

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	ORG-0011174
Centre county:	Tipperary
Email address:	johannacooney@waterford.brothersofcharity.ie
Registered provider:	Brothers of Charity Services South East
Provider Nominee:	Johanna Cooney
Person in charge:	Marie Blake
Lead inspector:	Caroline Connelly
Support inspector(s):	Kieran Murphy
Type of inspection	Announced
Number of residents on the date of inspection:	15
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 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 March 2014 10:20	19 March 2014 21:00
20 March 2014 08:45	20 March 2014 14:00

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was a monitoring inspection of Nagle Adult Residential Services which is one of a number of designated centres that come under the auspice of the Brothers of Charity Services. The Brothers of Charity south east provides a range of day, residential, and respite services in Waterford and South Tipperary. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. The Nagle Adult Residential Services provides care to 15 residents in total who live in three individual houses. As part of the inspection the inspectors met with residents, the person in charge, the nominated provider and staff members.

Throughout the inspection inspectors observed practices and reviewed documentation which included residents records, policies and procedures in relation to the centre, medication management, accidents and incidents management, complaints, health and safety documentation and staff files. At the outset of the inspection the inspectors met with the nominated registered provider and the person in charge and discussed the management and clinical governance arrangements for the centre.

In summary, the person in charge works full time and was seen to be very involved in the day-to-day running of the centre. Staff and residents informed inspectors that the person in charge was accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible. Community

and family involvement was evident and greatly encouraged as observed by inspectors. The person in charge informed inspectors that she endeavoured to provide a person-centred service to effectively meet the needs of residents.

The inspectors observed evidence of good practice during the inspection and were satisfied that residents received a good standard of care with appropriate access to their own general practitioner (GP), psychiatry, psychology, social worker and allied health professional services as required. There was an extensive range of social activities available internal and external to the centre and residents were seen to positively engage in the social and community life in their local towns and villages. Person-centred plans were viewed by the inspectors and were found to be very comprehensive, appropriate to the needs of the residents and up to date. Some improvements were required in relation to development and updating policies and procedures, staff training, fire safety, and health and safety.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- staff training and development
- health and safety issues
- development of an appraisal system
- updating policies and procedures.

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

All of the residents in the Nagle adult residential services lived in the community in three different but very homely houses. A large number of the residents attended the Nagle day centre but some also attended other day services. A range of social and therapeutic activities took place in the Nagle centre which included a horticultural department. Inspectors saw a number of activities taking place in the centre throughout the inspection with active participation from the residents. There was evidence that residents were supported to positively engage in the social and economic life of the local town and surrounding areas with a number of residents attending work in local shops and cafés. A number of the residents were also seen by inspectors to work at the reception desk in the Nagle day centre.

Inspectors were informed by staff that there were a number of options available for all residents in relation to social activities. Many of the residents enjoyed art therapy, music, drama therapy, swimming, bowling and other physical activity. Residents are supported to access and take part in social events and activities of their choices, apart from the activities provided in the centre the rest are community based, are age appropriate and reflect the goals chosen as part of their person-centred plan. Residents to whom inspectors spoke described the many and varied activities they enjoyed and spoke of the day trips out and about dining out and going into town.

The inspectors reviewed a selection of personal plans which were very personalised, detailed and reflected resident's specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents'

interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. Inspectors were informed that social care leaders, social care workers and care assistants who worked with the residents fulfilled the role of individual residents' key workers in relation to individual residents care and support. These key workers were responsible for pursuing objectives in conjunction with individual residents in each residents' personal plan. They agreed time scales and set dates in relation to further identified goals and objectives.

There were community connector staff who worked evenings and weekends. Their role was to assist individual residents connect with the community such as attending a group or going out for a drink the community connector will accompany the resident until they feel comfortable and competent to go without them.

There was evidence of interdisciplinary team involvement in residents' care including, medical, speech and language, dentist and chiropody services. These will be discussed further in outcome 11 healthcare needs. The inspectors noted that there was a circle of support identified in each resident's person-centred plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. There was evidence that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings.

There was evidence that residents were supported moving between services and were given guidance in life skills required for the transition to more independent living. The inspectors viewed the notes of a resident who had lived in institutional care and one of the personal goals identified was "wanted to move to semi-independent living". The notes detailed the ongoing meetings with the resident's family and staff and the support and education provided to enable this move. The resident is currently living in a community house and told the inspectors that she is "very happy" with her transition to community living.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire throughout the houses. Regular fire drills took place in each house including what they call deep sleep drills where residents are woken up during the night to partake in a fire drill. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. The inspectors examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been tested in 2013.

Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Training records confirmed that fire training was held in 2013 however, there were a number of staff that had not received fire training since 2011. T In one of the houses one of the bedrooms opened into a dining room and then into a sitting room. There was no direct exit from the room onto a corridor which is a requirement of fire safety. The provider explained that they were having a fire safety audit on the premises by a competent person in fire safety and they felt this would be identified and options identified to rectify the situation.

The inspectors viewed minutes of the health and safety meetings that took place in September 2013. The meeting addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, transport of service users. There was evidence of issues identified and actions taken. There was evidence of safety audits taking place in each house on a very regular basis which identified hazards such as housekeeping equipment and controls in place to mitigate the risks. The centre-specific safety statements for each house were seen by the inspectors. One had been revised in February 2014 and the others in March 2013. Training records confirmed that a number of staff had received training in risk management in 2013.

Comprehensive risk assessments were seen by inspectors for each house and from a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted. These included any mobility issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management. There were also assessments of risks associated with, supporting positive behaviour and the management of epilepsy where appropriate. However, one of the residents who smoked did not have an individual risk assessment for risks associated with smoking. It was also seen by inspectors that the resident smoked outside the back door of the house, the inspectors saw that there was a gas cylinder very close to where she was smoking and there was no suitable fire fighting equipment outside. This requires immediate action and the person in charge said they would action this immediately. There was a risk management and risk assessment policy in place however it did not meet the requirements of legislation as it the risk registrar did not adequately cover the precautions to be in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- self-harm.

The environment of the three houses was very homely, visually clean and well maintained. The person in charge and staff informed inspectors that the cleaning of the houses was undertaken by the care staff with assistance from some of the residents. It was recommended that this was kept under review particularly in relation to best practice with infection control and the requirement for routine deep cleaning. There were measures in place to control and prevent infection, hand gels and hand hygiene posters were available. Not all bedrooms had wash-hand basins available and residents shared a bathroom. This needs to be kept under review if staff need to assist residents with personal hygiene in their bedrooms, they would need to be facilitated to abide by best practice in relation to infection control with appropriate hand-washing facilities. Shared towels were seen in the bathroom and consideration should be given to the use of paper towels.

Cleaning equipment and chemicals were seen in the bathroom and other areas in the houses these could be a risk to some residents and should be placed in a locked cupboard.

The inspector viewed training records which showed that the staff had received training in moving and handling. All the residents were generally independent with mobility and no hoists were required.

The inspectors viewed policies in relation to vehicles used to transport residents. The centre owns its own fleet of vehicles with a vehicle allocated to each house. Up to date service records were seen and all vehicles were taxed and insured. Staff all were required to have a full clean driving licence to drive the vehicles.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Policies and procedures were in place for the prevention, detection and response to abuse however these were dated 2009 and required review. Staff with whom inspectors spoke knew what constituted abuse and demonstrated an awareness of what to do if an

allegation of abuse was made to them and clearly told inspectors there was a policy of no tolerance to any form of abuse. The provider informed inspectors that they have a designated person to deal with any allegations of abuse. The designated person is a principal social worker for the brothers of charity services in south Tipperary. She provides training on all aspects of recognising and responding to abuse to staff. Training records showed that staff had received this training in 2012 and 2013.

There was evidence that allegations of abuse in the past had been referred to the designated person and the process outlined in their policy document had been followed which included full screening, monitoring and management meetings, designated case meetings and review meetings involving all the relevant people. Notifications to external agencies were made as required.

Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Inspectors noted a positive, respectful and homely atmosphere and saw that there was easy dialogue between residents in their interactions with staff. The inspectors were satisfied that the provider and person in charge had taken adequate steps and safe-guarding practices to protect the residents.

There was a policy on responding to challenging behaviour in adult services dated March 2011. The provider and person in charge told the inspectors that currently there are no residents exhibiting behaviours that challenge in the centre. Staff training records showed that some staff had received training on dealing with behaviours that challenge but this was in 2008. Further training is required to ensure all staff have up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour as is required by legislation. The inspectors found this was particularly relevant as most of the staff were lone workers.

The inspectors saw that a restraint free environment was promoted and none of the residents required restrictive procedures. There is a committee on human rights which would review residents care if restraint is in use. The inspectors saw evidence in a residents person-centred plan that an individual rights assessment is undertaken annually which looks at issues such as residents rights to have access to the community and their right to smoke. The human rights committee recommended that a resident should not have their access to the community restricted or imposed if the primary motivation is not risk but staff shortage. As a result of this extra staffing hours were made available.

Inspectors saw that there were transparent systems in place to safeguard all residents' monies. Each resident had control over their monies when going out and it was all documented in a book which detailed money signed in and out balances receipts number and receipts were maintained for all purchases. Bank statements regarding finances were issued directly to residents. Inspectors saw residents finances were subject to checks and audit by the person in charge. Inspectors saw that residents had easy access to personal monies and generally could spend it in accordance with their wishes.

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

All of the residents attended their own GP and were supported to do so by staff who would accompany them to appointments and assisted in collecting the prescription as required. Out-of-hours services were provided by the local Caredoc service who attended the resident at their home if necessary. The inspectors saw that residents receive an annual medical health check which is signed by the GP and medications are reviewed on a regular basis. Psychiatry, social work, speech and language therapy and psychology services were available through the brothers of charity services and fortnightly multidisciplinary team meetings are held where all residents care is discussed and reviewed. Residents were seen to have appropriate access to other allied health care services such as physiotherapy, occupational therapy, chiropody, optical and dental through the HSE and visits were organised as required by the staff. There was evidence in residents' person-centred plans of referrals to and assessments by allied health services and plans put in place to implement treatments required.

There were a number of centre-specific policies in relation to the care and welfare of residents and care management. Inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the resident support plan.

The person in charge and staff demonstrated an in-depth knowledge of the residents and their needs this was reflected in the person-centred plans for residents'. Inspectors were satisfied that facilities were in place so that each resident's well-being and welfare was maintained by a good standard of evidence-based care and appropriate medical and allied health care.

Inspectors saw in each house that residents were fully involved in the menu planning. Daily meetings were held with the residents to plan out the meals for the following day. The staff demonstrated an in-depth knowledge of the residents likes dislikes and special diets which were also seen documented on the fridge in one house. Inspectors noted that easy to read formats and picture information charts were used to assist some

residents in making a choice in relation to their meal options. The food was seen to be nutritious with adequate portions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. The residents assisted in the food preparation and in the cleaning away afterwards and made their own lunches to take with them during the day.

Inspectors viewed the monitoring and documentation of some residents' nutritional intake and noted that appropriate referrals for dietetic and speech and language reviews were made, the outcome of which was recorded in the residents' personal plans. Some of the residents were seen to have nutritional plans and swallow plans as required. Two residents required a soft diet which was documented. Inspectors observed that residents had access to fresh drinking water at all times.

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were centre-specific medication management policies and procedures in place dated August 2013 which were viewed by inspectors and found to be comprehensive. Inspectors saw that the GP prescribes all residents medication and this is obtained from the residents' local pharmacist. Some houses had medication supplied in a blister pack system and other houses had box's of medications and two different versions of monitored dosage systems which could be confusing for staff. The inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

Staff have undergone a two day training on safe medication administration and were assessed as competent by a nursing staff prior to any administration of medications to residents. Inspectors saw evidence of this training in staff files. Staff told inspectors that the pharmacist gives advice to the residents and staff in relation to the medications provided. Staff who spoke to inspectors were knowledgeable about the resident's medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication were stored and secured in a locked cupboard and the medication

keys were held by the staff on duty. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. In one of the houses the signature of the GP was not in place for each drug prescribed in one of the drug charts examined. Instead there was a bracket over a number of medications with a signature against that and there was also a space between medications where another medication could be added, this practice could lead to errors.

Inspectors did not see any residents that required their medications to be crushed and the staff informed the inspectors they endeavoured to get liquid medication wherever possible. They demonstrated an awareness of the requirement of the GP to prescribe crushed medications as drugs which are crushed are used outside their licensed conditions and only a medical practitioner is authorised to prescribe drugs in this format. There were no residents that required scheduled controlled drugs.

Although medication audits had been completed by a nurse practitioner who had been attached to the Nagle centre she is currently on a secondment to another service. The inspector recommends that regular audit in medication management would establish review and processes to evaluate the use of medication policies and protocols as part of quality care provision and risk management programmes.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The Nagle Adult Residential Services is one of a number of designated centre's that come under the auspice of the Brothers of Charity Services South East. The Brothers of Charity south east provides a range of day, residential, and respite services in Waterford and South Tipperary. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. There is a director of services who reports to the board of directors. The Brothers of Charity services in south

Tipperary is managed by a senior management team which comprises of a regional services manager, a principal social worker, a principal psychologist and three services managers who have responsibility for specific services. The senior management team meets every month.

The service manager for the Nagle services is Marie Blake who is the person in charge for the Nagle residential adult services. The person in charge works full-time and has managed the service for over ten years. The inspectors formed the opinion that she had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. There was evidence that the person in charge had a commitment to her own continued professional development and had completed a number of managerial and clinical education days.

The regional services manager is the nominated provider for the Nagle residential services as well as other designated centres in the area. The nominated provider and the person in charge were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors saw that there was a copy of the standards and the regulations available to staff in each house along with other relevant documentation.

Inspectors noted that residents were familiar with the person in charge and approached her with issues and to chat during the inspection. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspectors were clear about who to report to within the organisational line and of management structures in the centre. The nominated provider had deputised in the absence of the person in charge in the past and also some of the other service managers assisted but there was no formalised arrangement or key senior manager identified in the statement of purpose for the centre. Following discussion with the inspectors the provider said they were going to formalise the deputising arrangements for the absence of the person in charge as is required by regulation.

Staff who spoke with the inspectors said they had regular team meetings and received good support from the person in charge however they had not received any formal support or performance management in relation to their performance of their duties or personal development. The provider confirmed that no staff had received an appraisal to date which is a requirement of the regulations.

Inspectors noted that prior to and throughout the inspection the provider, the person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents. A Health Information and Quality Authority preparedness audit had been completed on all houses reviewing documentation and records. There were records of reviews of key performance indicators and plans in place to deal with issues identified. There is a quality management framework which reports on quality to the organisational executive on issues such as health and safety, risk management and behaviours that challenge. Overall the inspectors were satisfied that there was a commitment to quality review and

continual improvement.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a policy on recruitment and selection of staff but it was dated 2009 and required review. The person in charge stated that a large proportion of the staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. This was confirmed by staff that inspectors met who had worked in the centre for long periods. There was evidence that new staff received a comprehensive induction programme and that new staff do not work in residential care until they have experience in day services with other staff.

During the inspection inspectors observed the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on observations of inspectors staff members were knowledgeable of residents individual needs and this was very evident in the very personalised person-centred plans seen by inspectors. Residents spoke very positively about staff saying they were caring and looked after them very well. Inspectors spoke to all staff on duty during the inspection, all staff were competent and experienced staff who were aware of their roles and responsibilities. Although they worked alone they stated they felt well supported by the person in charge and could call her for advise or assistance at any time. Inspectors were satisfied that the staff available during the inspection was appropriate to meet resident's needs however, they were concerned that the staff worked for long periods on their own for example from 15.30hrs on a Friday afternoon until 09.30hrs on a Monday morning. There was no lone worker policy available and supervision of staff was very limited.

As discussed in previous outcomes based on a review of training records viewed by inspectors, not all staff had received up-to-date mandatory training in fire and moving and handling. Training records confirmed that a number of staff had received training in infection control, course, training on person-centred plans, personal development relationships and sexuality, management of behaviour that challenges, nutrition and medication management. A number of the care staff had under taken a Further

Education Training Awards Council (FETAC) level 5 qualification in healthcare.

Inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations were available.

There was evidence that formal staff meetings were held quarterly and team meetings on a six weekly basis the minutes were kept of issues that were discussed. A sample of the minutes showed that the topics discussed included all issues relevant to the further development of the centre. Staff who spoke to inspectors confirmed that such meetings were held on regular basis.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	ORG-0011174
Date of Inspection:	19 March 2014
Date of response:	23 April 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

One of the residents who smoked did not have an individual risk assessment for the risks associated with smoking. It was also seen by the inspectors that the resident smoked outside the back door of the house, the inspectors saw that there was a gas cylinder very close to where she was smoking and there was no suitable fire fighting equipment outside.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

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

- Risk assessment carried out for one resident who smokes and systems put in place to manage the ongoing risk.
- A Fire Safety Engineer has been engaged to provide an assessment of the house and surroundings and has made appropriate recommendations.
- A new designated smoking area has been put in place in consultation with Fire Safety Engineer.
- A Declaration of Conformance has been obtained from Registered Gas Installer.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

Cleaning equipment and chemicals were seen in the bathroom and other areas in the houses these could be a risk to some residents and should be placed in a locked cupboard.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Cleaning equipment and chemicals will be stored in a locked cupboard.

A risk assessment will be carried out for one individual (living semi-independently in a self contained apartment on-site) regarding the safe use of cleaning products.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

There was a risk management and risk assessment policy in place however it did not meet the requirements of legislation as it the risk registrar did not adequately cover the precautions to be in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- and self-harm

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

- Policy and Procedure on Risk Management will be updated to include the following specified risks:
 - o absence of residents
 - o accidental injury to residents or staff
 - o aggression and violence
 - o and self-harm

- Organisational and local risk register will be updated to include management plan and safeguards to address specified risks.

Proposed Timescale: 30/06/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all bedrooms had hand washing sinks available and residents shared a bathroom. This needs to be kept under review if staff need to assist residents with personal hygiene in their bedrooms, to ensure they would be facilitated to abide by best practice in relation to infection control with appropriate hand-washing facilities. Shared towels were seen in the bathroom and consideration should be given to the use of paper towels.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- Organisational Infection Control Policy being developed.

- Local infection control procedures to be developed and safeguards put in place. Specific protocols to be developed in response to periods of illness and changing needs.

- On completion of policy, infection control training to be delivered to all staff.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

Training records confirmed that fire training was held in 2013 however there were a number of staff that had not received fire training since 2011. This does not meet the requirements of legislation.

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:

- Fire safety refresher training to be provided for all staff.

Proposed Timescale: 30/05/2014

Theme: Effective Services

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

In one of the houses one of the bedrooms opened into a dining room and then into a sitting room. There was no direct exit from the room onto a corridor which is a requirement of fire safety.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- Fire Safety Engineer has been engaged to recommend and design a safe and appropriate egress.
- Appropriate means of escape to be installed in line with recommendation.

Proposed Timescale: 16/06/2014

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:

Staff training records showed that some staff had received training on dealing with behaviours that challenge but this was in 2008. Further training is required to ensure all staff have up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour as is required by legislation

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:

- Training to be provided for all staff in behaviour management, de-escalation and intervention techniques.

Proposed Timescale: 30/05/2014

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:

In one of the houses the signature of the GP was not placed for each drug prescribed in one of the drug charts examined. Instead there was a bracket over a number of medications with a signature against that and there was also a space between medications where another medication could be added, this practice could lead to errors.

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:

- Contact GP to request "no gaps/spaces" when completing the drug charts and to sign each medication individually.

Proposed Timescale: 30/04/2014

Outcome 14: Governance and Management

Theme: Leadership Governance and Management

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

The provider confirmed that no staff had received an appraisal to date which is a requirement of the regulations.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

- Staff Support Policy and Procedure has been developed and approved for implementation (following consultation with Staff Information and Consultation forum).
- Individual staff support sessions to commence from 28/04/2014

Proposed Timescale: 28/04/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff worked for long periods on their own for example from 15.30 on a Friday afternoon to 09.30 on a Monday morning. There was no lone worker policy available and supervision of staff was limited.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

- Organisational Lone Working Policy being developed.
- As per Outcome 14 staff support sessions to commence from 28/04/2014.

Proposed Timescale: 30/06/2014