

**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-0004880
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Noelene Dowling
Support inspector(s):	Kieran Murphy;
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 July 2015 09:00	21 July 2015 19:30
22 July 2015 08:00	22 July 2015 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first registration inspection of this centre which forms part an organisation which has 25 designated centre in the region and others nationwide. This centre is designed to provide care for adult residents of mild and moderate intellectual and physical disability. All documentation required for the purpose of registration was available.

This inspection was announced and took place over two days. All 18 of the outcomes required demonstrating compliance with the legislation and regulations were inspected against. As part of the inspection the inspectors met with residents and staff members. Inspectors observed practices and reviewed the documentation

including personal plans, medical records, accident and incident reports, policies procedures and staff files. The authority received a number of completed questionnaires from relatives and residents and the commentary in these were very positive in regard to the care and service received. Staff were observed to be respectful, attentive and very knowledgeable on the resident needs.

This inspection found that the provider was in substantial compliance with the regulations with some improvements required. There were effective and suitable governance arrangements in place. Staffing levels and skill mix were satisfactory and had been revised as resident needs changed. There was evidence of good practice found in recruitment procedures, complaint management and systems to protect vulnerable adults. Good practice in health care and access to allied health care service including mental health services was evident. Residents had significant involvement in the development of comprehensive personal plans and reviews to ensure their health social and personal care needs were identified and supported.

Improvements were required in the following areas:

- contract for care and fees to be paid for services and accommodation
- management of care for residents who were the subject of specific court orders or who could not give informed consent for the use of their personal monies.
- regular servicing of the emergency lighting system
- implementation of fire safety systems as outlined by the fire safety consultant.

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)

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

It was apparent to and observed by inspectors that the organisation and staff were committed to promoting resident's dignity, self determination and choice in how they lived their lives. Residents were supported to develop personal interests such as attending interesting and meaningful day care services, doing voluntary work, paid work and making choices regarding the own routines. Staff knew the individual preferences of residents for example, the food they preferred and their preferred choice of clothing and hobbies.

Two of the residents were involved in local and national advocacy services and there were regular meetings held with the residents at which their views were elicited and acted upon. There was evidence that the resident needs and expressed wishes informed changes to practice. For example, in relation to additional staff support and access to outside activities.

There was easy access to external advocacy services. Staff as key workers were also seen to act as advocates for residents in relation to their individual support or accommodation needs.

The manner in which residents were addressed by staff was seen by inspectors to be respectful, amicable and familiar. They were seen by inspectors to respect the resident's privacy by always knocking on the apartments or bedroom doors and waiting for permission to enter. The apartments and the house were very personalised with photos and mementoes, books, toys, music systems, televisions and other equipment chosen by the residents themselves. Resident's religious and spiritual needs were facilitated and a number of the residents attended mass in the local churches. Gender issues were

respected in the provision of personal care and support. All residents' personal belongings were carefully itemised.

However, dignity and quality of life had been somewhat compromised for one resident by virtue of the fact that on occasions the residential house in which he lived was closed at bank holiday weekends. At such times this resident was moved to the apartment block and used a fold up bed in the bedroom of a resident who was at home at the time. Inspectors were informed that this took place with the consent of both residents' representatives. However, it was primarily due to staffing resource issue and did not take account of the wishes or specific needs of the resident who was moved. Inspectors were informed that this had been a historical practice, had recently ceased and would no longer take place.

A review of a sample of the records pertaining to resident's monies being withdrawn from the personal property accounts for specific purchases or as weekly pocket money indicated that the systems for recording this money and its usage were detailed and transparent. All monies given for residents use were dated and the expenditure was recorded and receipted for the finance office. Money paid in on behalf of residents in fee payments are recorded clearly and the records including savings on behalf of residents were transparent, held in the resident own account and available for the resident or their representative to review if this was required.

However, some anomalies were noted in relation to residents making communal purchases and decision making process regarding these. For example, a communal car was purchased by residents and all subsequent running and maintenance costs were paid by the residents.

The system for gaining agreement and consent for such purchases was not robust. This was especially pertinent to the residents who could not in fact give informed consent for this. While it has undoubtedly been of benefit residents rights and the need for robust protective systems were not satisfactorily implemented in these instances.

Residents did their own laundry, in some instances with staff support. There was ample space in all bedrooms to hold clothing and other personal belongings and residents had keys either to their own bedrooms or to their own apartments.

Inspectors reviewed the complaint policy which contained all of the requirements of the regulations. A review of the complaint log indicated that the provider has responded appropriately to complaints and did seek the views of the complainant on the outcome. The policy was available in pictorial and easy read format and residents told inspectors that they would certainly tell staff or the person in charge if they had any concerns and they would "sort it out". Relatives who forwarded questionnaires to the Authority also stated that they knew how to make a complaint and felt it would be addressed. Activities took account of the residents stated or known preferences and were seen to be individualised.

Judgment:
Non Compliant - Moderate

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Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector’s observed details in personal plans outlining resident’s communication needs and there were very comprehensive communication passports available in the event of a resident requiring care in another service. Staff were observed to be very familiar with the resident’s non verbal communication and what it meant.

There were directions from speech and language therapists to support communication and speech development for the residents. Inspectors observed that staff responded to resident’s communication as outlined in the personal plans and also helped them to communicate better by practising breathing exercises.

Residents had access to televisions, and other media and staff were aware of their favourite television programs and music preferences. Pictorial images to aid communication were used. Some residents used basic sign language and the staff had in-house training in this and the guidelines were available to staff. Communication logs were used between the day and residential services and between individual support workers to ensure continuity of care.

The personal plans were synopsised in a suitable pictorial format for the residents. The residents were a significant part of the local community. For example, they did their shopping locally, attended at various facilities including leisure clubs and religious services and were registered and supported to vote.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

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

Findings:

Inspectors saw evidence from records reviewed and from speaking with residents and information received from family members that relationships were supported, encouraged and maintained. There was evidence of regular communication with families and visit and holidays home were regular. Where it was deemed necessary staff went with the residents.

There was evidence that families were quickly informed of any incidents or changes in health status and they were fully involved in the personal plans developed for the residents.

Records of these visits and communication were evident. Residents could if they wished have friends to visit in the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The policy on admission was detailed. There was a policy on admissions which outlined the assessment and decision making process and took account of how the admission procedure would ensure that residents were suitable to live together. By virtue of their care needs and assessment it was observed that admissions and the care practices were congruent with the statement of purpose.

Inspectors were satisfied that supportive transition and discharge plans had been made to support a resident to move to more independent living in the community. There was detailed information available in the event of transfer to acute care.

The contractual arrangements for the service differed between the residential house and the apartments. Inspectors were informed that the residents in the apartments had a tenancy agreement with the sheltered housing agency. This agency is an independent associate company of the providers. They also had a separate service agreement with the provider for living arrangements and supports.

Inspectors found some anomalies in the service agreement as it clearly stated that all furnishings and fittings would be supplied by the provider within reason. In fact, the residents had purchased all of their own furniture when they moved into the apartment. The agreement does not clearly outline the services or facilities for which the resident is required to pay outside of the basic fee.

A review of a number of financial records indicated that residents in the apartments paid amounts for fuel bills, food, government taxes and other items. In some instances there was very little money left over from the resident's weekly allowance. While it is acknowledged that the residents in some instances are being supported to be independent, the service is funded by the Health Service Executive. The agreement does not clearly outline the services or facilities for which the resident is required to pay with regard to the care needs of the residents.

Judgment:

Non Compliant - Moderate

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:

Inspectors reviewed a sample selection of individual personal plans and medical records and found good practice in the systems for assessment and implementation of residents social care needs and welfare.

There was evidence of good pre-admission assessment and a range of assessment tools being used. There was also evidence of ongoing monitoring of residents needs based a range of domains including health, nutrition, safety, communication, behaviour, training and education, employment, family supports and social inclusion.

There was evidence of appropriate multidisciplinary involvement in residents care with good access to services such as physiotherapy, occupational therapy, psychiatric and mental health services. Both staff and the residents themselves were very familiar with

the outcome of any assessment or review undertaken.

However, some of these allied services were paid for privately by the residents. The person in charge stated that this was due to the lack of timely access currently within the the public health services. Residents and or their representatives agreed to these arrangements.

The personal plans were informed by a comprehensive evaluation of need and strengths and detailed short long and medium term goals. Overall the inspector was satisfied that the plans were reflective of the residents assessed need and individual preferences. The outcomes were evaluated six monthly or more frequently if the residents needs changed and all were formally reviewed annually. The annual reviews were informed by the multidisciplinary assessment and interventions and were seen to be comprehensive.

Records of the annual reviews demonstrated that family members and or representatives and resident attended.

Resident's daily routines were clearly identified and primary care, health care needs social inclusion and development could be seen to be well supported.

The individual residents need for staff support and supervision were managed in a person-centred way with residents who were deemed to have a greater need for supervision receiving one-to-one support for day time activities and personal care.

The plans identified the people responsible for implementation and time frames. It was apparent that the outcomes were in most instances achieved with the residents. At the time of the inspection it was acknowledged that a residents needs were not being sufficiently met in the current living environment. Plans were being made to remedy this. In the interim strategies such as additional staff, individualised support plans focused activities and supported home visit were being to mitigate this.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The centre is comprised of two separate premises within a short distance of each other. One is a purpose built apartment block which contains three self contained two bedroom apartments, a staff office/sleepover room and the second premises is a four bedroom detached house.

Both premises are located in housing estates in the centre of the local community. Neither the house nor the apartments are identified in any way to differentiate them from its neighbouring houses. There is suitable car parking to the front. There is easy access to all local services and transport systems

The apartments are all fully self contained with fully equipped kitchens/combined living area, one bedroom with en suite and a separate bathroom/shower. The en suites and shower room are suitably adapted. Each apartment opens onto a communal hall and exit and they also have a separate exit in the event of emergency.

The bedrooms are spacious and well equipped and there was suitable and sufficient storage space. Each apartment has an accessible patio garden area with suitable seating. All were well decorated and maintained with suitable heating lighting and ventilation. Suitable furnishings were provided and rooms were nicely decorated with personal items.

The semi-detached house is comprised of a large kitchen dining room, sitting rooms small utility and downstairs shower and toilet.

There are four bedrooms upstairs, two very large and two smaller. One bedroom contains an en suite and there is additional shared toilet/shower room. One of the smaller bedrooms is used as a relaxation room for one resident and is equipped with lights bean bag and a music system.

There is a garden to the rear of the premises. The premises are suitable for their purpose and comfortable. Some remedial works were seen to be necessary in two of the shower rooms where there was evidence of mould and shower trays required replacement. Paint work in one bedroom also needed to be refreshed.

Currently no assistive equipment was required for any resident. There was evidence of regular servicing of heating and the vehicles were seen to have evidence of road worthiness and insurance. There were satisfactory arrangements for the management of clinical and other waste.

Judgment:

Substantially 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:

Systems for identifying and responding to risk were found to be proportionate and balanced. There was a signed and current health and safety statement available. A number of safety audits of the premises and work practices had been undertaken. The risk management policy was current and complied with the regulations including the process for learning from and review of untoward events. Inspectors found that policy was implemented in practice.

Safety procedures to prevent unauthorized persons entering the units such as locking and putting a bell on the external door to the apartments were in place. Given the vulnerability of the residents this action was deemed appropriate.

There were additional policies in place including a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff.

The policy on infection control was detailed and staff articulated good practice in relation to this. Staff were observed taking appropriate precautions and using protective equipment including gloves and sanitizers in an unobtrusive manner.

The risk register was centre specific and updated as risks were identified. Risks identified in the organisational register included environmental and clinical and corporate risks with controls identified to manage them. The local risk register contained information on identified risks such as fire, lone working, falls, choking and relevant controls were identified. Three monthly audits of accidents and incidents were undertaken and controls identified. These included medication, falls and challenging behaviours.

In practice any incidents were reviewed as they occurred. For example, a resident at risk of falling was provided with a personal monitored alarm which she showed to the inspectors.

Safety measures were also in place for the use of the stairs in the residential house and additional exits from the apartments. There was a risk assessment and management plan for each individual resident available. These were found to be pertinent to the residents assessed needs including being left alone for short period of time in the premises.

Fire safety management equipment including the fire alarm extinguishers had been serviced quarterly and annually as required. However, the emergency lighting had not been serviced although a visual check was undertaken by staff.

Personal evacuation plans had been compiled for each resident. These were very detailed and identified how much support or direction the residents would need.

The provider had engaged the services of a fire safety consultant in preparation for the

registration process. A full report had been compiled. This report stated that the system for evacuation from the apartment which has one bedroom upstairs and required either a means of evacuation via the widow or placing a fire door within the apartment itself. The inspector confirmed that this had not been undertaken.

Inspectors reviewed the fire safety register and saw that fire drills had been carried out at a minimum twice yearly and included the residents. Staff were able to articulate the procedures to undertake in the event of fire. However, the fire consultants report had also stated that any fire dill should include the possible need to evacuate from individual apartments as opposed to the communal exit .This had not been actioned.

Judgment:

Non Compliant - Moderate

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 inspectors reviewed the policies and procedures for the prevention, detection and response to allegations of adult abuse and the protection of vulnerable adults. The policy was satisfactory and in accordance with the revised HSE policy and there was a designated person assigned to oversee any allegations of this nature.

The provider had a dedicated social work service. This person was also responsible for undertaken the ongoing and updating of training for staff. Records demonstrated that all current staff in the centre had received initial and up to date training in the prevention of and response to abuse.

Each resident had an individual safeguarding plan which identified specific areas of vulnerability and strategies to support them. They were also pictorial and easy read versions of safeguarding systems for residents.

Staff were able to articulate their understanding and responsibilities in relation to this and there was a designated line of accountability identified which was readily available and known by staff. Inspectors were informed by the person in charge that there were

no allegations of this nature made or being investigated at this time but also how the process would be managed should this occur.

However, the arrangements for the management of monies for a resident who was a ward of court were not robust. There was no copy of the order available and no system as to how the residents money could be accessed or spent, or if this was being monitored to ensure the systems were in accordance with the wardship order.

Inspectors were satisfied that the system's for the support of behaviour that challenges and the use of restrictive practices were based on national guidelines and good practice and the need to avoid unnecessary restrictions. There was an up-to-date policy on the management of behaviour that is challenging and on the use of restrictive procedures which is in line with national policy and both policies were comprehensive in detail and guidance for staff. The policy on the use of restrictive practices clearly defined the exceptional circumstances in which such procedures should be used and defined practice such as seclusion which were forbidden to be used in the centre.

There was a psychiatric service engaged by the provider which was seen to be regularly involved in residents care and prompt referrals were made when behaviours of concern were noted. A three monthly review of resident's mental health and psychotropic medication took place, attended by the resident and also informed by staff who knew the resident.

Behavioural psychological support also available overseen by the clinical psychologist.

From a review of the behaviour support plans and detailed functional analysis which was undertaken the inspector was satisfied that systems implemented were supportive and reviewed for their effectiveness. In some instances residents had been allocated one-to-one day support to ensure meaningful activity took place following the emergence of behaviours of concern. This also ensured the impact on other residents was minimised.

Residents were also helped to understand their behaviour and manage it. Staff were able to state what interventions they found most helpful. For example, giving reminders of the time were given, scheduled activities were in pictorial format so that they resident could see them and other diversionary or preventative strategies to calm a resident. Inspectors found that restrictive practices were not implemented with the exception of minimal administration of medication on a small number of occasions.

This medication was prescribed, documented, reviewed and accompanied by systems to reduce the occurrence of behaviour. There was evidence that families had been consulted in relation to the use of this medication.

Staff had received training in an approved method of managing behaviour which includes physical interventions de-escalation and prevention when this is deemed absolutely necessary and as a last resort. Physical interventions such as holding techniques were prohibited in the centre according to the policy.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A review of the accident and incident logs, resident's record and notifications forwarded to the Authority demonstrated the provider's compliance with the obligation to forward the required notifications to the Authority.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Inspectors were satisfied that residents were supported and encouraged to develop meaningful day-to-day activities skills and long term aspirations. The majority of the residents attended day care or worked part time. They told inspectors that they did literacy, numeracy, computer skills, life skills such as road safety and money management.

One resident did gardening as a job and also looked after the garden in the apartment. He said he had a busy schedule and really liked this. They also attended local events and advocacy meetings. Within the centre they were encouraged to take responsibility for their own house work, shopping and laundry with support from staff as they needed this. Where formal day care was not deemed suitable support staff were assigned to do meaningfully and scheduled day-to-day activities external to the centre. Resident had access to IPods and other technology.

Personal plans provided detail as to the level of personal care support and also details as to personal tasks residents could undertake themselves. There was a significant level of social participation for residents, for example going to shopping centres or for meals out or to local events. Each of the units had their own transport.

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:

Inspectors found evidence that resident's healthcare needs were very well supported. A local general practitioner (GP) service was responsible for the health care of residents and records and interviews indicates that there was frequent and prompt access to this service. Many of the residents attended at the GPs clinic and there was consent and agreement that information would be shared with the staff.

The residents had a good understanding of their own health care needs and a number told the inspector of the healthy eating and weight loss plans they had embarked on to good effect.

There was evidence from documents, interviews and observation that a range of allied health services was available and accessed in accordance with the residents need and changing health status. These included occupational therapy, physiotherapy, psychiatric and psychological services. Chiropody, dentistry and ophthalmic reviews were also attended regularly.

Healthcare related treatments and interventions were detailed and staff were aware of these. Such interventions were revised annually or more often as required. Inspectors saw evidence of health promotion with regular blood tests, vaccinations, medication reviews, and gender specific screening pertinent to the needs of the residents. Inspectors found that there was a cohesive approach to the monitoring of health care, evidence of timely response and a detailed health summary report was maintained by staff.

The documentation indicated that all aspects of the resident's health care and complexity of need was monitored and reviewed. Nutrition and weights were monitored and specific vulnerabilities were noted and acted on for example, falls risks or specie

dietary needs. There were protocols in place for the management of epilepsy and staff were clear on these protocols. Families were kept informed of any external medical appointments and could either attend or staff accompanied the resident. Inspectors were informed that if a resident was admitted to acute services staff were made available to remain with them to ensure their needs were understood.

There was a policy on end of life care. There was no resident who required this care at the time of this inspection. The policy allows for advanced planning although this has not as yet been implemented but some residents had spoken with staff regarding their wishes. The person in charge stated that the resident's wishes would be taken into account and that the organisation had the nursing capacity to support residents at home if this was the decision.

Residents in the main prepared their own meals with support from staff and in a small number of instances staff prepared the meals. The diverse needs of the residents were addressed in the dietary supports available, for example if meals need to be modified or specific dietary needs were required. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs. They were also aware of resident's preferences and they had significant choices. Residents weights were monitored regularly.

All of the kitchens were suitably equipped, domestic in style and residents had full access at all times in a homely and relaxed environment. Additional foods such as fruit, cheese, salad, and eggs were available juices were available chosen and in most cases shopped for by the residents. Assistive cutlery had been sourced to ensure residents could remain independent.

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:

Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication.

Inspectors saw evidence that medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. One resident had been assessed as being able to manage his own medication and this was monitored by staff. All medication was safely stored and there were systems for checking in and receipt of medication. Regular audits of medication administration and usage were undertaken. Additional food supplements were used only if prescribed by the GP. There was no emergency medication being used at this time.

A small discrepancy was noted in that system for recording medication which were prescribed as one off medications.

While the original prescription was maintained in the pharmacist it was not detailed on the prescribing documentation in the centre signed by the GP. Staff did document it on the administration record. The provider agreed to rectify this.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration. This required some amendments and these were duly made and the revised version forwarded to the Authority. It was found to be centre-specific and compliant with the requirements of the regulations and detailed the care needs and service to be provided.

Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with primarily mild to moderate intellectual disabilities and residents on the autism spectrum.

The care needs of the residents' differed and the accommodation ranged from semi-independent to a more supported residential environment. However, the inspector was satisfied that the different needs were identified and supported in a way which maximised the resident's quality of life in a community environment. This included the provision of one-to-one support staff for some residents at various times.

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:

Governance was supported by a range of systems including corporate risk and development and there was a clear governance and reporting structure in place.

The provider nominee who was the service leader for the region had responsibility for 25 designated centres in the region. He was found to be very familiar with the residents in the centre and had suitable systems in place to govern and promote accountability. Significant work had been undertaken to ensure compliance with the regulations and the registration process.

The governance systems included the regional manager who was responsible for residential and day care provision. He was suitably qualified and experienced and was closely involved in the centre. The provider nominee had undertaken an unannounced visit to the centre late in the evening to review specific issues and meet residents and staff.

Two six monthly audits had been undertaken and these were found to be detailed with the emphasis on personal planning and outcomes for the residents. This had included a survey of residents and relatives views. Actions were identified and issues were addressed so that there was evidence of inclusion and learning. For example, some deficits in personal plans were noted and duly rectified by the person in charge and staffing had been reviewed. The annual report for 2014 was detailed and also included the view of families and residents. Inspectors were satisfied that these systems provided an overview of the quality and safety of care and were an ongoing process.

The person appointed to the position of person in charge of this centre was qualified in social care with extensive experience as team leader and in the area of intellectual disability. She had also undertaken additional training in all mandatory fields and was in the process of sourcing management training as required by the regulations for the future.

As part of the registration process she demonstrated her knowledge of her regulatory responsibilities could be seen to be fully involved in overseeing the delivery of care and was very knowledgeable on the residents needs. She had up to recently been undertaking sleep over duties but this had ceased in order to ensure she was able to carry out her functions. There was an appropriate day and night time on-call system in place.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider had made suitable arrangements for periods of absence of the person in charge and was aware of the responsibility to report any such extended absence to the Authority.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

Sufficient resources for fundamental care such as food, health care, equipment

maintenance and upkeep of the premises and vehicles used and staffing were available and utilised for the residents benefit and to ensure the delivery of the care required by the residents.

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:

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. A number of staff had been with the service for some time. There was a detailed induction programme and a staff supervision/ appraisal system implemented by the person in charge. From a review of the documentation the inspector found that it focused on resident care as well as training needs and development for staff.

There was an actual and planned roster available. The staff ratios reflect the different support needs of the residents. There were two staff assigned to the apartments and one to the residential house with an additional support staff during the day. From a review of residents schedules and interviews with staff inspectors formed the view that the staffing levels and skill mix were adequate and had been reviewed where the need for additional support was identified. The service is a social care model but where nursing support or advice was required this was available within the local region. No agency staff were utilised. Where volunteers are used there was satisfactory contractual arrangements and the functions were defined.

Examination of a sample of personnel files showed good practice in recruitment procedures for staff with all the required documentation sourced and verified by the person in charge.

Examination of the training matrix demonstrated that all mandatory training was up-to-date for the staff including fire training, manual handling, and the protection of vulnerable adults, MAPA (a system for the management of behaviour and physical

intervention) and medication management training. Staff told the inspector this latter was particularly helpful in helping them manage medication but also to understand the effects of certain medication.

The training matrix did not demonstrate that training in areas of particular relevance had been undertaken, for example communication, or autism. While a number of staff have formal training in social care some do not due to historical arrangements.

The person in charge stated that specific relevant training had been undertaken in the past. This was discussed with the provider at the feedback meeting. The inspector was informed that the organisation is exploring the option of in house training in these areas as they have accreditation for the provision of FETAC (Further Education and Training Awards Council) training.

Staff were observed to be respectful, patient fully engaged with and supportive of the residents at all times during the process. Residents stated and demonstrated to inspectors that they were comfortable and at ease with the staff.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspectors found that the records required by regulation in relation to residents, including medical records, nursing and general records were up to date and comprehensive and easily accessed.

All of the required policies were in place and also had been reviewed. Documents such as the residents guide and directory of residents were available. The inspectors saw that insurance was current. Reports of other statutory bodies were also available.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
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-0004880
Date of Inspection:	21 & 22 July 2015
Date of response:	17 August 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The systems for seeking consent and making decisions for the spending of residents monies were not robust and adequately overseen.

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability,

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

participates in and consents, with supports where necessary, to decisions about his or her care and support

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

The procedure on Good Practice in the handling of personal assets of people who use our service will be amended to include new guidelines on the seeking of consent and the making of decisions for the spending of residents' monies.

Proposed Timescale: 01/12/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The agreement does not clearly outline the services or facilities for which the resident is required to pay.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Service agreements will be reviewed and will clearly outline the services for which the resident is required to pay. Service agreements will be based on individual Service Level Agreements and the funding received from the H.S.E.

Proposed Timescale: 05/01/2016

Theme: Effective Services

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

The agreement and payment structures did not take account of the support needs required by the resident and the funding available for this.

3. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

The Service Agreement will be reviewed in conjunction with the new Residential Support Services Maintenance and Accommodation Contributions and in conjunction

with funding being available from the H.S.E so that a more equitable system will be put in place.

Proposed Timescale: 05/01/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some remedial works are required in the bathrooms and bedrooms to ensure they are kept in good order.

4. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Remedial works as identified during inspection will be carried out to ensure bathrooms and bedrooms are kept in good order.

Proposed Timescale: 09/12/2015

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:

Emergency lighting had not been serviced quarterly as required since it was installed.

5. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

A quarterly service of the emergency lighting was carried out on the 22-07-2015. Going forward emergency lights will be serviced quarterly.

Proposed Timescale: 22/07/2015

Theme: Effective Services

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

The fire safety system in one apartment did not comply with the fire safety consultants recommendation for ensuring there was a secondary/ protected means of escape,

6. Action Required:

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

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

A fire door will be installed in this apartment to ensure compliance with fire safety consultant's recommendation.

Proposed Timescale: 29/09/2015

Theme: Effective Services

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

Alternative means of escape were not included in the fire drills held to ensure that residents and staff were familiar with them

7. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A fire drill was conducted on the 06-08-2015 using alternative means of escape. Going forward staff will conduct fire drills using alternative means of escape at regular intervals.

Proposed Timescale: 06/08/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There were no satisfactory systems in place to ensure that legal protection orders for residents finances were adhered to.

8. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

A system will be put in place ensuring the legal protection orders for residents will be adhered to.

Principal Social Worker has put this as an agenda item for Senior Management Meeting scheduled for 09-09-2015

Principal Social Worker has been in touch with Ward of Court case worker and has forwarded a full report to her. Awaiting advice and recommendations. These recommendation and court orders for resident's finances will be adhered to.

Ward of Court Information booklet and Ward of Court contact details to be placed in resident's file.

Proposed Timescale: 09/09/2015