

**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:	OSV-0005106
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
09 February 2016 09:30	09 February 2016 19:30
10 February 2016 09:00	10 February 2016 15:30

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 inspection of this centre which forms part of an organisation which has a number of designated centre in the region and others nationwide. This centre is designed to provide care for adult residents of mild moderate intellectual and physical disability, dual diagnosis and residents on the autism spectrum. This is a high support service. All documentation required for the purpose of registration was available and in order.

The 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 inspector met with residents and staff members, the principal social worker and the principal psychologist. The inspector observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies procedures and staff files. The authority received a completed questionnaires from relatives and some residents and the commentary in these were very positive in regard to the care and service received, the level of inclusion and choice they had .

Staff were observed to be respectful, attentive and very knowledgeable on the residents' needs.

This inspection found that the provider was in substantial compliance with the regulations.

There were effective and suitable governance arrangements in place.

Staffing levels and skill mix were satisfactory and had been revised significantly as residents' needs demanded this.

There was evidence of good practice found in recruitment procedures, complaint management and systems to protect vulnerable adults including behaviour supports.

Good practice in health care and access to allied health care service including mental health services was evident. There was effective multidisciplinary involvement evident.

Risk management strategies were balanced and proactive.

The premises consisting of two houses well maintained and in good order.

The provider was making alternative arrangements to relocate one resident from the smaller house as it was too small to accommodate the resident and the number of staff required.

Residents and their representatives 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 according to their wishes. Care was provided on a one-to-one-basis in a number of instances to ensure resident's needs were met.

Some improvements were required in the following areas;

the provision of fire doors in the houses

access to advocacy and the implementation of the function of rights committee.

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):

No actions were required from the previous inspection.

Findings:

It was apparent to and observed by the inspector that the organisation and staff were committed to promoting residents' dignity, choice and to meeting their needs. Residents' meetings were held and records showed that staff made efforts to ensure that all residents were involved. By virtue of long standing relationships residents' wishes and preferences were well understood by staff where residents could not directly communicate them.

Relatives and family members were also involved in making the residents' preferences known and ensuring their rights were respected. There was evidence that the residents' needs and expressed wishes informed changes to practice. For example, when they wished to change their individual routines.

They were supported to develop personal interests according to their capacity such as arts and crafts, music, going to the gym or walking the dog.

The manner in which residents were addressed by staff was seen by the inspector to be respectful. They were seen to respect the resident's privacy. Both houses were personalised with photos and mementoes, books, toys, music systems, televisions and other equipment chosen by the residents themselves. Where some restrictions were necessary for safety reasons these were managed sensitively and without undue restrictions. For example, some foods were available to some residents only with staff supervision and certain clothing was stored in other locations to protect residents.

Every effort was made to ensure residents were well informed where this was

appropriate, for example, one was self medicating to some degree and was aware of the reasons for the medication. Residents' religious and spiritual needs were facilitated and a number of the residents attended mass in the local churches if they wished. All residents' personal belongings were carefully itemised.

A review of a sample of the records pertaining to resident's finances showed that they all had their own bank accounts. Objective assessments had been undertaken as to the residents' ability to safely manage all or some of their monies. Staff support agreed with relatives and the records of transactions were transparent and detailed.

There was a satisfactory system for monitoring this. Families were involved in such decisions and kept informed of all spending. The inspector was informed that no residents were subject to legal financial or personal protection orders at this time. Money paid in on behalf of residents in fee payments were recorded clearly and the records, including those pertaining to savings on behalf of residents were held in the residents own account and available for the resident or their representative to review if this was required.

There was ample space in all houses to hold clothing and other personal belongings and one resident locked his bedroom door.

The inspector reviewed the complaint policy which contained all of the requirements of the regulations. A review of the complaint log indicated that the provider had responded appropriately to complaints and did seek the views of the complainant on the outcome of any issues. The policy was available in pictorial and easy read format. A number of issues raised in this manner were managed with the support of the multidisciplinary team in a satisfactory manner.

The inspector found that areas the current good practice could be improved upon. While there was access to the national advocacy service, and posters were available in the houses this had not been accessed for any specific resident whose needs could have dictated this external and objective overview. This was discussed with the regional manager and person in charge at the feedback meeting.

In addition, while there was a rights committee and evidence of regular and appropriate referral for issues such as restrictive practices, the committee had not responded to these referrals in all instances. The inspector was informed that this was due to the volume of issues being referred from the region. However, no such practices were implemented without multidisciplinary agreement. The provider was also seeking additional external members to participate in this committee which would enhance the independence of the process.

Relatives who forwarded questionnaires to the Authority stated that they knew how to make a complaint and were confident that it would be addressed. Personal plans took account of the residents stated or known preferences and were seen to be person-centred, implemented and not influenced by staffing or resources.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector observed details in personal plans outlining resident's communication needs, the meaning of sounds and non verbal expressions and there were very comprehensive passports available in the event of a resident requiring care in another service. A number of these had been undertaken in consultation with the speech and language therapist and by using the knowledge of the residents' families and the staff. Staff were observed to be very familiar with the resident's non verbal communication and what it meant. Pain assessments were seen on records where residents were unable to verbalise.

Pictorial images to aid communication were used where these proved helpful ,for example in letting a resident know what staff were coming on duty, the daily menu and planned activities. Communication logs were used between the staff to ensure continuity of care.

The personal plans were synopsised in a suitable pictorial format for the residents. The residents were a part of the local community although the location is somewhat what isolated. For example, they did their shopping locally, attended at various facilities including leisure clubs and religious services and were registered and supported to vote. There was suitable transport available and this was used effectively to ensure residents had community access.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector saw evidence from records reviewed and from speaking with residents and information received from family members that familial and significant relationships were respected and maintained. There was evidence of regular communication with families who were involved in all decisions and planning with and on behalf of the residents. Service was delivered within the ethos of shared care arrangements. There was evidence of direct staff support where this was necessary.

There was ample room in the houses for visits to take in private. Holidays home were regular and on occasion staff supported the visits by ensuring they remained nearby should families require additional support. There was evidence that families were quickly informed of any incidents or changes in health status.

Families attended the reviews and any other meetings held. Records of these visits and communication were evident. Residents could if they wished have friends to visit in the centre. They had regular contact with the community and used local shops, hairdressers and other facilities.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

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 protected from abuse. The current arrangement is that three residents reside together and one resident lives with staff in separate accommodation. By virtue of their care needs and assessments, admissions and care practices were congruent with the statement of purpose and suitable to the residents' diverse needs.

The inspector was satisfied that supportive transition plans had been made to support a resident to move either from home or to a new facility within the service. There was detailed information on health, medication and communication needs available in the event of transfer to acute care.

The contractual arrangements for the service were in order and defined all costs

involved. They were in pictorial and written format and signed on behalf of the residents by a representative where this was necessary.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the personal plans, medical records and daily records of three of the residents and found good practice in the systems for assessment, monitoring and implementation of plans for residents' social care needs and general welfare.

There was evidence of good pre-admission multidisciplinary assessment and a range of assessment tools and clinicians involved in these and the ongoing assessments. There was evidence that the residents and or their representatives were closely involved in the process and in the annual or more frequent reviews. Family members confirmed this to the inspector.

The personal plans were informed by a comprehensive evaluation of need and strengths and detailed short, long and medium and priority goals. They were based on a range of domains including health, nutrition, safety, communication, behaviour, training and education, employment, family supports and social inclusion. The plans included time frames and named those responsible for implementation. The plans were reflective of the diverse identified needs of the residents including mental health, physical needs, social supports and behaviours. There were governance systems in place to monitor the progress and prompt changes were made where this was necessary.

There was evidence of appropriate multidisciplinary involvement in residents' care with very good access to services such as physiotherapy, occupational therapy, psychiatric and mental health services. The inspector found that staff were very knowledgeable and informed of the outcome of any assessment undertaken and the interventions which were to be implemented.

The annual reviews were informed by the multidisciplinary assessment and interventions and were seen to be comprehensive. 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. In addition there was evidence each resident was reviewed on a monthly or weekly basis if this was required based on cages or incidents.

Resident's daily routines were clearly identified and primary care, health care needs, social inclusion and development could be seen to be well supported. Identified staff were allocated to each resident to ensure these occurred.

The capacity and preferences of the residents differed greatly for social activities and daily routines. The inspector found preferences were being met based on these needs with some going to the pub occasionally, going to the cinema, to the beach, gym, or simply walking a neighbour's dog and staff were available to ensure this took place. The individual residents need for staff support and supervision were managed in a person-centred way with one-to -supports made available.

It was apparent that the outcomes were in most instances achieved with the residents and that there was a commitment to continued improvement and development for the residents.

However, the documentation used despite being copious was not amenable to ease of access and retrieval. This was discussed with the management team at feedback. From speaking with staff and reviewing the personal documentation for the residents the inspector was satisfied that this and any other such deficits were documentary issues only and the assessed needs and plans for the residents were being addressed. This is actioned under Outcome 18 Records and Documentation.

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):

No actions were required from the previous inspection.

Findings:

The centre is comprised of two houses within the same grounds which can accommodate between one and three residents. Both are two story dwellings located in a rural setting. Each house had its own transport.

The houses are fully self-contained with fully equipped kitchens, living areas, and sufficient toilet and shower facilities.. The large house had ample space for residents to have separate sitting and recreation areas. The smaller house, while well equipped has been found not to be suitable due to its small size and the fact that the resident requires a three to one staffing ratio which allows for very little personnel space for the resident or staff. The provider was aware of these deficits and had definite plans to re-locate the resident to a more suitable environment in another designated centre. The inspector was satisfied that these plans were being undertaken with the involvement of the resident, relatives and the multidisciplinary team.

Otherwise the houses were suitable for purpose, well equipped and there was suitable and sufficient and domestic style catering and laundry equipment. There were staff office /sleep over rooms suffice storage and suitable garden space. All were very well decorated and maintained with suitable heating lighting and ventilation. Suitable furnishings were provided and the houses were personalised in decor and with personal belongings.

Currently no assistive equipment was required for residents. There was evidence of regular servicing of heating and the vehicles were seen to have evidence of road worthiness and insurance

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

Systems for identifying and responding to risk were found to be proportionate and balanced between the rights of the residents to make choices and the need to protect them. Some improvement in fire safety was required.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly. The risk management policy was current and complied with the regulations including the process for learning from and review of untoward events. The inspectors found that the policy was implemented in practice.

There were 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 and the disposal of sharps 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 as this was necessary.

The risk register was centre specific and updated as risks were identified. Risks identified included both environmental and clinical and there were controls in place to mitigate against these.

Each resident had a comprehensive individual risk assessment and management plans implemented for risks identified as pertinent to them. These included self medication, self injury, absconding, health issues or social interactions. Incidents were also reviewed thoroughly as they occurred. There was evidence of learning and from accidents or incidents.

Fire safety management systems were found to be good with equipment including the fire alarm, extinguishers and emergency lighting installed and serviced quarterly and annually as required. The provider had made a significant investment in installing these systems. However there were no fire doors installed in any areas of the houses to contain the spread of fire.

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

Inspectors reviewed the fire safety register and saw that fire drills had been carried out quarterly and where appropriate these included deep sleep drills to ensure staff and residents were aware of the procedure after hours. Any issues noted were identified and monitored such as where a resident was slow to respond and needed additional support. Staff were able to articulate the procedures to undertake in the event of fire. A resident also confirmed and told the inspector where they had to go when the alarm sounded.

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):

No actions were required from the previous inspection.

Findings:

The inspector 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 in the process of revision to ensure it correlated with the revised Health Service Executive (HSE) policy on the protection of vulnerable adults.

The provider had a dedicated social work service. There was a suitably qualified and experienced person nominated as the designated person to oversee any allegations of this nature. Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse. The inspector was informed that no such allegations were currently being investigated in the centre. There was evidence that where a historical concern had arisen appropriate and timely action had been taken by the provider to manage this.

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. The residents were supported to keep themselves safe by education in social interactions and by monitoring if this was required. There was regular access to managers for oversight of their care and safety and good recruitment procedures.

Residents who could communicate informed the inspector that they felt safe and one stated that where a previous resident had been verbally unkind to him staff had acted to address this. Information received from a family member also stated that they had confidence in the manager or the social workers to prevent or act on any such issues. 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. They also expressed the confidence in the management team to respond promptly to any incidents.

Records and interviews indicated the person in charge was managing a situation regarding the health and medication for a resident pertaining to an external source. The provider and multidisciplinary team were upholding their duty of care and had initiated steps to manage this. They had sought guidance from the HSE. They were aware of the potential risk involved.

The inspector was satisfied that the systems for the support of behaviour that challenges and the use of restrictive practices were based on national guidelines, current policy, good practice and strong multi-disciplinary and clinical oversight.

The policy on the management of behaviour that is challenging and on the use of restrictive procedures was in line with national policy and were comprehensive in detail and guidance for staff. The policy on the use of restrictive practices included both physical and chemical restraint. It clearly defined the exceptional circumstances in which such procedures should be used and how they were to be monitored and overseen. This was implemented in practice. There was a psychiatric and psychology service engaged by the provider which was seen to be intrinsically involved in residents care.

A number of residents had complex behaviours that challenge and enduring mental health issues.

Prompt referrals were made when behaviours of concern were noted and the inspector also found that the response was timely. A three monthly or more frequent review of resident's mental health and psychotropic medication took place, attended by the resident and or relatives.

Behavioural psychological support was also available, implemented and overseen by the

senior clinical psychologist and monitored by the specialist in behaviour.

From a review of the behaviour support plans the inspector was satisfied that the diverse needs of the residents were recognised and actively responded to. Staff articulated the support and encouragement which were necessary in some instances to achieve small day-to-day tasks and the records showed improvements evident in the overall quality of life for residents.

A detailed functional analysis and monitoring of incidents was undertaken which indicated that systems implemented were supportive and reviewed for their effectiveness. There was consultation with and direct guidance for staff in supporting the residents. The inspector found that issues which were found to exasperate behaviours or anxieties were recognised, for instance, where agency staff had to be used and where any deviations from the behaviour support plans were noted. Strategies were detailed and daily routines adhered to rigidly to prevent incidents.

In one instance it was recognised that the current accommodation, its size and location(which necessitated frequent travel) was contributing to the behaviours. An alternative was being planned in consultation with all clinicians and the resident's parents. A three to one staff ratio was in place at all times and maintained. Despite this the resident was supported to participate in all preferred work and activities.

From a review of the detailed incidents reports and analysis of restraints used, both physical and chemical and speaking with staff and clinicians there was evidence of a reduction in the more extreme behaviours and the duration of the incidents. Alternatives had been considered.

Staff had received training in an approved method of managing behaviour which includes physical interventions de-escalation and prevention and some staff had also undergone advanced training in this as it was required by the resident's presenting need.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A review of the accident and incident logs, resident's record and notifications forwarded

to the Authority demonstrated that the person in charge was in compliance with requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents with diverse needs were supported and encouraged to develop meaningful day-to-day activities, and skills and that this process was on-going.

Some did art and crafts work, life skills, one was training in computers, another took responsibility for shredding and another worked very successfully on the organisations working farm. The day-to-day work was pertinent to the current capacity and the needs of the individuals for support and protection. Where formal day care was not deemed suitable support staff were assigned to do meaningful and scheduled day-to-day activities external to the centre.

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. There was however, no objective assessment of the residents capacity to decide on opportunities for education or training which would enhance the current systems.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found evidence that resident's healthcare needs were very well supported. A local general practitioner (GP) service or their own GP was responsible for the healthcare of residents and records and interviews indicates that there was frequent and prompt and timely access to this service.

Some of the residents had a good understanding of their own health care needs and one told the inspector that he needed looking after by staff in this regard. There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents need and changing health status. These included occupational therapy, physiotherapy, psychiatric and psychological services most of which were available internally. Chiropody, dentistry and ophthalmic reviews were also attended regularly.

Healthcare related treatments and interventions were detailed and staff were aware of these. The inspector saw evidence of health promotion and monitoring with regular tests and interventions to manage both routine health issues and specific issues such as medication reaction, diabetes and neurology. The documentation indicated that all aspects of the resident's healthcare and complexity of need was monitored and reviewed. Nutrition and weights were monitored and specific vulnerabilities noted and acted on for example, cardiac risks and diabetes.

There were protocols in place for the management of epilepsy and staff were clear on these protocols. Families were kept fully informed and consulted in regards to 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 which indicated that additional skill mix would be provided in order to ensure that if the residents wish was to remain in the service this would be facilitated.

Residents' nutritional needs were being addressed and monitored. They prepared their meals with the assistance of staff where this was possible. 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. Resident's weights were monitored regularly.

The kitchens in both houses were suitably equipped, domestic in style and residents had full access at all times in a homely and relaxed environment.

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):

No actions were required from the previous inspection.

Findings:

The 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 if required. There were appropriate documented procedures for the handling, disposal of and return of medication

Medication was dispensed in systems which helped the non nursing staff to administer more safely. There were systems for identifying the medication and staff were aware of the use and side effects of such medication. There was good communication noted with the dispensing pharmacist. Where errors were noted these related to times when the person other than staff were not responsible for the medication. Actions were taken to remedy these.

The inspector saw evidence that medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. Potential risks or side effects were carefully monitored.

Residents had been assessed as to their capacity to manage their own medication and one resident was undertaking some elements of this supervised by staff. Medication was safely stored and there were systems for checking in and receipt of medication. Regular audits of medication administration and usage were undertaken. Staff were found to be knowledgeable on the correct administration practices and the use and side effects of the residents' medication. Careful monitoring of insulin was undertaken and remedial actions taken as necessary.

In one instance the prescription for pro-re-nata (as required) medication did not specify the maximum dose to be administered although the dispensing record did so. Staff however were aware of the correct protocol. The person in charge agreed to remedy 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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The statement of purpose had been forwarded to the Authority as part of the application for registration. It was found to require some amendments in regard to the of residents which the care was provided for .The person in charge agreed to remedy this and did so following the inspection and did so. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with intellectual and physical disabilities and residents on the autism spectrum.</p> <p>The care needs of the residents’ differed in complexity. However, the inspector was satisfied that the different needs were identified and supported in a way which maximised the resident’s quality of life. This included the provision of one-to-one support staff for residents as well as allowing some residents more independence.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Leadership, Governance and Management</p>
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<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector was satisfied that the governance arrangements were effective to ensure the safe delivery of care. There was clear governance and reporting structures in place.</p> <p>The provider nominee was the chief executive of the organisation and was the director of services for the region. There were suitable systems in place to govern and promote accountability. Significant work had been undertaken to ensure compliance with the regulations and the registration process.</p>
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The local management team included the regional services manager, human resources, social work and psychology department, human resources and training quality manager. The provider nominee had commissioned two unannounced visits to the centre to review specific issues and meet residents and staff.

Issues identified included the need for thumb locks on some doors, staff training, updating of resident's assessments and the need to undertake medication audits and residents access to activities. All issues were found to have been actioned with evidence of learning and review also available from incident reporting and management systems. Aside from these visits the inspector was informed and staff confirmed that there was regular management presence in the centre.

There was a detailed annual report of quality and safety of care undertaken. Issues noted included complaint management, incidents of concern and family inclusion. They were in the process of having this report compiled in a format which was accessible to the residents.

The inspector was satisfied that these systems provided an overview of the delivery of care and were an ongoing developmental process.

The person appointed to the position of person in charge of this centre had relevant qualifications and extensive experience as service manager and then as person in charge since 2013. He had continued professional development in health management and had also undergone all mandatory training.

As part of the registration process he demonstrated his knowledge of the regulatory responsibilities and could be seen to be fully involved in overseeing the delivery of care. He was very knowledgeable on the residents needs and proactive in planning to meet these. There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive.

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):

No actions were required from the previous inspection.

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 with the appointment of a suitably qualified regional services manager who would undertake this with the support of the residential team leader.

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):
No actions were required from the previous inspection.

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 to ensure the delivery of the care required by the residents. There was a high ratio of staff available with a three to one support in one instance.

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):
No actions were required from the previous inspection.

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 and the residential team leader. Staff confirmed that this occurred and that they were supported and supervised to carry out their work effectively. From a review of the documentation the inspector found that it focused on resident care, practice development and improvements.

There was an actual and planned roster available. The staff ratios reflect the different support needs of the residents. Consistency of staffing was seen as crucial to the residents' welfare. From a review of residents' schedules and interviews with staff the inspectors formed the view that the staffing levels and skill mix were adequate.

The service is a social care model and residents' assessments do not indicate that they required fulltime nursing care. If nursing support or advice was required this was available within the local region and would be accessed via the community services. It was apparent and acknowledged by the person in charge that agency staff had been utilised during 2015 due to the need to provide a higher staff ratio to residents. They had made efforts to ensure that the personnel used were consistent and had also managed to reduce the numbers of agency staff significantly in the latter half of 2015.

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 prior to taking up appointments. No volunteers were used in the centre.

Examination of the training matrix demonstrated a commitment to ensuring staff had the competencies to carry out their duties. All mandatory training was up- to-date for the staff including fire training, manual handling, the protection of vulnerable adults, the management of challenging behaviour and interventions and medication management training. The training records also indicated that nine of the regular staff either had or were in the process of completing social care training to degree level with an emphasis on persons with a disability. The remainder had Fetac level five training which is the minimum requirement for staff.

There were weekly team and or multidisciplinary meetings and the records examined showed that the communication systems were effective to ensure consistency of care for the residents.

Staff were observed to be competent, knowledgeable of the residents' needs and personal plans, respectful, 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):

No actions were required from the previous inspection.

Findings:

The inspector found that the records required by regulation in relation to residents, including medical records, general records and personal plans were up to date and comprehensive.

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 South East
Centre ID:	OSV-0005106
Date of Inspection:	09 February 2016
Date of response:	23 March 2016

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:

Some residents care needs and abilities indicate that access to external advocacy service would be beneficial.

1. Action Required:

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

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

- All residents will receive refresher Advocacy training by the 31st of May 2016
- The services of the external advocacy officer will be explored to support individuals by 30 June 2016.

Proposed Timescale: 30/06/2016

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:

Systems for containment of fire such as fire doors were not provided.

2. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- Following publication of Fire Regulations for designated centres for people with disabilities, full compliance will be adhered to.
- In the interim a fire door will be installed so as to compartmentalise the Kitchen for the rest of the centre.

Proposed Timescale: 31/05/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Training and educational opportunities were not developed based on a suitable assessment of the residents needs.

3. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

- An assessment of needs will be undertaken to establish the education, training and employment needs and abilities of all residents.
- A plan to explore opportunities identified will be completed.

Proposed Timescale: 31/05/2016

