

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	No.1 Brooklime
Centre ID:	OSV-0005140
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Lead inspector:	Stevan Orme
Support inspector(s):	Elaine McKeown
Type of inspection	Announced
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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
03 July 2018 09:30	03 July 2018 18:45
04 July 2018 09:15	04 July 2018 14:10

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 the inspection:

This was an announced 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The centre had been previously been inspected on the 30 - 31 August 2016 and the 25 May 2017. As part of the inspection, actions taken by the provider to address previous inspection findings were reviewed by inspectors.

The designated centre was part of the service provided by the Brothers of Charity Ireland in Cork and provided full-time residential services to both male and female

adults with a disability.

How we gathered our evidence:

During the inspection, inspectors met with all eight residents who lived at the centre and spoke with them both individually and as a group about the quality of care and support they received. Inspectors further spoke with three staff members and interviewed both the centre's person in charge and 'person participating in management' during the course of the inspection. Inspectors also had the opportunity to speak with residents' families and review satisfaction questionnaires completed by residents prior to the inspection. Inspectors in addition observed practices at the centre and reviewed documents such as residents' personal support plans, risk assessments, medical records, organisational policies and staff personnel files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre comprised of two houses located next door to each other in a residential area of a city and was close to local amenities such as shops, leisure facilities and restaurants as well as public transport links.

Overall Findings:

Inspectors found that the provider's governance and management arrangements ensured that residents received a good standard of care and support in-line with their assessed needs at the centre. Residents told inspectors that they enjoyed living at the centre and were supported by staff to access day services, work placements and leisure activities such as personal shopping, bowling, the cinema and meals out in the local area. Residents were actively involved in making decisions about the centre's day-to-day operations through their attendance in regular residents' meetings, where they decided planned social activities and the weekly menu. The provider further ensured through house meetings and displayed accessible information that residents were aware of their rights, such as how to make a complaint and access advocacy services.

The provider ensured that regular management audits were completed into practices at the centre which ensured that the care and support provided met residents' assessed needs. However, although comprehensive in nature, inspectors found that audit arrangements had not identified all gaps in practice resulting in non-compliance with the provider's own policies and the regulations.

Management arrangements at the centre ensured that staff were knowledgeable on residents' assessed needs and had access to regular training opportunities to ensure their practices were in-line with the provider's policies and reflected current developments in health and social care practice. However, the provider's training arrangements had not ensured at the time of the inspection, that all staff had undertaken all training required under policy and in-line with the centre's statement of purpose.

The centre's person in charge was suitably qualified and demonstrated knowledge of residents' needs as well as their responsibilities under the regulations. However, inspectors found that governance arrangements had not ensured that on occasion regulatory notifications were submitted within set timeframes.

Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found moderate non-compliance in one outcome which related to medication management. Compliance was found in 9 outcomes along with substantial compliance in eight outcomes which related to regulations such as staff training, fire safety arrangements and residents' personal plans.

These findings are further detailed 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:

Residents were involved in making decisions about the day-to-day running of the centre.

The provider's complaints policy was up-to-date and prominently displayed at the centre, along with information on the nominated complaints officer and advocacy services. In addition, inspectors observed that an easy-to-read version of the provider's policy was available to residents at the centre.

The person in charge maintained a record of all complaints received which included a description of the complaint, actions taken in response and the complainants' satisfaction with the outcome. Residents who spoke with inspectors were aware of their right to make a complaint and said they would raise any concerns they had with either staff or the person in charge.

Following the last inspection, the provider had put arrangements in place which ensured that residents were consulted on decisions about the day-to-day running of the centre. Residents participated in regular house meetings with staff either as a group in one house or individually in the other. Residents told inspectors that they made decisions on planned social activities, the weekly menu and the décor of their bedrooms. Meeting minutes showed that residents were informed about their rights such as access to advocacy services and how to make a complaint, as well as what to do in the event of an emergency at the centre. The provider promoted residents' right to privacy through ensuring they could lock their bedroom doors. However, inspectors observed that bedroom doors could only be locked from the inside and residents were unable to lock their rooms when they vacated them to ensure their privacy.

The provider had an up-to-date visitors' policy. The centre had no restrictions on visiting times and facilities were available in both houses, which enabled residents to meet their families and friends in private.

Inspectors reviewed arrangements for supporting residents with their personal finances. Arrangements were in-line with the provider's policies, with money being held securely and all transactions being receipted and recorded by staff.

Judgment:

Substantially 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:

Residents were supported to express their needs and wishes in-line with their assessed needs and preferred method of communication.

Residents' personal plans included an assessment of their communication needs and indicated any supports required, which reflected staff knowledge. Inspectors observed the use of pictures and objects of reference during the course of the inspection by staff which enabled residents to express their needs and wishes. In addition, staff had accessed training in communication methods such as sign language and information on signs used by residents was displayed in the communal kitchen of one of the houses.

Inspectors observed that residents had access to the telephone, newspapers, radio, television and the internet at the centre. In addition, several residents had access to a personal tablet device which contained software and pictorial references to assist them in expressing their needs.

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:

Residents were supported to maintain personal relationships with their families and friends.

The provider had an up-to-date visitors' policy and provided facilities for residents to meet their families and friends in private in both houses within the designated centre. Residents told inspectors that they were regularly visited by their families at the centre and were also supported to go on family holidays and visit relatives for the day and overnight stays. Residents' experiences were further reflected in inspectors' discussions with both staff and family members during the inspection.

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 provider had an up-to-date admissions and discharge policy and residents had written agreements in place.

The provider's admissions and discharge policy was up-to-date and reflected the centre's statement of purpose.

Residents had written agreements in place, which included details of residential charges to be paid by residents and services provided at the centre. In addition, written agreements had been signed by the provider and the resident or their representative. However, inspectors found that written agreements did not include information on all additional costs to be met by residents such as the cost of community activities, clothing and personal toiletries.

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 services and between childhood and adulthood.

Theme:
Effective Services

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

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

Findings:

Residents' needs were assessed, regularly reviewed and reflected in their personal plans.

The previous inspection had found that the centre did not meet the assessed needs of all residents. Inspectors looked at a sample of residents' personal plans, which included up-to-date assessments on support needs in areas such as healthcare, personal safety, communication, behaviours of concern, mobility, daily living skills and relationships. Inspectors found that staff knowledge and practices reflected those residents' personal plans sampled and were in-line with the recommendations of multi-disciplinary professionals such as behavioural specialists and healthcare professionals. Where residents required additional support to access community activities or receive an individualised day service programme, inspectors observed that the provider had ensured that these provision had been put in place to ensure residents' assessed needs were fully met.

In addition, the provider had ensured that residents had an accessible version of their personal plan available to them, in order to inform them about how their needs would be supported at the centre.

Personal plans included residents' annual goals which reflected their likes and identified needs such as access to social activities and the development of daily living skills. However, inspectors found that although staff recorded residents' progress towards achieving their goals every three months, records did not document named staff responsible for a goal's progress and expected timeframes for its achievement.

Residents' personal plans were subject to an annual review. Meeting minutes showed

that the effectiveness of all support provided to residents was reviewed and meetings were attended by multi-disciplinary professionals such as psychologists and social workers. However, although staff told inspectors that review meetings were attended by either the resident or their representatives, this was not consistently documented in meeting minutes examined.

Judgment:

Substantially 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 centre's design and layout ensured that it met residents' assessed needs.

The centre comprised of two houses adjacent to each other and located in a residential setting in a city. The centre was close to local shops and amenities as well as public transport links. The centre's premises were well-maintained and decorated to a good standard.

The centre's larger house comprised of two self-contained apartments. Both apartments contained a bedroom and bathroom with a toilet and shower. In addition, residents had access to their own sitting room which incorporated a kitchen and dining area. The house also comprised of a further three resident bedrooms along with a communal sitting room, kitchen and laundry room. In addition, residents had access to a communal bathroom with shower facilities and an additional toilet. A further bedroom was provided at the house, and used by the provider as an office and overnight accommodation for staff.

The centre's second house was smaller in design and comprised of four bedrooms of which three were used by residents. The fourth bedroom was used by the provider as an office and overnight accommodation for staff. In addition, residents had access to two sitting rooms and a kitchen dining room which also incorporated laundry facilities. The house also comprised of two communal bathrooms with either a shower or bath available to residents.

Inspectors observed that residents had personalised their bedrooms with photographs,

posters and ornaments. One resident told inspectors that they had chosen the décor for their bedroom. Inspectors observed that all bedrooms in the two houses also contained suitable storage facilities for residents' personal possessions.

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):

No actions were required from the previous inspection.

Findings:

The provider's risk management arrangements ensured that residents were kept safe from harm, although not all practices were subject to a review into their effectiveness and not all staff had received training in-line with the provider's policies.

The provider had up-to-date policies on risk management and health and safety. In addition, the centre's safety statement was up-to-date and provided guidance to staff on risk control measures for areas such as infection control, storage of chemical substances and medication management. The provider's safety statement also included procedures to be followed in the event of emergencies such as fire, which were reflected in discussions with staff.

The person in charge maintained an up-to-date risk register and risk assessments had been completed on all identified risks at the centre. Assessments were regularly reviewed and reflected staff knowledge. In addition, the person in charge maintained a record of accidents and incidents which had occurred and team meeting minutes showed that events of this nature were discussed with staff and practices revised in response to reduce possible re-occurrences.

Information on hand hygiene practices and the prevention of infectious diseases was displayed throughout the centre. In addition, hand sanitisers were available along with suitable waste disposal facilities. However, although staff were knowledgeable about infection control arrangements, records showed that not all staff at the centre had completed either hand hygiene or infection control training.

The centre was equipped with suitable fire equipment including fire extinguishers, fire alarms, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire safety equipment was regularly serviced by an external contractor as well as weekly internal checks being completed by staff.

The centre's fire evacuation plans was prominently displayed at the centre along with an accessible pictorial version for residents and reflected both resident and staff knowledge. In addition, all residents had up-to-date 'personal emergency evacuation plans' (PEEPs) which assessed their abilities to evacuate the centre's premises in an emergency, and reflected staff knowledge.

Regular simulated fire drills were conducted at the centre and records showed that all staff and residents had participated in a simulated evacuation. However, inspectors found that although fire drills were regular in nature, an assessment into their effectiveness to evacuate residents under minimal staffing conditions had not been undertaken. In addition, although knowledgeable on the centre's fire arrangements, the provider had not ensured that all staff had received fire safety training in-line with the organisation's policies and the centre's statement of purpose.

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:

Inspectors found that the provider had measures in place to protect residents from harm and to positively manage behaviours of concern, although not all staff had received training in positive behaviour management.

The provider had an up-to-date policy on the prevention, detection and response to abuse. Staff at the centre had received up-to-date 'safeguarding of vulnerable adults' training and were able to tell inspectors what incidents might constitute abuse and the actions they would take if suspected, which were in-line with the provider's policy. Information on the provider's safeguarding of vulnerable adults' policy was displayed at the centre and included the contact details of the provider's designated safeguarding officer.

Inspectors reviewed safeguarding plans in place for residents at the centre. Plans were robust in nature and completed in accordance with the provider's safeguarding policy. In

addition, plans were subject to regular reviews into their effectiveness and reflected staff knowledge and observed practices during the inspection.

The provider had an up-to-date policy on both the management of behaviours of concern and use of restrictive practices. Inspectors found that no restrictive practices were in place at the time of the inspection at the centre, which reflected documentation reviewed and discussions with staff. Inspectors found that following the last inspection, the practice of seclusion to support a resident's needs during incidents of challenging behaviour had been reviewed and subsequently discontinued. Staff told inspectors that if a restrictive practice was required to support residents at the centre, it was subject to approval by the provider's multi-disciplinary 'behaviour standards committee'. Where restrictive practices had been used at the centre previously, records showed they were approved by said committee, subject to regular review and were the least restrictive in nature.

Inspectors looked at residents' behaviour support plans which were up-to-date, developed in conjunction with a psychologist and subject to regular review. Behaviour plans examined by inspectors included a description of behaviours of concern and clear guidance on both proactive and reactive support strategies, which reflected staff knowledge. However, inspectors found that although knowledgeable on residents' behaviour support plans, not all staff had received positive behaviour management training at the centre.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

The person in charge maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

A record of all notifications submitted to the HIQA under the requirements of Schedule 4 of the regulations was maintained by the person in charge. However, inspectors found that not all notifications had been submitted in accordance with regulatory timeframes.

Judgment:

Substantially 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 access day services, employment opportunities and social activities which reflected their assessed needs and interests.

The provider had an up-to-date policy on supporting residents to access education and training which was reflected in the statement of purpose.

Residents attended day services in the local area which reflected their individual needs. Where residents did not attend day services, the provider had put arrangements in place to provide a programme of activities both at the designated centre and in the local community which reflected their assessed needs, interests and annual goals. In addition, where residents were engaged in employment, staff support was provided in-line with their assessed level of independence.

Residents told inspectors that they attended day services, work placements and social activities either independently or with staff support. Residents accessed a range of activities during the week which reflected their assessed needs and interests such as personal shopping, visiting family, going to the cinema or bowling, attending religious services and having meals out in local cafes, restaurants or public houses. Residents' experiences were reflected in activity records reviewed by inspectors as well as discussions with staff and family members.

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):

No actions were required from the previous inspection.

Findings:

Residents were supported to manage their assessed health needs.

Inspectors reviewed residents' healthcare records and found that they were supported to access a range of allied healthcare professionals' in-line with their assessed needs. Records showed that residents were supported to attend appointments with healthcare professionals such as General Practitioners, medical consultants and psychiatrists.

Inspectors found that where residents had specific health conditions, personal plans had been updated to reflect the recommendations of healthcare professionals and clearly guided staff on supports required and ensured consistency of care.

Residents told inspectors that they cooked and chose the meals at the centre, which was further reflected in records examined and discussions with staff. Food records maintained at the centre also showed that meals were varied, nutritious and healthy in nature and that residents had access to snacks and drinks throughout the day. In addition, activity records showed that residents enjoyed going for meals out in local cafés, restaurants and pubic houses.

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:

Inspectors found that although residents' medication needs were meet, not all medication was administered as prescribed.

Inspectors reviewed residents' medication administration records and found that they included residents' personal details as well as information on administration times, route and dosage. However, inspectors found that although a resident's prescribed medication was administered by staff, due to the resident's personal preference it was not given at the time prescribed, with the revised administering time not being approved by the General Practitioner.

The provider ensured that medication was administered by suitably qualified staff, and where staff had not completed the required training in the 'safe administration of medication', arrangements were in place which ensured that residents received their medication by a competent person.

Inspectors reviewed protocols for the administration of 'as and when required' medication (PRN). Protocols were up-to-date, provided information on the circumstances that each medication should be given including maximum dosages and reflected staff knowledge.

The inspector observed that medication was securely stored and arrangements were in place for the segregated storage and disposal of out-of-date or discontinued medication. Following the last inspection, inspectors observed that the provider had put suitable arrangements in place where medication required storage at a below room temperature.

Judgment:

Non Compliant - Moderate

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 provider's statement of purpose reflected the services and facilities provided at the centre.

The centre's statement of purpose was reviewed regularly and contained all the information required under Schedule 1 of the regulations. The statement of purpose reflected the services and facilities provided on the day of inspection and was available at the centre to both residents and their representatives.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an

ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Governance and management arrangements ensured that residents were supported in-line with their assessed needs, although further action was required to ensure practices were in accordance with the provider's policies and in compliance with the regulations.

The provider's management structure was reflected in the centre's statement of purpose and staff knowledge. The person in charge was full-time and suitably qualified and experienced. The person in charge was responsible for a further five designated centre in the local area. However, inspectors found that the person in charge was regularly present at the centre and actively involved in its governance and management. The person in charge was supported in the day-to-day operational management of the centre by two team leaders.

Regular team meeting minutes were facilitated by the team leaders and attended by the person in charge. Minutes showed that the meeting was used to discuss all aspects of the centre's operation such as residents' needs, accidents and incidents and the provider's policies. Staff told inspectors that the person in charge was both accessible and approachable and they had no reservations in bringing concerns to them or the centre's team leaders. In addition to regular team meetings, the person in charge had commenced formal supervision meetings with the team leaders, who in turn completed supervision with staff at the centre. Staff told inspectors that through formal supervision with either the person in charge or team leader they discussed their roles and responsibilities at the centre and identified opportunities for training to update their knowledge. In addition, the person in charge told inspector that they were to shortly commence annual performance appraisals for all staff at the centre.

Regular management audits were completed by either the person in charge or team leaders on practices at the centre which included medication management and health and safety practices. Audit findings were discussed with staff at team meetings and associated recommendations promptly actioned. However, inspectors found that management audits had not ensured that all gaps in practices were identified such as the review of organisational policies and fire safety arrangements at the centre.

In addition, to audits completed by the person in charge or delegated staff, the provider ensured that regular unannounced six-monthly visits were carried out at the centre. Inspectors found that visit reports were available at the centre and actions identified in

the report had been completed within agreed timeframes. The person in charge also completed an annual review into the care and support provided to residents at the centre. The annual review was comprehensive in nature with analysis of complaints, accidents and incidents and audit findings completed. In addition, the review incorporated feedback from consultation with residents and their representatives. Inspectors further found that actions identified following the review had been either promptly actioned or were being progressed in-line with agreed timeframes.

Judgment:

Substantially 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 centre had suitable arrangements in place in the event of the person in charge being absent for over 28 days.

The person in charge confirmed their understanding of the requirement under the regulations to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. Inspectors found that there had been no instances to date of the person in charge being absent from the centre for over 28 days.

Inspectors spoke with staff and found that they were aware of management arrangements to be put in place in the event of the person in charge being absent from the centre including periods over 28 days.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Services and facilities provided at the centre ensured that residents' assessed needs were met.</p> <p>Inspectors found that staffing arrangements and resources at the centre were sufficient to meet residents' needs and reflected support needs as described in residents' personal plans and risk assessments.</p> <p>Inspectors observed that staff supported residents throughout the inspection in a timely and respectful manner which reflected agreed supports as described in personal plans sampled.</p> <p>Residents told inspectors that they liked living at the centre and they were supported by staff to do activities of their choice, these comments were further reflected in resident questionnaires reviewed as part of the inspection.</p> <p>The centre did not have its own vehicle; however, arrangements were in place to enable staff to access vehicles allocated to the provider's day services at evening times and weekends to support residents when required.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors found that the provider's staffing arrangements ensured that residents' assessed needs were met and staff personnel records contained all information required under Schedule 2 of the regulations.</p>

The person in charge ensured that both an actual and planned roster was in place at the centre. Rosters examined also indicated instances where temporary 'relief' workers were used at the centre. Inspectors found that when temporary staff had been used, they were regular and known to residents and ensured continuity of care for residents' needs.

Residents in both of the centre's houses were supported by either two or three staff members during the day which ensured that their assessed needs were met and they were supported to access planned appointments and activities of choice. At night-time, residents were supported in each house by one staff member who undertook a sleep over duty. In addition, the provider had put in place an out-of hours on call system to provide managerial support and guidance to staff in the event of an emergency.

Records showed that staff had access to the provider's mandatory training courses such as fire safety, manual handling and safeguarding of vulnerable adults. In addition, records showed that staff had accessed training specific to residents' needs such as sign language.

Inspectors reviewed a sample of staff personnel files and found that the provider's recruitment arrangements ensured that all information required under schedule 2 of the regulations was obtained prior to their employment at the centre.

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:
Inspectors found that although all required records were maintained at the centre, they were not in full compliance with the regulations.

The inspector found that the provider and person in charge maintained records which related to residents as required under Schedule 3 such as accident and incident reports.

However, information recorded in the centre's directory of residents did not include the name and address of the authority or organisation who had arranged each resident's admission to the centre.

The provider ensured that a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available at the centre. In addition, records such as residents' written agreements and food provided at the centre were maintained as required under Schedule 4 of the regulations.

The inspector reviewed the provider's policies and procedures and found that all policies required under Schedule 5 of the regulations were in place at the centre and available to staff. However, the provider had not ensured that all required policies had been reviewed in-line with regulatory timeframes.

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:

Stevan Orme
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-0005140
Date of Inspection:	03 and 04 July 2018
Date of response:	31 July 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents were unable to lock their bedroom doors and ensure their right to privacy.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Locks will be replaced to allow residents to lock their rooms when vacated.

Proposed Timescale: 31/08/2018

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:

Written agreements did not provide information to residents on all additional costs to be met at the centre.

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 provider will issue additional information to individual residents on the residential charges payable and of additional costs to be borne as community activities etc.

Proposed Timescale: 31/08/2018

Outcome 05: Social Care Needs

Theme: Effective Services

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

Inspectors found that personal plan review meetings did not consistently document the involvement of residents or their representatives.

3. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

All personal plans were reviewed to ensure that they were fully complete. The minutes of meetings on personal plans will identify the participation of residents and families at

these meetings.

Proposed Timescale: 11/07/2018

Theme: Effective Services

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

Inspectors found that residents' annual goal records did not include named staff supports and expected timeframes for goals to be achieved.

4. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

All personal plans were reviewed to ensure that residents' goals have named staff responsible for the progression of the goals and that timeframes are attached.

Proposed Timescale: 11/07/2018

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:

The provider had not ensured that the effectiveness of fire safety arrangements under all conditions had been assessed.

5. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Fire drills are scheduled to take place with the maximum number of residents and minimum staffing level.

Proposed Timescale: 15/07/2018

Theme: Effective Services

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

The provider had not ensured that all staff had received fire safety training.

6. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff have received local site-specific fire training. All staff due fire safety training are booked to complete this.

Proposed Timescale: 15/10/2018

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:

The provider had not ensured that all staff had received positive behaviour management training.

7. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff due a refresher/training in positive behaviour support training have been booked on the training.

Proposed Timescale: 30/09/2018

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The provider had not ensured that all statutory notifications were submitted to the Chief Inspector in accordance with regulatory timeframes.

8. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The Person in Charge will ensure that all statutory notifications are submitted within the required timeframes.

Proposed Timescale: 04/07/2018

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:

Inspectors found that not all medication was administered as prescribed by a General Practitioner.

9. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Medication cardex has been reviewed by the General Practitioner to clarify when the medication is to be administered.

Proposed Timescale: 06/07/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider's governance and management arrangements had not ensured that all gaps in practices at the centre were identified and actioned.

10. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The person in charge will review the training matrix with team leaders quarterly to ensure all training is done within the required timeframe.

The Provider and Person in Charge will review the current system of checking internal controls to ensure that this is comprehensive and leads to timely identification of

weaknesses in the system.

Proposed Timescale: 30/09/2018

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 required under the regulations were subject to review every three years.

11. 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 due for review are updated.

Proposed Timescale: 30/09/2018

Theme: Use of Information

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

The Directory of residents maintained by the provider did not include all information required under the regulations.

12. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 Directory of residents will be amended to include information on who had arranged each resident's admission to the Centre.

Proposed Timescale: 31/08/2018