

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Brookside House
Centre ID:	OSV-0005714
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dundas Ltd
Lead inspector:	Andrew Mooney
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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 1 day(s).

The inspection took place over the following dates and times

From: 18 January 2018 10:30 To: 18 January 2018 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was conducted in a new, unoccupied Centre operated by Dundas Ltd to inform a registration decision.

How we gathered our evidence :

As part of the inspection, the inspector met with the team lead, the person in charge and the person participating in management. The inspector reviewed documentation such as personal plan templates, accident logs, policies and procedures.

Description of the service

The Centre is proposed to be a community Centre offering residential support to people with an intellectual disability. The provider had produced a document called the statement of purpose, as required by regulation, which described the service they intended to provide. The Centre was a spacious detached house in very close proximity to a small town. The provider proposed to offer residential support to four residents.

Overall findings:

Overall, the inspector found that adequate preparations were in place to open the service. The inspector was satisfied that the provider had put systems in place to

ensure that the regulations were being met.

Good practice was identified in areas such as:

- the provision of a meaningful day (Outcome 5)
- the development of personal plans (Outcome 5)
- governance and management systems (Outcome 14)

The reasons for these findings are explained under each outcome in the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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):

This was the centre's first inspection by the Authority.

Findings:

Arrangements had been made to consult with residents and to ensure an effective complaints procedure.

There was a clear complaints procedure in place, an accessible version of this was available and was displayed in the centre. Named advocates would be identified for any resident who required this input.

A rights review committee is in place within the organisation. This committee meets monthly on any referrals, and oversees and advises on any use of restrictive practices.

A system of recording residents' possessions in an inventory had been developed and was ready to use, and there was a policy on personal property and possessions.

A system in place in other centres operated by the organisation whereby residents are offered a weekly meeting at which to discuss issues relating to the daily running of the centre is to be offered to any residents of this centre.

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):

This was the centre's first inspection by the Authority.

Findings:

Arrangements had been made to develop a personal plan for each resident, including an assessment on which to ensure a meaningful day for residents.

A person centred planning and care planning template was in place which was in use in other centres of the organisation. This template included an assessment tool for the referral system, and a detailed assessment on which to base the personal plan.

The person in charge gave assurances that person centred plans would be in place within the required 28 days following admission.

Various members of the multi-disciplinary team were available to engage in the assessment process, including for example behaviour support and mental health professionals. It is intended that a key worker will be allocated to each resident from the early stages of the admission process who will develop the assessments and goals for residents in conjunction with the residents, their families and supports from any previous services.

The person in charge outlined the plans to ensure that the normal routines and activities of any future residents would be supported and facilitated, and that further opportunities would be explored. For example community links would be forged in accordance with the wishes of the residents and where applicable residents would be supported to engage in paid employment.

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):

This was the centre's first inspection by the Authority.

Findings:

Arrangements were in place to manage risk and to manage fire safety.

A risk register had been developed in which all currently identified risks were recorded and risk rated. Environmental risks were included such as transport or the risk of a resident going missing. There was a risk management policy in place which included all the information required by the regulations. A risk management health and safety committee was already in place at which any significant incidents or near misses would be reviewed. All incidents will be reviewed by the person in charge and another member of the multi-disciplinary team

Fire equipment including extinguishers, emergency lighting and an alarm system were in place and had been certified. A system of weekly and daily checks was in place, and a schedule of fire drills, including night time drills had been developed. The person in charge gave assurances that personal evacuation plans would be completed by the day of admission of residents.

Hot water was regulated and monitored by the Provider.

The centre was visibly clean, and there was a cleaning schedule and a food handling protocol in place. There was a flat mop system. There was appropriate storage of cleaning materials and a spill's kit for infection control purposes.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Arrangements had been made in relation to safeguarding of residents and the provision

of behaviour support.

The person in charge was knowledgeable about their role in the safeguarding of vulnerable adults. There was a policy in place to guide staff which referenced all recent national policy, and the person in charge gave assurances that all staff would receive training in the protection of vulnerable adults.

There was a behaviour support team available to any residents who require support in this area. A behaviour support manager was in post who will offer training and mentorship to staff. The person in charge outlined an emphasis on positive behaviour support and the use of multi-element behaviour support.

No restrictive interventions were yet envisaged, but there was a policy in place to guide practice in this area if required, and structures and processes were already in place within the organisation for the monitoring and review of any restrictions.

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):

This was the centre's first inspection by the Authority.

Findings:

There was evidence to indicate that residents' healthcare needs would be adequately assessed and regularly reviewed with appropriate input from multi-disciplinary practitioners where and when required.

There was a general practitioner (GP) available and an out of hours GP service had been identified. Residents would be supported to find a GP of their preference if they chose. The person in charge informed the inspector that the centre had access to a range of multi-disciplinary supports such as mental health, behaviour support and community nursing if and when required.

A detailed healthcare plan template was available, and was already in use in other centres of the organisation. A community nurse was also available to the designated centre to support residents with their healthcare needs.

The inspector was assured that the proposed practices would meet residents' nutritional needs to an appropriate standard. The person in charge also discussed how healthy

eating and choice would be facilitated by nursing support and access to a dietician and speech and language therapy if required. Residents would be involved in planning the weekly menus.

A nutrition management policy was in place to guide staff on the monitoring and documentation of nutritional intake.

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):

This was the centre's first inspection by the Authority.

Findings:

The proposed medication management policies and procedures for the centre were found to be safe and in line with the regulations.

The centre had a medication management policy in place, including guidance on the management of medication errors. There was a detailed template of protocols to guide the decision making in regard to 'as required' (P.R.N.) medications, and a sample prescription sheet and administration recording sheet was available.

It was proposed that medication would be delivered by the pharmacy and checked by staff. Any out of date medication would be collected by the pharmacy and disposed of safely.

While staff had not yet been identified to work in the centre, all staff in the organisation received training in the safe administration of medications which included five onsite competency assessments.

Safe storage facilities were provided in the centre. Residents' medication would be stored in a locked medication cabinet.

The person in charge outlined the plan to conduct regular audits of medication management.

Judgment:
Compliant

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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):
This was the centre's first inspection by the Authority.

Findings:
A statement of purpose had been prepared to include the aims and objectives of the centre and a description of the facilities and services which were to be provided to residents, and which included all the information required by the regulations.

Some amendments relating to occupancy levels and staffing arrangements were addressed post Inspection by the Provider.

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):
This was the centre's first inspection by the Authority.

Findings:
The inspector found evidence that the quality and safety of care and support of residents living in the centre would be monitored on an on-going basis. Effective management systems would be in place to support and promote the delivery of safe, quality care services.

It is proposed that the Person in Charge will be on site daily and that there would be

two shift leads to co-ordinate the daily running of the centre when the Person in Charge was not on site. Additionally, there would be an on-call service, available to staff when the Person in Charge was off duty.

The person in charge outlined the auditing system she intended to introduce in this new centre. Audit tools had been developed to facilitate audits in various areas including medication management, personal planning, health and safety, fire safety and protection of vulnerable adults.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was to be managed by a suitably skilled and experienced person in charge. She was knowledgeable about the requirements of the regulations and Standards. She outlined plans for the supervision and performance development of staff. She already attended regular management meetings, and intended to introduce staff meetings.

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):

This was the centre's first inspection by the Authority.

Findings:

Management systems for the centre indicated that staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The person in charge outlined plans to ensure that staffing levels would be arranged to meet the needs of residents. All staff within the organisation received mandatory training prior to commencement in a centre. This training includes personal planning, fire safety, protection of vulnerable adults and positive behaviour support.

The person in charge outlined plans to offer existing staff of the organisation a move to this new centre, together with the recruitment of additional staff. This approach was designed to promote continuity, and to ensure a good skills and experience mix within the team.

Judgment:

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:

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