because of the actions of other residents.

The behaviour support and safeguarding plans were followed in that there was one to one staff presence to prevent any escalation or direct threat to other residents. This was seen to be adhered to. Staff explained to inspectors that this type of behaviour would continue for some time and then cease when it was no longer of relevance to the particular resident. However, as observed it was difficult for the staff to implement the plans. This impacted on residents who may only receive intermittent respite and therefore the experience was not as pleasant or relaxing as it should be for them.

Two to one staff and gender specific arrangements were provided where this was necessary to accommodate specific care needs for some residents. While this was effective in most instances a number of incidents had occurred while outside of the premises. The behaviour support plans had not been revised to account for these. There was good access to psychology and psychiatric supports evident and staff did have training in the management of challenging behaviours.

Restrictive practises and procedures for assessing the necessity for them had been revised as required. A number of restrictions had been removed where they were assessed as no longer necessary.

The action in relation to the recognition of, review and documenting of such practices has been addressed. There was also evidence that alternatives had been trailed with or without success.

In the main the restrictions were focused on personal safety such as lap belts or bed rails, assessed by the relevant clinician. Other safety measures such as locking sharp knives away were used as indicated by individual risk assessment. All such practise were the subject of an annual rights committee review and with full consultation of parents or guardians.

In one instance a specific type of sleep system was used. However, staff and the provider were fully aware that this may not be feasible for much longer although trialling of alternatives had failed. Further multidisciplinary advice was being sought in relation to this. On rare occasions a minimal physical intervention was used but the precise details of what was prescribed for the resident, and what was used were not consistently recorded. This did not support effective review.

The policy and procedures for the protection of vulnerable adults was in accordance with Health Service Executive (HSE) policy and there were plans for the implementation of the revised Children First guidelines, with nominated responsibilities and safeguarding statements.

There was a social work service in the organisation with a additional designated person who deals with any allegations which occur. There was evidence that any concerns which arose were promptly managed in accordance with the policies for either adults or children and reported to the HSE or other agencies as required. There was a safeguarding plan in place for ongoing monitoring where this was necessary. There were also very detailed intimate care support plans devised.

All staff involved had been trained in the procedures for the protection of vulnerable persons and Children First. Staff spoken with were familiar with the signs and symptoms of abuse and were clear on their own responsibilities. They also expressed their confidence in the management team to act promptly in the event of any concern.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A review of the accident and incident logs, resident's records and notifications forwarded to the Authority demonstrated that the person in charge was fully compliant with the obligation to forward the required notifications to the HIQA. All incidents were reviewed internally.

Judgment:

Compliant

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Outcome 10. General Welfare and Development <i>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.</i>
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Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The service is part of a larger service provision for the children and adults and its primary focus is to provide a safe and enjoyable period of respite. Responsibility for education, day-care and training rests outside of the remit. However, there was evidence that children had access to suitable educational facilities and that the adults attended training centres ,workshops and day services suitable to their needs. Some of these are integral to the organisation.

Judgment: Compliant

Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: Inspectors found evidence that residents healthcare was supported in a manner appropriate to the service provision. The families /parents remain the primary carers and therefore organise routine and other health related reviews, appointments and assessments in consultation with day services and special schools. There were systems to seek updated information on changes to healthcare prior to admission to ensure staff had the relevant information on health and medical appointments.

The residents retain their own general practitioner (GP) but out of hours services are available as needed. Nursing care and oversight is available for advice at all times within
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the organisation.

A number of the residents had complex and ongoing healthcare needs and there were detailed support plans implemented for all clinical care needs. There were protocols in place for the management of epilepsy, falls, dietary or speech and language requirements, medicines management. Staff were clear on these protocols.

The inspector saw that residents were fully involved in the menu planning and decisions regarding their food choices on the days in respite. Staff maintained detailed records on the preferences and on the day of admission residents decided their food preferences and where possible helped staff to prepare this. Nutrition and weights were also monitored. They went out for meals or had take-away if they wished.

Lunches were provided in the day centre or school during weekdays. The staff demonstrated an in-depth knowledge of the residents likes and dislikes and the inspector saw lots of treats available. The kitchen acted as a social hub.

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:

The action required from the previous inspection was the systems for the management of controlled medicines. This had been resolved with appropriate recording and accounting systems in place.

The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for all medicines were satisfactory and suitable to the respite and short-term function of the service. Medicine received was audited on admission and again on discharge. As appropriate to this type of service a small stock of pain relieving medicine was maintained for emergency usage as prescribed by the GP for this purpose. Medicine was sourced via the parent prior to admission. Up-to-date prescription and administration records were also maintained to ensure safe administration.

Procedures for the use of emergency medication were defined and staff were familiar with these. Staff had training in the administration of medicines with a competency assessment following this. Staff were also knowledgeable as to the purpose of the resident's medication. Medicines errors were managed satisfactorily and individual staff

were identified on each roster to avoid errors.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose had been forwarded to the Authority and was in compliance with the regulations. Care practices and systems were in accordance with the statement as a centre for the provision of individual children and adults respite services. The inspector was satisfied that the mix of respite residents admitted took account of the different needs, age ranges, interests of the individuals, staffing levels and skill mix.

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):

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

Findings:

The previous inspection found that the regulatory requirements for monitoring of the service required some improvements. This had been resolved satisfactorily. The required

unannounced visits had taken place and additional reviews by managers had also been undertaken. These were detailed audits of practices and residents wellbeing and also took account of previous inspection findings. Action plans were agreed and implemented following these. There was a comprehensive annual report compiled. The views of residents and their representatives were ascertained. These were very positive about the service provided.

The governance arrangements were effective to ensure the safe delivery of care and promote accountability. There were clear and formal reporting arrangements in place.

The management team operates under the direction of the regional services manager and includes the services manager and the person in charge.

The person in charge is a suitably qualified intellectual disability nurse with the required training and experience. There is also a suitably qualified deputy manager who shares the duties. Staff told inspectors that the revised structure was very helpful, available and supportive of them.

There was evidence from the findings that all sections of the management team carried out their respective functions effectively.

Systems for auditing and review of accident incident or adverse events were in place and effective.

All documentation and information required for the registration process was provided. Both the provider and the person in charge were well informed on their respective responsibilities and fully engaged in the service

There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive.

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 provider was aware of and had adhered to the requirement to notify HIQA of any absences of the person in charge for specific time periods. A suitably qualified and experienced staff was nominated and had undertaken this role in 2016.

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:
There were sufficient resources available to provide the service including sufficient staffing, suitable premises, equipment, and allied supports. While the number of adults and children who required respite had increased the availability had not. This however was a matter for the funding agency and there was evidence that the provider had made representations in regard to this.

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

Findings:
The inspector was satisfied that the staffing arrangements and skill mix were suitable and adapted as needed to meet the needs of the residents who use the service.

A small group of regular core staff were assigned to each unit to support consistency for the residents. As admissions, apart from emergencies were pre-planned staffing numbers and skill mix was tailored in advance based on the need for fulltime or part-

time nursing support. This was managed satisfactorily.

Non nursing staff had either social care or FETAC qualification. Staff spoken with were all very familiar with the residents, their individual care needs and supports needed. It was also apparent that the residents were very familiar with and pleased to see the staff.

There was a significant staffing resource available which included 1 to 1 supports to ensure resident care needs were met and their preferred activities and recreation available to them.

There was waking and sleepover staff available each night.

The inspector was also advised that the timing of the respite takes account of the compatibility of the residents and their differing needs for support and socialisation.

Staff training records demonstrated an ongoing commitment to mandatory and other training for staff. All mandatory training including safeguarding, fire safety and manual handling was up to date. One new staff was scheduled for fire training but had completed a fire drill since commencing.

However, one staff did not have training in the uses of emergency medicines and one required updated training in the use of physical interventions. . In addition, in some instances it was the trained staff who were on sleep-over duty as opposed to waking duty. However, inspectors found no evidence that any untoward events had occurred because of this.

All staff staff had training in general medicines management. Further education and training completed by staff included first aid, and clinical training pertinent to the residents including, specialised feeding systems, catheter and stoma care. Further training was planned in accordance with newly identified clinical care needs.

From a sample of personal files reviewed some improvement was required in systems for recruitment of staff. while all of the required information was procured there were a number of gaps noted in the curriculum vitae information provided which had not been accounted for.

There was evidence of qualifications and the required references available. There was a detailed induction programme outlined and formal regular staff supervision/ support system was undertaken which was seen to be detailed and effective for staff development. This had continued since the previous inspection. Team meetings were held frequently and these were focused reviews of individual residents, incident and practices.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

All the required documents required for registration were available.

Records required by Schedule 3 for residents and other required records were in order.

The required policies were available but a number required review.

Some documents required in relation to staff were not complete.

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:

Noelene Dowling
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 South East
Centre ID:	OSV-0005546
Date of Inspection:	16 & 17 January 2018
Date of response:	22 February 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admission policy did not clearly outline how decisions regarding admission would protect residents and ensure compatibility.

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 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The admissions policy is currently being reviewed and updated by the Services will be presented for sign off at Services Executive meeting on 9th May. The updated policy will ensure that the practices in place around admission that protect residents and ensure compatibility are clearly outlined within.

Proposed Timescale: 31/05/2018

Theme: Effective Services

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

The contract did not clearly define the fees to be paid where this was necessary.

2. Action Required:

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

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

The contract of care will be revised to clearly define the fees to be paid where this is necessary. Given the large number of individuals who use this service this action will be carried out on a phased basis with all revised contracts in place by 30th September 2018.

Proposed Timescale: 30/09/2018

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:

A fire door not been installed in an area of potential risk.

3. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

A fire door will be installed in the area of potential risk.

Proposed Timescale: 30/04/2018

Theme: Effective Services

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

While regular fire drills were held they did not take account of the need to use a particular exit at night so as to ensure staff were familiar with this.

4. 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:

Revised fire drills have commenced to include exit through different doors at each fire drill.

Proposed Timescale: 28/02/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Behaviour support plans were not consistently implemented effectively.

5. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Behaviour support plans will be reviewed by the psychologist and staff team. This will be implemented and reviewed regularly with the psychologist. Safeguarding while out in the community will be added to the identified Individual Behaviour Support Plan.

Proposed Timescale: 30/05/2018

Theme: Safe Services

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

Where physical intervention was on occasion used the records did not specify the specific type of intervention implemented. This did not support effective review to ensure adherence to the prescribed procedure.

6. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Behaviour support plans will be reviewed and will include the range of levels of physical intervention that can be used with the person supported by the service as a last resort. The log book for recording notifiable events has been amended to contain a section to report the specific physical interventions used with the person supported by the service.

Proposed Timescale: 30/05/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were some unaccounted for gaps in the Curriculum Vitae information available on staff files .

7. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The required Garda Vetting documentation was on file on the day of inspection. The identified gaps in the individuals work history will be corrected by 31st March 2018.

Proposed Timescale: 31/03/2018

Theme: Responsive Workforce

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

One member of staff required training in the use of emergency medicines and one required refresher training in the use of physical interventions.

8. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

One staff member was identified as not having training in relation to emergency

medication and their training in physical interventions required refresher. This training has now been scheduled and will be completed by 30th May 2018.

Proposed Timescale: 30/05/2018

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:

A number of policies were outside of the required review date.

9. 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 identified policies will be reviewed by end of July 2018.

Proposed Timescale: 31/07/2018