

**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 Clare
Centre ID:	OSV-0003677
Centre county:	Clare
Email address:	garyflannery@clare.brothersofcharity.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Clare
Provider Nominee:	Eamon Loughrey
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 July 2014 09:00 To: 15 July 2014 04:30

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 monitoring inspection was the first inspection of this centre carried out by the Authority. As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, procedures and staff training records.

This centre provides respite support to a core group of nine residents on a regular basis, the length of stay varies from one to several nights. The house can provide respite support to a maximum of three residents at any one time. Many of the users also attend day care services and all well known to staff in the service. Residents spoken with confirmed that they liked using the respite service and looked forward to their stays in the house.

Overall, the inspector found that residents received a good quality service in the centre. Staff supported residents in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to attend part time work.

The centre was comfortable, homely, appropriately furnished and well maintained.

Staff and residents knew each other well, residents were observed to be relaxed and comfortable in the company of staff.

Areas of non compliance related to updating the emergency plan, implementing an infection control policy and including times on the staff rota. These are discussed further in the report and included in the Action Plan at the end of this report.

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

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

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

Findings:

The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests while on respite. Arrangements were in place to meet each resident's assessed needs and these were set out in individualised personal plans. Residents were involved in the development of their personal plans and staff provided a good quality of social support to residents.

The inspector reviewed a sample of personal plans. The plans set out each residents individual assessed needs, aspirations and choices. Detailed support plans were in place as required including health, nutrition, work, mobility, communication, finance, autonomy, safeguarding, inclusion, transport, spirituality and exercising rights. They were individualised, person centred and up to date. There was evidence of participation of residents in the development of their plans. Some residents had outlined their own specific support needs and documented them in their own hand writing. The files also contained details of the key people responsible for supporting residents and annual review dates were included.

The files included details of the individual things that each resident liked to do when on a break at respite house. Files contained timetables for regular activities such as going to the gym, physiotherapy and work experience.

Money management competency assessments were completed to ensure that residents had access to and could manage their own money.

Many of the residents who availed of the respite service also attended the day care services, arrangements were in place and some residents were also supported to attend part time employment. Residents spoken with confirmed that they enjoyed going to work.

Residents spoken with told the inspector that they also enjoyed going shopping and going on day trips and holidays, going out to eat, going to the local bars and restaurants. The inspector saw staff implementing personal plans with residents throughout the day.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The inspector noted that improvements were required in relation to some aspects of risk management and fire safety.

There was a health and safety statement available. There was a recently updated comprehensive risk register which included the measures in place to control risks specifically mentioned in the Regulations such as the unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence and self harm. Systems were in place for the regular review and updating of the risk register.

The emergency plan required further updating to include guidance for staff as to their specific roles and responsibilities in the event of various types of emergencies. Arrangements were in place locally in the event of evacuation of the centre. A personal emergency and evacuation plan had been documented for each resident and staff were knowledgeable regarding the individual plans.

The inspector found the building to be maintained in a clean condition throughout. While the inspector did not observe any poor infection control practices during the inspection there was no infection control policy in place to guide practice. The person in charge told the inspector that the infection control policy was currently being developed and was due for sign off but had not yet been implemented.

The inspector reviewed the fire policies and procedures. Daily and weekly fire safety checks were being carried out and these checks were being recorded. Records indicated

that all fire fighting equipment had been serviced in November 2013. A recent fire safety audit had been carried out by a chartered engineer. The person in charge showed the inspector the list of remedial works identified which included the upgrading of fire doors, installation of a fire alarm system and emergency lighting. He stated that this work was currently in the tendering process with a view to having the works completed prior to the registration application. All staff had received recent formal fire safety training. Staff spoken with and training records reviewed confirmed that training had taken place. Regular fire drills took place including both staff and residents. Staff spoken with were knowledgeable and confident in knowing what to do in the event of fire. The procedures to be followed in the event of fire were displayed.

Judgment:

Non Compliant - Minor

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the policy on the welfare and protection of vulnerable adults. The policy outlined guidance for staff as to what their role would be if they suspected any form of abuse and outlined guidelines for managing allegations or suspicions of abuse. It also included the name and contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to the prevention and detection of abuse and were knowledgeable regarding their responsibilities in this area. All staff had been issued with a small laminated card with the name and contact details of the designated person. Training records reviewed indicated that all staff had received training on the protection of vulnerable adults and the person in charge told the inspector that refresher training was scheduled for some staff in October 2014.

The Inspector reviewed the policies on responding to adults who display behaviour that challenges. The policy outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. It also

included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. Staff told the inspector that there were no restrictive procedures in place at the time of inspection. All staff had received recent training on management of actual potential aggression which included the use of restrictive procedures.

Residents spoken with told the inspector that they felt safe in the centre. The inspector observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

The person in charge told the inspector that the finances of residents were not managed in the centre.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals. Records of referrals and appointments were observed in residents' files and recommendations were reflected in residents personal plans. The needs of residents with specific health care issues were clearly set out in detailed health care plans.

The inspector was satisfied that residents' were supported to buy, prepare and cook the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Residents had access to drinks and snacks throughout the day. The needs of residents with special dietary needs were met. A food intake diary was maintained for each resident to ensure that they were receiving a nutritious well balanced diet. Fresh fruit was readily available. Residents spoken to told

the inspector that they enjoyed their meals and were supported to have foods that they liked. The daily menu was planned in consultation with each resident and the inspector observed this taking place. Residents stated that they enjoyed eating out usually at weekends and also had occasional takeaways.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

The inspector was satisfied that safe medication practices were in place.

There was a comprehensive medication policy dated July 2012 in place and staff spoken with were knowledgeable regarding medication managements policies and practices.

The inspector reviewed the prescription/administration charts and noted that all medications were individually prescribed prior to the residents being admitted for respite. Staff told the inspector that on admission all residents medications were checked against the prescription and that only prescribed medications were administered.

Systems were in place for the safe storage of medications and safe return of medications to the pharmacist.

Systems were in place to record medication errors and staff were familiar with them. All staff had attended medication management training which included a clinical competency assessment.

Medication management audits were carried out annually. The inspector reviewed the results of the last audit which was carried out in May 2013. All issues identified had been addressed.

Judgment:
Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. He worked full-time, was a qualified nurse and was in the post since May 2014. He was also in charge of some other residential services.

Arrangements were in place for the regional manager to deputise in the absence of the person in charge.

The person in charge was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal plans of each resident. He was based locally and in regular contact with staff and visited the centre three to four times weekly. The inspector observed that he was well known to staff and residents.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist him to deliver a good quality service. These supports included a regional manager, human resource manager, training officer, social worker and psychologist. There were established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The person in charge outlined how he regularly met with the regional manager and other service coordinators. The person in charge told the inspector that he felt well supported in his role and could contact any member of the management team at any time should he have a concern or issue in relation to any aspect of the service.

A recent in house audit had been completed to determine compliance with the Regulations and standards, and staff were actively working on addressing the non compliances.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspector noted adequate staffing levels to meet the needs of residents at the time of inspection. There was normally one staff member on duty from 5pm to 10am. Staff told the inspector that staffing arrangements were flexible in order to meet the needs of residents. The inspector noted that while there was a staffing roster showing staff on duty it did not include the times that staff were on duty.

The inspector was informed that staff were recruited centrally and that the recruitment policy and staffing files were held centrally in the administration office. The inspector did not review staff files on this inspection. Staffing files reviewed by the inspector from another centre in the organisation in the recent past were found to contain all documents as required by the Regulations including references and Garda vetting.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended ongoing training and records of training were maintained in staff files. Recent training included management of actual potential aggression, occupational first aid, food safety, peg feeding, intimate care and medication management. The person in charge had attended a seminar on community living and how to support people.

Staff confirmed that annual performance reviews were completed with them which included identifying areas for training and development.

Judgment:

Non Compliant - Minor

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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
Centre ID:	OSV-0003677
Date of Inspection:	15 July 2014
Date of response:	6 August 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:

The emergency plan did not include guidance for staff as to their specific roles and responsibilities in the event of various types of emergencies.

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:

An updated draft of the Emergency Plan for staff to follow which includes, in detail, the specific roles and responsibilities of staff in response to each individual emergency

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

situation.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

There was no infection control policy in place to guide practice

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:

Finalise, circulate and implement the draft Brothers of Charity Clare Infection Control Policy/Procedures to guide local practice

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing roster did not include the times that staff were on duty.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

All staff rosters going forward will include start and finish times for duty

Proposed Timescale: 01/08/2014