

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	No.5 Fuchsia Drive
<b>Centre ID:</b>	OSV-0002267
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Southern Services
<b>Provider Nominee:</b>	Una Nagle
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	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:
16 January 2017 09:45	16 January 2017 18:00
17 January 2017 08:30	17 January 2017 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**

**Background to the inspection**

This report sets out the findings of an announced inspection of a centre managed by Brothers of Charity Services following an application by the provider to register the centre. This was the second inspection of this centre with the previous inspection taking place in March 2016.

**Description of the service:**

The centre was a detached house based on the outskirts of a large town in West Cork. It provided a home to four adults who all needed varying levels of support. The centre comprised a single two-storey house, each resident had their own room and

one resident had a separate adjoining kitchenette/utility and en-suite bedroom. The house was warm, comfortable, appropriately furnished and well maintained.

How we gathered our evidence:

The inspector met with the all four residents living in the centre. The inspector also observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Three resident and one family feedback forms were received by HIQA prior to the inspection with one of the residents saying that it was "a nice place and peaceful".

Overall judgment of findings:

There was evidence of good practice. One of the residents had recently engaged in a "Talking Mats" program with the support of the Brothers of Charity service speech and language therapist. This program uses unique, specially designed picture communication symbols that can be used by people of all ages and communication abilities. In addition, one of the staff had been trained in the use of the program.

One of the residents, who had a particular interest in photography, had their artwork and photography displayed prominently throughout the house.

Families were very involved in the lives of residents and close contact was maintained either through visits home or telephone calls. All of the residents were active in the community and were supported to use local services such as leisure and sports facilities

Residents had choice over their lives. In 2016 a second staff member had been allocated from 17:00hrs to 22:00hrs to support them to have greater scope for activities in the evening time. In the feedback received from residents each had commented that they enjoyed the activities at night including dining out in a restaurant, going to the pub and visiting friends.

However, some improvement was required in relation to:

- residents not being consulted about particular medical treatment issues (outcome 1)
- the management of hazards on the centre risk register (outcome 7)
- the reviewing of support plans for residents (outcome 8)
- the recording of consultation with the designated liaison officer (outcome 8)
- the accuracy of information following a healthcare appointment (outcome 18)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**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:**

Residents had choice over their lives. However, there were examples of residents not being consulted about particular medical treatment issues.

There were regular meetings with residents and in the most recent meeting issues discussed included cover for staff who were on sick leave and arrangements for Christmas. However, one resident had not been consulted about the process whereby their blood was taken to record medication levels. In addition, there was no evidence of consultation or consent being sought in relation to dental treatment for a resident.

The organisation had a complaints policy and easy-to-read versions were displayed throughout the centre. One of the residents said that "if I had any complaints I would tell staff straight away". The complaints policy identified a nominated person to manage complaints in the organisation. A new complaints form had been introduced in 2016 and the inspector reviewed the complaints log since January 2016. There were 11 recorded complaints on the new form and 17 on the old log. Many of the issues raised through the formal complaints process had been previously identified in the residents meetings.

Residents could keep control of their own possessions. There was an up to date property list in each resident's personal outcomes folder which identified when the resident bought or received items like furniture or bedside lamps. There was adequate space for clothes and personal possessions in all bedrooms. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished. One of the residents showed the inspector how they did their laundry themselves.

The inspector reviewed the management of residents' finances and found the process to

be transparent. There was a policy on residents' finances and all items purchased for and by residents were verified by receipt. There was oversight of each resident's finances by the person in charge including the availability of bank statements.

**Judgment:**

Non Compliant - Moderate

**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:**

There was a policy on communication and each resident was assisted and supported to communicate effectively.

Each resident's communication needs were identified including:

- how the resident communicated
- how people could help the resident to communicate
- things the resident liked to communicate about

One of the residents had recently engaged in the "Talking Mats" programme with the support of the Brothers of Charity service speech and language therapist. This programme used unique, specially designed picture communication symbols that could be used by people of all ages and communication abilities. In addition, one of the staff had been trained in the use of the programme.

There were specific communication boards for some residents detailing picture schedules for the day. There was also a staff rota picture board. These communication boards were used to give certainty to residents about what was planned for the day and which staff were on duty. In addition there were "social stories" available for residents. A social story was a visual guide that described a situation, skill, or concept in terms of relevant social cues, perspectives, and common responses in a specifically defined style and format. The goal of the social story was to share accurate social information in a patient and reassuring manner that was easily understood by the resident. Examples of social stories being used were around activities like "washing my hand", "music lessons" and "going to bed".

Staff described to the inspector how they used a "Marte Meo" consultation for all residents. This was a video based interaction programme that provided concrete and practical information to staff on supporting the social, emotional and communication

development of individuals. Information relating to elements of supportive communication relevant to the person was transferred to the staff team through video analysis.

Television was provided in the main living room and a number of residents had televisions and music systems in their own room. Some residents had computers and one resident was using their "i-pad tablet" to speak to their family on "face-time".

A number of policies were available in easy to read format including the statement of purpose, safeguarding residents and the complaints policy.

**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:**

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

Residents were supported to use local services such as leisure and sports facilities. One of the residents said that "there is loads to do like watching television, music and going out". Another resident said that they "like going shopping and going to the book shop and to the restaurant".

Positive relationships between residents and family members were supported. Many residents spent weekends and holidays with family. Residents were facilitated to keep in regular contact with family through telephone calls and the use of "talk-time" on their computer.

As part of the annual review of the centre, the Brothers of Charity service had engaged in consultation with the families of residents on the quality of care provided. The results from these surveys indicated that family members in general were very satisfied with the service being provided.

**Judgment:**

Compliant

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**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:**  
Each resident had an agreed written contract which included the details of the services to be provided.

Following recent legal changes new contracts of care had been issued to each resident. Each of the contracts outlined dealt the support, care and welfare to be provided and included details of the services to be provided. The contract also specified the charges to be administered on a weekly basis.

While there had been no recent admission to the centre, there was a policy on admission which described the admission process including assessment, access and the transition period that would be agreed with the resident.

**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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**



Each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support.

In the resident support plan there was a summary profile of the resident which outlined things that staff and carers must know about the resident; a summary of multidisciplinary healthcare issues; and it included issues that were important to the person like medication, communication and eating.

In the sample care plans seen there was evidence of resident and family involvement in the setting of the goals following the care planning process. There were agreed time-frames in relation to achieving identified objectives with named staff members responsible for pursuing objectives with residents. One resident said in feedback to HIQA that it was "very important (for them) to have family at the (care planning) meeting".

In relation to healthcare needs care plans had been developed for identified healthcare needs. These care plans were in the person centred planning folder. The supplementary information in relation to these healthcare needs was in the separate file for medical records.

**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 location, design and layout of the centre was suitable for its stated purpose and met residents' needs in a comfortable and homely way.

The centre was a detached house based on the outskirts of a large town in West Cork. It provided a home to three adult men and one adult woman who all needed varying levels of support.

The house was well maintained, nicely decorated and had a large kitchen/dining room, a large sitting room and a second smaller sitting room, that had been transformed from the staff office into a relaxation room. One of the residents, who had a particular

interest in photography, had their artwork and photography displayed prominently throughout the house.

Each resident had their own bedroom which was decorated according to each resident's own taste. One of the residents had an apartment adjacent to the kitchen where they had a living area, a bedroom and en-suite shower facilities.

There were records available relating to a housing assessment completed by an occupational therapist in November 2016. The person in charge outlined that following this assessment and application for funding had been submitted to extend the house so that two of the residents would have large self contained apartments.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The health and safety of residents, visitors and staff was promoted and protected. Some improvement was required in relation to the implementation of risk assessments.

There was a risk management policy that included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. Each resident had participated in identifying specific hazards relating to their lives and these were contained in an "individual risk profile". These were also contained in an "individual risk management plan" that put clear strategies in place to address the hazards.

The centre had a risk register in place. A centre risk register is designed to log all the hazards that the centre is actively managing. There were 10 hazards identified on the centre register from 2016 including making tea, getting out of the bath and walking around the estate.

In general the management of hazards on the register was robust with evidence that each item was being followed up appropriately. If an issue required escalation to senior management of the service this had also been completed. However, one of the items on the local safety statement related to residents not having access to cleaning products, like dishwasher tablets.

During the inspection these items were observed not securely stored as required in the risk assessment. In addition there were hazards on the centre risk register, for example the upgrading of the fire alarm system or dealing with a particular medical emergency. It was not clear if these hazards were still being actively managed through the risk register process.

The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- servicing of fire alarm system and alarm panel October 2016
- servicing of emergency lighting system October 2016
- fire extinguisher servicing and inspection September 2016

Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. These plans had been upgraded since the previous inspection in March 2016.

There were records of evacuation drills being carried out at least every three months. All residents spoken with knew what to do in the event of a fire, including the evacuation routes and assembly points. There was daily checking of the means of escape routes.

There was a policy in relation to control and prevention of infection and the centre was visibly clean. Staff were aware of the correct protocols for the disposal of any "sharps" that were to be disposed of.

Each resident had their own laundry basket in their rooms and were encouraged to wash their own clothes. There were cleaning schedules in place and staff spoken with were aware of infection control principles.

**Judgment:**

Substantially Compliant

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Improvement was required in relation to the reviewing of support plans for residents. Improvement was also required in the recording of consultation from the designated liaison officer.

On the last inspection it was found that in relation to residents who required positive behaviour support guidelines there was inconsistency in how these were being implemented and reviewed. Since then one staff member was completing a course in longitudinal person focused training in positive behaviour support under the supervision of a board certified behaviour analyst.

As part of this training a comprehensive behaviour support assessment was in place for residents who required this support. The assessment included an analysis of the resident's daily living skills, cognitive skills, communication, emotional needs, and sensory needs. Recommendations on how best to support this resident were also in place. Staff said and there were records of incidents to show that the numbers of times support had to be provided to respond to incidents had reduced significantly.

However, in a multidisciplinary review meeting for one resident it was recorded that a psychology review was needed as "the recommendations require to be reviewed for diagnostic clarity". This psychology review had not yet taken place.

There was an up to date policy on, and procedures in place for, the prevention, detection and response to allegations of abuse. The senior social worker was the designated liaison person if there was any issue relating to protection of residents; and his contact details were available throughout the centre.

The person in charge stated that there had not been any allegation of abuse of residents since the commencement of the regulations in November 2013. There had been one query referred to the designated liaison person and the issue had been identified as not being a safeguarding issue. However, there was no confirmation on file to this effect from the designated liaison person.

**Judgment:**

Substantially 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:**

It was a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. Since the last inspection a record of all incidents occurring had been maintained and all notifications had been sent to HIQA as required.

**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:**

A comprehensive assessment of residents' educational, employment and training goals was available to ensure that their skills development, education and training was suited to individual residents' abilities.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. The person centred planning folder for each resident had a section entitled academic, work and development information. This outlined what activities the resident did each week whether cooking, swimming or learning new skills.

Each resident attended a day service which was appropriate to their needs. One of the residents had an individualised day service that included activities coordinated from home two days per week. Residents told the inspector that they enjoyed their day service. Activities on offer varied depending on residents' choice and included arts and crafts and computer skills.

One of the residents had a job for one day per week in the local town. Some residents had participated in a national job shadow initiative set up to give a person a chance to job shadow someone in the workplace as they go about their normal working routine. All participants received certificates of involvement in the initiative.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

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

The inspector reviewed a sample of resident healthcare files and found evidence of regular reviews by the resident's general practitioner (GP), with each resident having an annual medical health check. The GP requested review of residents' healthcare needs by consultant specialists as required. There was evidence of good access to specialist care in psychiatry,

In relation to assessed healthcare needs there were comprehensive healthcare management plans in place that provided clear guidance to staff on how to support residents' identified healthcare needs.

There was evidence that residents were referred for support as required by to allied health professionals including social work or occupational therapy.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake. A number of residents had specific dietary requirements and staff were very knowledgeable about residents likes and dislikes.

There was a weekly menu plan discussed at the residents' meeting. All meals were prepared by staff in the kitchen on site. A copy of the menu in picture format was available on the notice board.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Each resident was protected by the centre's policies and procedures for medicines management.

Medicines for residents were supplied by the local community pharmacy. There was a comprehensive medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines. Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines delivered from the pharmacy corresponded with the medication prescription records.

A sample of medication prescription and administration records was seen by the inspector. Records indicated that all staff had received training on the safe administration of medication.

Residents' medicine was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. Staff confirmed that medicines requiring additional controls were not in use at the time of inspection.

Medicines management care plans were in place as required. These provided clear direction to staff on the administration of complex medicines. Staff said that they had received comprehensive training in relation to this.

Staff outlined the manner in which medicines which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose that accurately described the service provided

in the centre.

The statement of purpose described the service and facilities provided to residents, the management and staffing and the arrangements for residents' wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

The person in charge was a registered nurse in intellectual disability and was suitably qualified and experienced to discharge her role. Since the previous inspection a review of the remit of the person in charge had taken place and the number of designated centres that the person in charge had responsibility for had been reduced from six to five. The person in charge no longer had responsibility for day service provision.

The Brothers of Charity service had ensured that two unannounced visits to the designated centre in relation to the quality and safety of care had been completed one in May 2016 and the second in December 2016. There were prepared written reports available in relation to the "outcomes" that had been reviewed including: social care, risk management, safeguarding, healthcare, medication, governance and workforce.

The review had a detailed action plan to address any deficiencies identified. Each action had a timeline with a named person having responsibility to implement the action. The review in December 2016 included an action to review workforce in the context of the submission of the plan to extend the living space to make two self contained apartments.



An annual review of the quality and safety of care of the service had been completed in December. There was a comprehensive review and included achievements for the year including residents being facilitated to have more activities in the evening, one resident going on a pilgrimage to Lourdes during 2016, and the transformation of the staff office into a relaxation room for residents.

**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:**

Adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify HIQA any such absence. The provider was aware of the need to notify HIQA in the event of the person in charge being absent.

**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:**

The centre was resourced to ensure the effective delivery of care and support in

accordance with the statement of purpose.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes. The inspector viewed the maintenance log and saw that all requests for maintenance were carried out as quickly as possible.

In 2016 a second staff member had been allocated from 17:00hrs to 22:00hrs to support residents to have greater scope for activities in the evening time. In the feedback received from residents each had commented that they enjoyed the activities at night including dining out in a restaurant, going to the pub and visiting friends.

In 2016 a new fire safety system had been installed with new fire doors and additional emergency signage at exit doors.

**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:**

The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

The inspector met with staff and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to support residents in a respectful and dignified manner.

An actual and planned staff rota was maintained. A copy of this rota was available in a picture format so that residents were aware of which staff were on duty. The rota had been recently expanded so that additional second support staff was available in the evening and at weekends to support residents if they wished to do activities.

The inspector reviewed a sample of staff files and noted that all of the requirements of

Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies.

**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:**

Some improvement was required to ensure the accuracy of information following a healthcare appointment.

Staff outlined that they or families accompanied residents to healthcare appointments either with the resident's general practitioner or a consultant doctor. The person in charge outlined that following such a healthcare appointment staff or the family recorded the outcome of the appointment. This did not guarantee an accurate record of treatment or other intervention.

The policies available on the date of inspection were centre specific and some were available in an easy-to-read format.

A copy of the residents' guide was available in each resident's personal file.

A directory of residents was maintained in the centre and was made available to the inspector.

**Judgment:**

Substantially 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:***

Kieran Murphy  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
<b>Centre ID:</b>	OSV-0002267
<b>Date of Inspection:</b>	16 and 17 January 2017
<b>Date of response:</b>	14 February 2017

### 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:**

There were examples of residents not being consulted about particular medical treatment issues.

**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,

<sup>1</sup> 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:**

A social story is being prepared to explain the medical procedure to the resident concerned. The resident's family is in agreement with this. The staff will ensure this approach is considered for all such procedures in future.

**Proposed Timescale:** 28/02/2017

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The process for risk assessment required improvement.

**2. Action Required:**

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

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

The local Safety Statement will be amended to amend the reference to a locked press for storage of cleaning products to note that this is not required in this centre at present but will require ongoing review.

The centre's risk assessment and risk register will be reviewed and updated.

**Proposed Timescale:** 28/02/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The review of a behaviour support assessment had not taken place.

**3. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

A referral has been sent to psychology to carry out review as recommended on the behaviour support plan.

This referral will be monitored by the Person in Charge to ensure it is followed up on a timely basis.

**Proposed Timescale:** 30/05/2017

**Theme:** Safe Services

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

There had been one query referred to the designated liaison person and the issue had been identified as not being a safeguarding issue. However, there was no confirmation on file to this effect from the designated liaison person.

**4. Action Required:**

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

Documentary evidence to evidence the consultation with the Designated person has been placed on file.

**Proposed Timescale:** 13/02/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Staff outlined that they or families accompanied residents to healthcare appointments either with the resident's general practitioner or a consultant doctor. The person in charge outlined that following such a healthcare appointment staff or the family recorded the outcome of the appointment. This did not guarantee an accurate record of treatment or other intervention.

**5. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

G.P.s will be asked to document the treatment plan following medical appointments for resident's files. Consultant's letters following appointments are kept on file. This records will be cross referenced to the healthcare management plans.

**Proposed Timescale:** 28/02/2017