

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	No.1 Dewberry
<b>Centre ID:</b>	OSV-0002270
<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>	Julie Hennessy
<b>Support inspector(s):</b>	Kieran Murphy
<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:
12 December 2016 10:00	12 December 2016 16:30
13 December 2016 08:00	13 December 2016 15:00

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 monitoring inspection was the fourth inspection of this centre carried out by the Health Information and Quality Authority (HIQA). The first inspection of this centre took place on the 8 March 2016, the second on 20 April 2016 and the third on 3 August 2016.

This inspection was carried out in response to an application by the provider to register this centre. In addition and since the previous inspection, a second house had been included in the provider's application to register this centre.

#### Description of the services:

The centre provides a service for residents with an intellectual disability who require a high-support residential placement with full-time supervision.

The centre comprised two houses, one occupied and one unoccupied. The first house is a two-storey house with a separate attached one-bedroom self-contained apartment. Three residents live in the main house and the fourth resident lives in the separate apartment. This part of the centre was warm, homely and bedrooms were individualised. The second house is an unoccupied house, which was undergoing renovation and refurbishment works at the time of the inspection.

Both houses were in the same geographical location, which was in a rural setting. While the centre was relatively isolated, it was accessible by car to residents' work and nearby towns and villages. Residents told inspectors that they liked living in the countryside and they were supported to participate in their local community. Adequate transport was allocated to residents living in this centre.

#### How we gathered our evidence:

As part of the inspection, inspectors met with all four residents, the staff team and the person in charge. The representative of the provider and sector manager attended the feedback session at the close of the inspection. Residents told inspectors that they liked the staff team, about what they enjoyed doing at work and the activities and interests they pursued in the community. Residents told inspectors about recent events and outings they had attended and what they had planned for the day and how they kept in contact with friends and family members.

#### Overall judgment of our findings:

Overall, significant progress was demonstrated in relation to protecting residents from all forms of abuse since the first inspection of this centre. A safeguarding plan submitted to and accepted by HIQA on 18 April 2016 by the provider was being implemented. Major non-compliances identified at the previous inspection that related to the inappropriate mix of residents and staffing levels not being adequate at all times had been satisfactorily progressed or addressed.

Staff interacted with residents in a respectful, appropriate and supportive manner, as on previous inspections. Staff demonstrated that they knew residents well. Staff articulated that they had been receiving training and support from the multi-disciplinary team in order to appropriately support residents to pursue their interests and hobbies.

Since the previous inspection, a new person in charge had commenced in the centre. The person in charge had the required experience, skills and qualifications to fulfil the role of person in charge. The person in charge demonstrated that he had familiarised himself with the centre, with residents' abilities and any supports that residents may require to live as independent a life as possible. Staff told inspectors that the filling of this post on a permanent basis was positive and provided stability to the operation of the centre.

Failings identified at the level of moderate non-compliance related to the premises, health and safety and ensuring that residents have access to all of the supports they required. Confirmation was required from the provider in relation to completion of renovation and refurbishment works, installation of fire equipment and detection systems and implementation of any occupational therapy recommendations in the new house. Confirmation was required that residents not moving to the new house would have adequate communal space following reconfiguration of that house. Also and as identified on two previous inspections, psychological assessments had not commenced despite these assessments having been confirmed as being a high priority.

Findings are detailed in the body of the report and should be read in conjunction with the actions outlined in the action plan at the end of the report.

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

Overall, there were arrangements in place in relation to promoting residents' dignity and rights and ensuring consultation with residents would take place.

There was a policy and procedure in place for the management of complaints. The complaints procedure was visibly displayed in the centre and identified the nominated person who oversaw any complaints and a second nominated person to oversee how complaints were being managed. There was a complaints log in the centre and no complaints had been logged since the previous inspection. There was a complaints box in the kitchen, which residents could choose to use. A form had been created in each resident's file to support their understanding of how to raise a complaint or concern. Residents told inspectors that they had no complaints to raise at the time of the inspection but they knew how to do so.

There were arrangements in place to ensure that support was provided in a dignified and respectful manner. An intimate care template included the identification of residents' ability to perform tasks in relation to personal hygiene and dressing and reflected their independence in this area. Residents had a personal fob that they used to access their own bedrooms and all bedrooms were en-suite. Where closed-circuit television (CCTV) (live-feed) was used, consent had been obtained from the resident in relation to its use and it had been approved by the organisation's relevant committee.

Adequate storage was provided for residents' personal possessions and there was a policy relating to residents' personal property, personal finances and possessions. The person in charge outlined the checks that would be in place for managing residents' day

to day and housekeeping monies.

An individual rights assessment had been completed for all residents. However, where residents were wards of court, the extent of the wardship was not clear. In addition, the provider had identified the need for independent advocacy pertaining to ward of court decisions and had included this gap on the centre's risk register. The provider had taken steps to seek clarification around this process with the support of a social care worker and involvement of an independent advocate.

There were arrangements in place for consulting with residents and their representatives. This involved regular house meetings or one-to-one meetings with residents, as applicable. Inspectors reviewed minutes of these meetings. The most recent minutes reflected that changes to residents' living accommodation, the move to the new house, activities residents wished to plan and this HIQA inspection were all discussed. An independent advocate was involved to support residents and had been recently met residents to discuss the pending changes to their living arrangements.

**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:**

Overall, while staff were aware of residents communication needs, it was not demonstrated that all residents had access to professional input where required.

There was a policy in place relating to communication with residents. An assessment of residents' communication abilities and any supports required had been completed. Residents' communication needs were also identified in their hospital passports.

Where residents had a hearing impairment, access to audiology and hearing aids and technologies were provided. This included specialised smoke alarms and a pillow alarm that vibrates in the event of a fire, interconnected with the conventional audible alarm and strobe lighting in residents' bedrooms.

However, it was not demonstrated that where residents had been identified as having difficulties expressing themselves verbally at times which could cause frustration and confusion, that they had received the supports they required. For example, a referral

had been made to the speech and language therapy department for an assessment in 29 June 2015 but the response viewed stated that no further assessments were being accepted regarding residents' communication needs.

**Judgment:**

Non Compliant - Moderate

**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:**

Overall, family and personal relationships were supported and residents actively participated in the community.

There was evidence of family involvement in the centre and residents' files identified persons important in their lives.

Residents told inspectors that they were supported to meet with, visit, go on outings with and maintain contact with their family and other relatives. Residents also identified how important meeting their family and friends was to them in the questionnaires that they completed for this inspection.

Residents described how they were involved in the local and wider community and of the activities they enjoyed pursuing in the community. This included attending vintage and farm shows and fairs, playing music in the local pub, attending Mass, going for lunch, doing personal shopping, going for a drive or a drink in the local pub, going for lunch or a meal out or going hunting.

The centre was located in an isolated rural area but was accessible by car to a number of villages and towns. There were two vehicles available to this centre. Residents told inspectors that they liked the location and living in the countryside. Any trips or outings were planned with residents and it was demonstrated that the staffing rota and availability of transport for this centre adequately facilitated residents to participate in activities or pursue interests of their choice.

**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:**

Overall, there were arrangements that outlined how admissions would take place in a planned and safe manner in line with the organisation's policy and the statement of purpose.

The organisation had a policy in place relating to admissions, transfers and discharge of residents, which outlined the criteria for admission. The statement of purpose outlined the criteria for admissions and clarified that emergency admissions could not be facilitated. The need to protect residents from abuse by their peers was captured in the statement of purpose.

A transition plan had been developed for residents moving from one part of the centre to the new unoccupied house in this centre. The transition plan had been discussed with residents with the support of an independent advocate. The transition plan outlined supports that residents needed to ensure a successful transition, including any reassurances around having familiar staff and staffing arrangements to facilitate activities in the community. Arrangements were in place for the advocate to liaise again with residents when the move was imminent.

As residents were transitioning from one premises to another within the same centre, their contracts of care would remain unchanged. Inspectors reviewed sample written contracts. Contracts were currently being reviewed by the financial department, including with respect to voluntary contributions and the change to the name of the centre.

**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:**

Overall, there were arrangements in place for assessing any supports that residents required and developing individualised personal plans.

At this inspection, inspectors reviewed residents' personal files. Each resident had an individual assessment of their health, social and personal development abilities and any supports required.

At the previous inspection, it was identified that a new model of personal plan was under development but required implementation, which would involve multi-disciplinary input. At this inspection, inspectors reviewed the progress being made in relation to personal plans. Training to support the new model of personal plan had previously been delivered. There was evidence of progress of individual plans, with an outline in each resident's file of information that would form the basis for residents' goals.

At previous inspections, it was not demonstrated that the designated centre met the assessed needs of all residents due to the inappropriate mix of residents in the centre. This will be addressed under Outcome 8: Safeguarding and Safety.

**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 consisted of two detached houses, approximately one mile apart, in a

relatively isolated rural area. One house was occupied and the second was a new unoccupied house. The new house was not ready for occupancy at the time of inspection with refurbishment works and a snag list to be completed.

At the time of the inspection all residents lived in the occupied house. Three residents lived in the main house and the fourth resident lived in a separate self-contained apartment. The house was warm, homely and bedrooms were individualised. The apartment was self-contained and had a small kitchen/living room, a bedroom with en-suite facilities and access to a secure garden area.

As part of the application to register the centre, it was proposed that two of the residents would move to the new house. For the remaining two residents, the person in charge outlined that changes would be made to the internal structures to extend the living space in the apartment. However, this would only be done after consultation with both residents to ensure that each had adequate private and communal accommodation. Plans to demonstrate that adequate communal space would be available to all residents were to be confirmed.

The new house comprised a two-storey detached house set on approximately an acre of ground. On the date of inspection, the house was undergoing refurbishment works that needed to be completed prior to any resident living there. The person in charge outlined to inspectors that it was anticipated the house would be ready for occupancy by the end of January 2017.

An occupational therapy assessment had been completed in relation to the new house. The person in charge told inspectors that they had received a verbal report that a bedroom may need to be provided on the ground floor to accommodate any resident with mobility impairment. The final written report was not yet available and the service undertook to implement any recommendations from the assessment.

**Judgment:**

Non Compliant - Moderate

**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:**

Overall, the health and safety of residents, visitors and staff was promoted and protected. However, fire safety works were still to be completed in the new house in this centre. Some improvement was required in relation to the management of the risk

register.

At this inspection, the main fire safety installations in the first house of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates were available for review. Fire resistant doors had been installed throughout the first house.

However in the new house, adequate arrangements for detecting, containing and extinguishing fires were not yet in place. Emergency lighting, fire equipment and a fire alarm system was yet to be installed. Fire resistant doors had been installed where required throughout the centre.

Records indicated that all staff had been trained in fire safety management. The evacuation routes and assembly points in the first house were all clearly marked. Each resident had a personal emergency evacuation plan in place which indicated what supports, if any, residents needed to leave the building in the event of a fire. There were records of evacuation drills being carried out, the most recent of which had been on 9 December 2016. The person in charge outlined that all staff and residents would receive training and orientation on fire safety arrangements in the new house.

Inspectors reviewed the records of incident reports since the last inspection in August 2016. There had been two reported incidents both of which had been followed up by the person in charge.

At the previous inspection, improvements were required to risk management. At this inspection, inspectors reviewed the risk register. There were 25 hazards on this risk register including the identification that the current living arrangements were not suitable, appropriate staffing levels and also specific hazards relating to each of the residents. However, the process for ensuring risks were captured on the centre's risk register was not sufficiently clear. For example, an outstanding referral for behaviour support for one resident was identified on the risk register but an outstanding referral for psychology assessments for all residents was not included.

Residents also had individual risk profiles and risk management plans, which were kept up-to-date. These included information on communication needs, safeguarding, safety issues, nutrition, medical history, personal circumstances and life skills.

The centre was visibly clean throughout and staff demonstrated that they were knowledgeable about the arrangements in place in the centre to prevent and control infection.

**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):**

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

**Findings:**

Overall, significant progress was demonstrated in relation to protecting residents from all forms of abuse. A safeguarding plan submitted to and accepted by HIQA on 18 April 2016 by the provider was near completion.

At previous inspections, it was not demonstrated that residents were protected from all forms of abuse in the centre, including sexual, verbal, physical and psychological abuse. Residents were living with or in close proximity to other residents that they had allegedly abused in the past. Over the course of the three previous inspections, the provider had implemented a number of measures to address this failing as part of a safeguarding plan submitted to HIQA. Alternative accommodation had been purchased to ensure a more suitable mix of residents in the centre. The provider representative said that the anticipated move to the new house was mid-January 2017. As a result of the progress being made to address this failing and the increased supports provided to this centre since the first inspection, this level of non-compliance has reduced. This failing will however remain non-compliant until such time as it is addressed in full.

At the previous inspection, safety protocols required review to clarify terminology to ensure the implementation of the protocols would not be open to misinterpretation. At this inspection, safety protocols had been reviewed and now provided clear unambiguous direction for staff.

At this inspection, the person in charge outlined how a risk assessment format had been introduced to the monthly meetings to allow for review of individual risk factors. These risk assessments had recently commenced and were in progress. Monthly meetings involved relevant members of the multi-disciplinary team, including heads of psychology and social work departments.

At the previous inspection, inspectors found that assessments were to be arranged for residents who required an updated behaviour support plan. At this inspection, the person in charge confirmed that this process was now commencing.

At the previous inspection, restrictions had been introduced that had not been referred to or approved by the organisation's restrictive practices committee. At this inspection, any restrictive practices in use had been approved by the relevant committee. Documentation was available for review of any practices referred to or approved for use by the committee.

<p><b>Judgment:</b> Non Compliant - Moderate</p>

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

**Findings:**  
Overall, notifications had been submitted in relation to this centre as required by the regulations.

There was a system in place to ensure that a comprehensive record of all incidents was maintained. The person in charge and the person nominated to act on behalf of the provider demonstrated an awareness of the requirements of the regulations to make notifications to the Authority.

At the previous inspection, an environmental restriction had been introduced in the kitchen in the form of locked drawers and presses since the previous inspection. This restriction had not been notified to HIQA in the quarterly report, as required. Since the previous inspection, this restriction had been reviewed, determined not to be required and removed. As a result, quarterly notifications submitted to HIQA accurately outlined any restrictive practices in place in the centre. Other notifications had been submitted in relation to this centre 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:**

Arrangements were in place to ensure that residents' opportunities for new experiences, social participation, training and skills development were facilitated and supported.

Residents told inspectors that they attended a day service or work and that they enjoyed how they spent their day. As part of the new personal planning process, residents' work and education was considered. As part of the daily programme, residents also availed of regular outings with their day service and day trips.

Residents' independence in carrying day to day and life skills were assessed and supported. This included household tasks, money skills and safety awareness skills.

**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:**

Overall, progress had been made since the previous inspection in relation to ensure residents received the support they required from allied health professionals and members of the multi-disciplinary team (MDT). However, it was not clear how some referrals for assessments to support residents' needs had been progressed.

At the two previous inspections, it was found that residents' required a number of assessments to support their needs. Psychological assessments were required for each resident, as recommended in a forensic risk assessment report dated March 2016. An assessment for a behaviour support plan was required for one resident, as recommended in the same report. In addition, a mental health plan for three residents was required, as identified by residents' needs assessments. The timeframe for completion of this action was 30 June 2016.

At this inspection, inspectors found that the mental health plans had been developed and a programme to support mental wellbeing was being run by the psychologist. However, psychological assessments had not commenced despite these assessments having been confirmed as being a high priority by the sector manager. Progress made in relation to the behaviour support plan was evidenced, as discussed under outcome 8.

It was demonstrated that the residents' care needs as they related to healthcare were being met as residents had been seen by their doctor, consultants and nurses as required and recommendations were being implemented by staff. However, at the previous inspection, inspectors found that a care plan was not in place to support all residents' assessed needs, for example, in relation to promoting continence. At this inspection, residents' healthcare needs were clearly identified and a care plan was in place for each identified need, that directed the care and support to be provided to meet that area of need.

**Judgment:**

Non Compliant - Moderate

**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:**

Overall, systems and processes were in place to support safe medication management practices.

At the previous inspection, the time of administration was not recorded on the medication administration records. Therefore, it could not be confirmed that medicines were administered as prescribed. This was particularly important where the prescriber had identified specific times for medicines for heart conditions and diabetes which can have a potential moderate impact if the dose is delayed.

At this inspection, inspectors saw that the medication administration records had been reviewed and revised, in discussion with the pharmacist, to ensure that the exact time of administration of the medication was now recorded on the medication administration record.

Other aspects of medication management were found to be compliant at the previous inspection and there was no change to this finding on this inspection. There were policies and procedures in place to ensure the ordering, prescribing, safe storage of medicines.

While there was no dedicated refrigerator in the centre for medicines that may require refrigeration, no resident was prescribed any such medicines at the time of inspection. The person in charge outlined arrangements in the event of any resident being



prescribed medicines for refrigeration.

Where PRN ("as required") medicines had been prescribed, there was a written individualised protocol in place, signed by the resident's general practitioner or psychiatrist.

A new medication audit tool had been developed across the service. The audit tool allowed for consideration of all aspects of the medication cycle when carrying out an audit. An inspector viewed the most recent audit, which was accompanied by an action plan.

**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):**

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

**Findings:**

Overall, the statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents.

The statement of purpose was made available to residents and their representatives.

At the previous inspection, improvement was required to the statement of purpose as the admissions criteria were too broad. Since the previous inspection, the statement of purpose had been updated to reflect that there were now two premises in this centre. Also, the criteria for admission to this centre had been made clear.

**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:**

Overall, satisfactory progress was demonstrated over the course of the previous three inspections to evidence that recommendations relating to meeting residents' need for a therapeutic and safe environment were being implemented or actively progressed.

At the previous inspection, oversight of the quality and safety of care being provided in the centre was not demonstrated. It was not clear how recommendations arising from internal and external reports were being tracked. Since the previous inspection, the provider had collated relevant reports, recommendations and actions plans. The person in charge outlined how actions were being progressed and tracked.

Inspectors reviewed a sample of recommendations arising from such reports and found that they were being implemented. For example, monitoring recommendations being implemented included monthly risk management review meetings. The recommendation for an annual meeting to review overall risk management was not yet due (the recommendation was made in a report dated 26 March 2016 meaning that the annual risk management meeting would not be required until March 2017).

Since the previous inspection, a new person in charge had commenced in the centre. The person in charge had the required experience, skills and qualifications to fulfil the role of person in charge. The role of the person in charge was full-time and he was in charge of this centre only, comprising two houses which are located in close geographical proximity. The person in charge demonstrated that he had familiarised himself with the centre, with residents' abilities and any supports that residents may require to live as independent a life as possible. Staff told inspectors that the filling of this post on a permanent basis was positive and provided stability to the operation of the centre.

The provider had completed two unannounced visits in 2016, as required by the regulations. The report for the most recent visit was dated 16 November 2016 and identified any issues outstanding and issues that had been addressed. There were arrangements in place for the completion of an annual review in consultation with residents and/or their representatives.

**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:**

The provider was aware of the obligation to submit a notification in the event of any proposed absence of the person in charge and the arrangements to cover for the absence.

There were adequate arrangements in place for the management of the centre when the person in charge is absent. A person participating in the management of the centre was identified to deputise for the person in charge in their absence, who demonstrated a good understanding of the responsibilities when deputising for the person in charge.

**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 provider demonstrated that the centre was resourced to ensure the quality and safety of care and support to residents.

As previously indicated under different outcomes, the provider had allocated significant resources to this centre. For example, monthly multidisciplinary supports were being provided on an on-going basis. A second house had been purchased as part of the safeguarding plan for this centre and was close to completion. Additional recruitment was underway due to the opening of the second house. Staffing levels had been increased to support residents needs and preferences. A person in charge had been

recruited and allocated to support this centre only.

**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):**

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

**Findings:**

Overall, it was demonstrated that the qualifications and skill mix of staff was appropriate to the needs of residents in this centre.

At previous inspections of this centre, it was not demonstrated that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. The provider had failed to ensure that adequate contingency arrangements were in place to meet the minimum level of staffing required to safeguard residents at all times. At this inspection, an inspector reviewed whether the provider's response to an immediate action plan issued at the previous inspection had been implemented in full and found that this was the case.

Since the previous inspection, the provider and (the previous) person in charge had reviewed the current staff scheduling system to identify possible weaknesses between the planned and actual staff roster. A protocol had been introduced to ensure that any such gaps would not recur. The person in charge articulated the arrangements in place to inspectors and clearly identified that staffing levels in this centre would be maintained as a matter of priority in the service. Contingency plans were in place in the event of any staff emergencies.

The provider demonstrated that staffing levels for the second (currently unoccupied) house had been assessed, based on residents' needs. The provider and person in charge emphasised the need for flexibility in both houses to ensure residents' safety and to allow for residents to pursue activities and interests of their choice in the community. In addition, recruitment was underway for a new care assistant due to the opening of a second house in this centre.

Training records demonstrated that all staff were up-to-date in relation to mandatory training. A review of staff training needs had been completed and staff had been supported over the previous number of months in relation to supporting residents' specific needs in this centre.

The person in charge described the induction process, which included induction training and supervision of any new staff. An inspector reviewed the induction file for any new staff and this contained key information that any new staff member would need to know. For example, the file contained information relating to residents' daily routines, transport, supervision, fire evacuation, risk management, residents' preferred restaurants and wellbeing plans.

Regular staff meetings took place and minutes were kept of these meetings. Topics recorded from those meetings included the pending transition of residents to the new house, staff recruitment, risk management and training needs.

**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):**

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

**Findings:**

Overall, arrangements were in place to ensure that records and documentation required were maintained.

Inspectors reviewed a sample of staff files and found that the files met all of the requirements of Schedule 2 of the regulations.

At the previous inspection, not all records required for review under Schedule 3 of the regulations were made available for inspection. At this inspection, records required under Schedule 3 of the regulations were available for review.

In the first house, records were stored securely and were easily retrieved. The person in charge had commenced streamlining information since the previous inspection. For example, residents' personal plans had been streamlined. In the second unoccupied house, there was an office available for records to be kept securely, be easily accessible and be kept for the required period of time.

Records listed in Schedule 4 to be kept in a designated centre were made available to the inspector for the first house. As previously mentioned under outcome 7, records pertaining to fire safety were not available in the second unoccupied house at the time of inspection.

All of the key policies as listed in Schedule 5 of the regulations were in place.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the regulations. A lease agreement was signed for a three-year period in the rented house.

**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:***

Julie Hennessy  
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-0002270
<b>Date of Inspection:</b>	12 and 13 December 2016
<b>Date of response:</b>	05 January 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:**

Where residents were wards of court, the extent of the wardship was not clear, as required to ensure that residents' rights in this area were fully understood and supported by staff.

**1. Action Required:**

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

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

1.1 The person in Charge will contact the Ward of Court office to clarify the extent of the wardships and will update this information to the lead HIQA inspector.

1.2 An Oversight Team whose role it is to monitor and oversee service issues in relation to individuals who are wards of court will be put place by the Provider. The Team will comprise of the Head of Finance, the Head of Social Work and the Sector Manager. The Team will meet initially to clarify for the Centre's staff team the role of the National Wardship Office and its local Wardship Committee in relation to care planning and financial matters. It will meet thereafter on an annual basis to review the affairs of individuals who are Wards of Court or more frequently as required.

1.3 Individualised arrangements for all communication between the Services and the Office of the Ward of Court/ Committee will be put in place for each Ward of Court. These will be developed in consultation with the Person in Charge.

1.4 The Provider will nominate a person in line with the individualised arrangement to consult the Wards of Court Committee on aspects of the Individual's (Ward) life as appropriate. The Committee will therefore be invited through the relevant multi-disciplinary team, to attend and, if unable to attend, will be informed about:

- Annual Reviews
- Person Centred Planning/ Circle of Support meetings

The Wards of Court Committee will receive a copy of the notes of all meetings/ reviews held in respect of the individual as appropriate.

1.5 The Oversight Team will review all requests being made to the Office of Ward of Court on behalf of an individual prior to the application being sent.

1.6 The individuals will be supported to engage the services of an independent advocate should they wish to do so, or, if it is deemed appropriate by the individual's multi-disciplinary team to do so in any given situation. All correspondence to the Office of the Ward of Court/ committee will be discussed with the residents and their support staff team in advance and copied to the Chair of the Oversight Committee.

**Proposed Timescale:** 10/02/2017

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

It was not demonstrated that all residents had access to professional input where required to support their communication needs.

**2. Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.



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

2.1 All referrals for professional inputs will be logged and tracked by the Person in Charge.

2.2. The Person In Charge has contacted the Speech & Language Therapist (SLT) who will clarify the up-to-date status of the referral and provide an indicative timeframe for the uptake of the referral. [20th January 2017]

2.3. If the indicative uptake date is unduly delayed the Person in Charge will avail of the SLT Department's advisory Consultation Service.

2.4 Based on the advice of the SLT Consultation, the matter will be discussed with the HSE if necessary [27th January 2016] with a view to providing alternative professional inputs by 31st March 2017.

**Proposed Timescale:** 31/03/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

It was not demonstrated on the day of the inspection that the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were or would be met. Confirmation that adequate communal space for residents would be provided following any renovation works in the occupied house was required

**3. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

3.1 Full details of the new premises' compliance with Schedule 6 will be detailed to the Authority together with photographic evidence of the facilities in place. [27/01/2017]

3.2 A second downstairs sitting room will be provided in the current once the additional facility is operational.

3.3 The floor plans will be revised and submitted to the Authority for the occupied house to demonstrate that all residents have appropriate communal space.

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

**Theme:** Effective Services

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

An occupational therapy assessment had been completed in relation to the new house.

The person in charge told inspectors that they had received a verbal report that a bedroom may need to be provided on the ground floor to accommodate any resident with mobility impairment. Confirmation of how any recommendations would be implemented was required.

**4. Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

4.1 The person in charge is in receipt of the occupational therapy report and its recommendations. A copy of this report will be forwarded to the lead HIQA inspector.

4.2 The Recommendations will be implemented as follows:

- a. Provision for a ground floor bedroom
- b. Grab rails will be installed as required in the bathroom, on the stairs and at the front door
- c. An ensuite toilet and shower facility will be provided to the ground floor bedroom
- d. Replacement of bathroom and porch tiles with non slip flooring
- e. A sensor light at the front door will be installed

4.3 The above changes will be reflected in the revised floor plans and these will be issued to the Authority.

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

**Theme:** Effective Services

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

One house was not ready for occupancy at the time of inspection with refurbishment works and a snag list to be completed.

**5. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

5.1 House under refurbishment:-

Scheduled Works on the facility were complete on 22 December 2016  
Ensuite toilet facility to be provided to downstairs bathroom and other recommendations of Occupational Therapist Report and overall snag list for the property will be attended to by 20th January 2017  
Furnishing and fittings will be complete on 27th January

5.2 Occupied House:-

Works on the occupied house to create a second sitting room will be carried out immediately after the new facility is operational [28th February 2017]

**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:**

As detailed in the findings, further improvements were required to risk management. The process for ensuring risks were captured on the centre's risk register was not sufficiently clear.

**6. 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 Provider, PPIMs and Person in Charge will review the Risk Register and devise a user-friendly system of risk identification for the Team to meet the requirements of the Regulations.

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

**Theme:** Effective Services

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

In the new house, adequate arrangements for detecting, containing and extinguishing fires were not yet in place. Emergency lighting, fire equipment and a fire alarm system was yet to be installed.

**7. 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:**

Emergency lighting, fire equipment and a fire alarm system have been installed in the refurbished facility. Documentation on the certification of the fire system will be submitted to the Authority.

**Proposed Timescale:** 27/01/2017

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

As detailed in the findings, the provider's safeguarding plan had to be implemented in full to ensure that residents were protected from all forms of abuse.

**8. Action Required:**

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

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

8.1 The new facility will be fully refurbished and ready for occupation from 27th January 2017.

8.2 The Person in Charge will make application for any restrictions deemed appropriate in the new facility to the Restricted Practices Committee for its meeting on 25th January 2017.

8.3 The updating of the Behaviour Support Plan for one resident commenced on 8/11/2016

8.4 The relocation to the new facility to complete the safeguarding plan will take place on full Registration with the Authority.

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

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

As identified on two previous inspections, psychological assessments had not commenced despite these assessments having been confirmed as being a high priority.

**9. Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

9.1 All referrals for professional inputs will be logged and tracked by the Person in Charge.

9.2. The Person In Charge has requested the up-to-date status of the referral from the Psychology Department who will provide an indicative timeframe for the uptake of the referral. [20th January 2017]

9.3. If the indicative uptake date is unduly delayed the Person in Charge will avail of the clinicians advisory Consultation Service.

9.4 Based on the advice of the Psychology consultation, the matter will be discussed with the HSE if necessary [27th January 2016] with a view to providing alternative professional inputs by 31st March 2017.

<b>Proposed Timescale:</b> 31/03/2017