Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	No.2 Heather Park
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	31 October 2019
Centre ID:	OSV-0005136
Fieldwork ID:	MON-0022596

About the designated centre

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

The designated centre provides respite holiday supports and accommodation for up to 20 individuals with an intellectual disability in West Cork. The service operates at full capacity during the months of June to September but does provide for small groups during the year. The service provides supports for individuals with varied levels of intellectual disability, including those with autism.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 31 October 2019	10:00hrs to 16:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet and interact with five residents who were attending respite services in the designated centre.

Residents spoken with told the inspector that they enjoyed coming to the designated centre for their holidays. Residents told the inspector that they enjoyed coming to see their friends, who also attended respite in the designated centre. The inspector observed interactions between residents and staff members and noted that they were respectful in nature. Residents were happy with the staff working there. Residents were aware that they could speak with staff members if they were unhappy, or if they wanted to make a complaint.

It was evident from speaking with residents, that they participated in a wide variety of activities when they attended respite. Residents spoke about going to the cinema, enjoying meals out and going to the beach. The inspector observed a games area in the designated centre, which included a pool table, dartboard and a soccer table. At the time of the inspection, a number of residents were listening to music and planning to have a take-away for dinner.

One resident spoke about their participation in fire drills, and how they would evacuate the designated centre in the event of a fire.

The inspector also had the opportunity to speak with the family members of a number of the residents who attend the designated centre for respite. Residents' families told the inspector that they were very happy with the service provided in the designated centre. Family members were happy with the supports provided by staff members in the designated centre.

Residents and their representatives were provided with questionnaires about the quality of care and supports provided in the designated centre. Seven completed questionnaires were returned to the inspector for review. Overall, residents and their representatives were happy with the quality of services provided. Residents and their representatives were happy with the quality and variety of food served in the designated centre. It was evident that residents were supported to participate in a wide variety of activities, when attending respite. These findings were discussed with the person in charge on the day of the inspection.

Capacity and capability

The inspector review the capacity and capability of the designated centre and found

that a number of improvements were required.

At the time of the inspection, the registered provider was actively recruiting a person in charge for the designated centre. The inspector spoke with the registered provider about the arrangements in place to ensure the effective management of the designated centre. An individual had been appointed as person in charge while awaiting recruitment of a permanent person in charge.

An annual review of the quality of the care and supports provided in the designated centre had been carried out. However, the registered provider had not ensured that the annual review provided the opportunity for consultation with residents and their representatives. This was discussed with staff on duty, who identified that the feedback provided by resident's and their representatives was taken on an informal basis, through thank you cards and verbal feedback received following admission to the designated centre. However, this information was not evident in the annual review. The registered provider had not ensured that an unannounced visit to the designated centre was carried out at least once every six months.

The inspector viewed an actual and planned roster, and discussed the staffing arrangements in place with staff members for the designated centre. It was identified that the staffing levels in place on a number of dates over the previous six months were not in line with the designated centres statement of purpose. The statement of purpose identified that the centre had at least three staff members on duty during the day. However, on the weekends there were only two staff members on duty during the day. It was observed in one resident's personal hygiene care plan, that they required the support of two staff members while in the community. However the staffing level required to effectively support the resident was not clearly outlined within their personal plan. Therefore it was not clear if the number of staff on duty at the weekends were sufficient to meet the resident's assessed needs. This will be further discussed in the report under quality and safety.

A training matrix was in place in the designated centre, which provided details of the trainings completed by staff members. It was noted that a number of staff had not received mandatory training in fire safety and managing behaviour that is challenging. All staff members had completed mandatory training in the safeguarding of vulnerable adults.

Regulation 15: Staffing

The registered provider had not ensured that the number of staff on duty was in line with the designated centre’s statement of purpose.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The registered provider had not ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had not ensured that the annual review of the quality and safety of care provided to residents, provided for consultation with residents and their representatives. The registered provider had not ensured that an unannounced visit to the designated centre was carried out at least once every six months.

Judgment: Not compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The registered provider had ensured that notice was provided of the absence of the person in charge from the designated centre, and the procedures and arrangements that were in place for the management of the designated centre.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care and supports provided in the designated centre and found that a number of improvements were required.

It was evident that residents had been supported to access facilities for recreation in accordance with their interests. The inspector spoke with residents who discussed trips that they had taken, while attending respite in the designated centre. These included going to the cinema, the beach and trips to local towns on the transport provided by the designated centre.

The inspector completed a walk around in the designated centre. The designated

centre was clean and warm. However, a number of areas required upgrade and repair. Grouting in one bathroom was noted to be cracked in areas, causing one tile to become loose. There was also evidence that the moisture was having an impact on the wall beside the shower area. A number of floor tiles were noted to be missing in one resident's bedroom and in the hallway. While the furniture in the designated centre was noted to be functional, it required modernisation. One armchair was observed to be torn. There was exposed piping, including hot water piping in a number areas including resident's bedrooms and bathrooms. The fence around the designated centre required repair. There were a number of monuments in the garden area, which were awaiting removal.

The registered provider had ensured that effective fire management systems were in place, including the provision of fire-fighting equipment, fire doors and a fire alarm system. Fire evacuation drills were completed with residents on a regular basis. Staff members were observed testing the fire alarm system, on the day of the inspection.

The inspector discussed the comprehensive assessment, and the development and review of residents' personal plans with staff in the designated centre. Staff spoken with told the inspector that they send a respite support plan to each resident and their family, for completion on an annual basis. This document was completed by the resident's family, and included information regarding the must know information about the resident. This included information about their medical conditions, prescribed medicines, safety issues and how they communicate. It was noted that although this document provided insight into how to support residents, it was not supported by an appropriate plan of care to guide staff members to meet each residents' identified needs. Staff spoken within were unsure if the respite support plan completed by families was considered an assessment of the resident's needs, or the residents' personal plan. It was observed that one resident's respite support plan, and an intimate care plan had not been reviewed. Improvements were required to ensure that residents' personal plans were reviewed on an annual basis, or as changes in needs or circumstances arose. Residents were supported to identify goals of what they would like to do on each respite visit. However, improvements were required to ensure that these goals were reviewed and achieved after their respite visit.

It was unclear what level of supervision was required to support one resident to safely access the community. One care plan identified that the resident required the support of two staff members when accessing the community, while a risk assessment stated they required the support of one staff member. It was unclear if the supervision levels were required to support the resident to manage behaviour that is challenging, or to support the provision of intimate care. Staff spoken within informed the inspector that the resident was supported by one staff member while accessing the community. However, the inspector observed a document where it was clear that staff members were unsure what supervision level was appropriate to support the resident.

The inspector reviewed a resident's behaviour assessment report and it was noted

that this had not been reviewed since September 2016. The inspector spoke with staff members and it was unclear if the behaviour support plan continued to meet the needs of the resident. It was evident that staff members had not been provided with up to date guidance, appropriate to their role, to respond to behaviour that is challenging. Staff spoken with told the inspector that the resident had engaged in behaviours that challenge while on a recent social outing. Staff spoken with told the inspector that the supervision level of the resident may have been a factor in the incident. However as identified previously in the report, the supervision levels in place for this resident were unclear. As noted previously, a number of staff members who supported this resident, had not received training in the management of behaviour that is challenging.

An assessment of the health needs of residents had been completed by each resident's general practitioner. Where there was an assessed need identified by the residents family or allied health professional, this was not supported by an appropriate plan of care. It was identified that one resident had a number of health conditions, including an infectious disease. The inspector spoke with a staff member in the designated centre who was not aware that the individual had an infectious disease. There was no associated plan of care for the individual to support them to manage their infectious disease, or their other identified health conditions. It was observed that there was a template in place to ensure residents were supported to meet their health needs, however these were not in place in the designated centre. It was also noted in the communication plan of one resident that they had recently been diagnosed with epilepsy. This information was not identified in the resident's comprehensive assessment or personal plan. On admission to respite, a care plan relating to the administration of emergency medication was given to the designated centre's staff by the resident's day service. However, it was noted that this was not the resident's first admission to respite, following their epilepsy diagnosis.

The inspector discussed practices for the management of medicines with staff members in the designated centre. Staff spoken with told the inspector that a medicines management form was sent to the residents and their representatives, before they attended respite. These were completed by the resident's own general practitioner. The inspector reviewed the medicines management systems in place for residents. It was noted that a resident's PRN medicines (a medicine only take as required), did not include the maximum dose to be taken in 24 hours. The inspector also observed a medicines management system which indicated that one resident took their medicines in a drink and on food. This was discussed with staff on duty who told the inspector that the resident was aware that the medicines were placed in their drink and food, before administration. However, staff told the inspector that the tablet medicines were given to the resident in a crushed form. Although the crushing of medication had been prescribed by the resident's general practitioner on a previous medicines management system, they were not prescribed as crushed medicines on the medicines management system in place for the resident at the time of the inspection.

On admission to the designated centre, each resident choose the bedroom they would like to stay in on their respite visit. Each resident was provided with their own bedroom, ensuring that they had a private space in the designated centre. Each

resident was provided with a key to their bedroom. Residents were also supported to store their belongings in the safe in the staff office, in line with their wishes. It was evident that residents' choice was facilitated and promoted by staff members. The storage of residents' personal information was completed in a manner that respected their privacy.

Regulation 13: General welfare and development

The registered provider had ensured that residents were provided with access to facilities for occupation, recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not ensured that the premised of the designated centre was kept in a good state of repair externally and internally.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management safety systems were in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had not ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that, no later than 28 days after the resident is admitted to the designated centre that a personal plan was prepared for the resident which reflects the resident's needs, as assessed in accordance with paragraph 1.

Judgment: Not compliant

Regulation 6: Health care

The registered provider ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The person in charge had not ensured that staff had up to date knowledge and skills, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that each resident's privacy and dignity was respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional

consultations and personal information.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.2 Heather Park OSV-0005136

Inspection ID: MON-0022596

Date of inspection: 31/10/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The staffing levels required for each respite group visiting the centre will be identified as part of the pre-visit planning process. The staffing levels will be clarified on the Statement of Purpose of the Centre i.e. there are 2 staff on duty throughout the day and night (a sleep over staff and a night awake). The staffing levels increase to 3 staff during the day as per the assessed needs of the individuals during their respite breaks at the Centre.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Training needs of all staff including those on the Respite relief panel will be reviewed and all staff will have their mandatory and service designated trainings complete to meet the needs of the people availing of respite by 27th February 2020. The training matrix will be updated and the staff training needs will be reviewed at staff team meetings.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will ensure that the 2019/20 Annual Review et. seq. will be completed using the new format that has a section dedicated to feedback from respite users or their families.	

The Provider will ensure that the provider visits to the Centre are conducted at least twice a year in accordance with Regulation.

The Person in Charge will ensure that all relief staff are in receipt of supervision. Schedule of Supervision meetings will be available in the centre by 27th March 2020

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Maintenance of shower area, tiling and boxing in of piping in bedroom and shower area, repair of exterior fencing and renewal of furniture, removal of exterior garden monuments will be addressed and complete by 27th March 2020

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The Person in Charge will ensure that the respite user's Medication Administration Record (MAR) completed by their GP clearly states the route of the administration of medications.

The PIC will put in place a medication profile for each respite user prior to each visit. This will require the person/representative to complete an updated medical profile of the respite user, including changes since the last visit, new diagnosis, details of infectious diseases (if appropriate) etc. and details of all current medications.

This profile will be used as part of the admission process where medications received are crossed checked with the profile and any discrepancies addressed on a timely manner.

The Person in Charge will ensure that PRN maximum dosage is stated on the MARs.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
A new care plan document has been developed to detail the support needs of individuals attending respite. Risk assessment will inform individual support needs in different settings.
An assessment of need and amended medical and application form are in development to meet the requirements of the regulations.

For regular respite users:-
• The Person in Charge will arrange a consultation with the Positive Behaviour Support Services to undertake an updated periodic service review of the behaviour support plan for one individual with the respite services team.

• A Key worker will be allocated to each individual availing of their respite services.

• There will be an annual respite plan for each person receiving six weekly respite and goals will be reviewed every 6 months or as changes/needs arise.

• A multi-d review of each person's plan will take place on 26th & 27th February, 2020 in conjunction with the day services of those attending respite 6 weekly

• Goals set for respite visits will be reviewed and achievements recorded at the end of respite visits. This will be monitored through staff team meetings.

• For all persons supported attending for their annual respite visit, the Person in Charge will revise the application form to an application/assessment form for the person supported wishing to access the service. From this application/assessment form a health care management plan would be developed prior to admission. If any other needs e.g. communication difficulties, feeding difficulties, behaviours that challenge highlighted within the assessment form the Person in Charge would contact service provider, via the day service leader of the person supported to request any information re protocols/plans for person supported. These will be reviewed by the Person in Charge and local team prior to admission and adjustments made where appropriate.
• Goals set for annual respite visits will be reviewed and achievements recorded at the end of respite visits. This will be monitored through staff team meetings.

• The time frame for this action is 30th June 2020 to include the Summer Respite Programme visitors.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• The Person in Charge will revise the GP medical form/assessment of health needs form to ensure that the information accurately reflects the health status of the Individual respite users and to ensure that it documents the relevant Health Care Management Plans. The time frame for this action is 30th June 2020 to include the Summer Respite Programme visitors.

• The respite visitor and their regular caregivers will be asked to input in to the Health Care Management Plans in advance of the visit.

• Health Awareness Information will be available in the Centre on the 'Best Health' Notice Board by 1st Feb 2020

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• Positive Behaviour Support services will be consulted on setting up an updated periodic service review for the respite services team for one individual and to clarify the staff supervision levels required to implement the strategies in the plan.

• The PIC will ensure that all respite uses behaviours are identified prior to admission and their regular carer/day service provider has input into the behaviour management plan.

• The PIC will ensure that all staff receive the relevant training to support the respite users' behaviour support needs.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	16/01/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	27/02/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	27/03/2020

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	17/01/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	13/12/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering,	Not Compliant	Orange	28/02/2020

	receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/06/2020
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/06/2020
Regulation 05(4)(b)	The person in charge shall, no	Not Compliant	Orange	30/06/2020

	later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	30/06/2020
Regulation 07(1)	The person in charge shall 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.	Substantially Compliant	Yellow	27/02/2020