

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	No.5 Brooklime
Centre ID:	OSV-0002273
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Southern Services
Provider Nominee:	Una Nagle
Lead inspector:	Julie Hennessy
Support inspector(s):	Kieran Murphy
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
23 May 2017 08:30	23 May 2017 16:30
24 May 2017 08:30	24 May 2017 16:30

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 was the second inspection of this centre carried out by the Health Information and Quality Authority (HIQA). The first inspection took place on 12 May 2016. This inspection took place in response to an application by the provider to register this centre.

How we gather our evidence:

As part of the inspection, inspectors met with residents residing in the centre, the person in charge of the centre, the social care leader and members of the staff team.

Inspectors reviewed documentation such as personal plans, healthcare plans, training records, fire safety information and risk assessments. Inspectors also reviewed questionnaires received from family members. Relatives spoke well of the staff in the centre. Where issues were raised, these were followed up on inspection.

Description of the service:

The centre was located close to a town on the outskirts of Cork city. Residents availed of facilities and amenities in the locality or nearer the city, including local parks, walks, coffee shops, bowling or trips to locations of residents' choice. Community links had been developed and residents accessed services in their local community, attending the local general practitioner, dentist, bank, post office and shops.

The centre comprised a single-storey detached house set on a site with ample space for residents to enjoy. Where residents were non-verbal, specialist input had been received in relation to identifying residents' preferred means of communication. Interactions between staff and residents were observed to be appropriate and relaxed. Arrangements were in place in relation to setting personal goals and outcomes with an emphasis on supporting residents' independence through the development of life-skills and making choices.

Non-compliances were identified in some areas. Significant failing was identified in relation to ensuring that a comprehensive assessment of need was completed for all residents. Also, residents did not have access to the multidisciplinary supports they required, in particular in relation to ensuring positive behaviour support. This failing was satisfactorily progressed by the close of inspection.

Improvements were also required to the following areas:

- the decision-making processes and relevant policies to better support and protect residents' rights (outcome 1)
- the development of healthcare plans and the referral process (outcome 11)
- ensuring that medicines were administered as prescribed (outcome 12)
- implementing training recommended by the members of the clinical team to better support residents' preferred means of communication (outcome 17).

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, arrangements were in place to consult with residents and to promote residents' dignity and respect. Improvements were required to promote residents' rights in relation to decision-making.

Residents' dignity was respected; all bedrooms were single bedrooms. Interactions between residents and staff were positive and appropriate. Staff knew residents well, their likes and dislikes and residents were supported to make choices using their preferred means of communication. Residents' independence was supported and encouraged both within and outside of the centre.

A log of residents' personal possessions was maintained. Individual books were kept for each resident's monies and expenditure. Receipts kept for any monies spent and all records were double-signed. There were systems in place in relation to any withdrawals with authorised persons identified to withdraw monies. Audits of balance sheets were completed on a random basis. Bank accounts were in residents' names.

However, improvement was required to decision-making processes and relevant policies to better support and protect residents' rights. For example, clarity was required in relation to legal and medico-legal decision-making around the paying of insurance premiums and follow-through of clinical recommendations. This was discussed at the feedback meeting.

There was adequate space for clothes and personal possessions in all bedrooms.

A user-friendly complaints procedure was visibly displayed in the centre. Inspectors reviewed the complaints log. However, a complaint relating to access to multidisciplinary supports had not been included in the log. The complaint was being progressed by the person in charge at the time of the inspection and this will be further addressed under outcome 11.

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):

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

Findings:

Overall, staff were observed supporting residents to communicate choices and preferences.

Where residents had communication needs, input had been provided from a speech and language therapist in relation to communication supports. Staff told the inspector that the speech and language therapist visited the centre to support residents and staff in relation to the use of communication aids or technologies.

Residents' files contained comprehensive information to ensure that staff supported residents to communicate in a predictable and consistent environment, including personal communication passports. Inspectors observed that staff supported residents to communicate their wishes and preferences. Visual schedules, daily planners, object cues, a picture exchange communication system (PECS) and iPad were observed to be used by residents and staff.

At the previous inspection, staff training did not meet the needs of residents who used Lámh (an Irish manual sign system) as part of their preferred means of communicating. Since the previous inspection, this training had commenced and more than half of the staff team had been trained to date. However, a recommendation by the speech and language therapist that staff be trained to support residents who use picture exchange communication systems (PECS) had not been implemented. This will be addressed under outcome 17.

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:

Overall, family relationships were supported and there was evidence of accessing the local community.

Residents' personal plans outlined who was important in their lives; friends, family and relations. Residents' goals included supporting more outings with specific family members and be-friending programmes with peers. Families were welcome to visit the centre and visits home were supported by staff where required. Open communication between the staff team and families about developments, changes or issues arising was evidenced. There were photographs and pictures of those who were important in residents' lives throughout the centre. At service-level, satisfaction surveys had been completed to collate the experience of families of their satisfaction with the service being provided. These surveys also informed the annual review.

Inspectors reviewed questionnaires received from family members. Where issues were raised, these were followed up on inspection.

The centre was located close to a town on the outskirts of Cork city. Residents availed of facilities and amenities in the locality or nearer the city, including local parks, walks, coffee shops, bowling or trips to locations of residents' choice. Community links had been developed and residents accessed services in their local community, attending the local general practitioner, dentist, bank, post office and shops. Staff described the transport available to them during the evenings and at weekends and said that adequate transport was available in the form of their own bus or if required, an additional vehicle could be used from the day service.

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, admissions to and transfers within the service were planned. While residents had a contract of care, the fees charged were not consistent with all resident's assessed needs and this was being addressed at the time of inspection.

There was a policy and a committee in place to oversee admissions, transfers and discharges from the centre. Where residents were due to transition from the centre, this had been considered by the relevant committee and a transition plan was in place. A meeting had taken place to ensure a smooth transition between this and the receiving centre. A letter of confirmation was on file that confirmed that a placement review would take place within three to six months.

The inspector saw a contract in each resident's file that comprised a service agreement and was signed by the resident or their representative. However, the agreement for the provision of services and the fees charged was not consistent with all residents' assessed needs and the statement of purpose. This had been identified as requiring reimbursement to one resident and was in the process of being addressed by the service at the time of inspection.

Three of the residents also had tenancy agreements in place with a housing association and these agreements had been signed by the residents and their representatives.

Judgment:

Substantially 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):

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

implemented.

Findings:

Overall, residents' social care needs were met by staff in an individualised way. Significant failing was identified in relation to ensuring a comprehensive assessment of need was completed for all residents. This failing was satisfactorily progressed by the close of inspection.

The inspector reviewed personal plans for residents residing in this centre. A document entitled comprehensive assessment of needs had been completed. However, this was not informed by clinical assessments of need, where required. As a result, assessments had not been completed in relation to some areas of residents' needs and the required supports were not in place. For example, while referrals for psychology, behaviour support and occupational therapy had been made, those referrals had not been processed. Such assessments or input had also been recommended by other clinicians. This was also identified as a failing at the previous inspection 12 months ago. While the person in charge had escalated this action, it was still outstanding at the time of inspection. The person in charge was requested to progress this failing by the close of inspection. The person in charge and representative of the provider satisfactorily addressed the failing and assessment dates were confirmed.

In addition, the system in place did not ensure that the review of the personal plan would be multidisciplinary. This had been identified at the previous inspection and the provider was reviewing the system across the service. Inspectors found that the absence of a multidisciplinary review was also contributing to assessment gaps, as it was not always demonstrated that the correct referrals were being made. Also, the absence of a review meant that a specific forum was not provided to discuss other queries that may arise for individual residents, for example, in relation to decision-making (as previously identified under outcome 1) and compatibility of residents.

Other areas of need had been adequately assessed by the staff team, as they related to independent living skills, leisure activities, participation in the community, daily routines, home activities and money skills. Where residents had transitioned from childhood or from congregated settings, programs had been put in place to develop life-skills and to support independence.

Each resident had a written personal plan. Information was individualised and specific. Personal plans included information pertaining to individuals' likes and dislikes, people important in their lives, personal goals and individual supports. Information was in an accessible format. A recent unannounced visit to the centre identified that further improvement had been required to personal plans and the staff team had been working to improve the tracking of any goals and the planning to ensure goals would be achieved for this year. A review of residents' personal goals demonstrated that goals from the previous year had been achieved with new goals set for this year, which were being implemented.

Other specific plans had been developed based on assessment of residents' support requirements. These included risk management plans, intimate care plans and dietary plans.

Judgment:

Non Compliant - Moderate

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:

Overall, the design and layout of the premises was suitable for its stated purpose.

The design and layout of the centre was in line with the centre's statement of purpose. The centre was a domestic single- storey house located close to a town and accessible to Cork city. The premises had been recently renovated with modern fixtures and fittings. There was a small garden to the front and a larger space to the rear of the house, used by residents. A private space in the form of a men's shed was provided.

There was adequate private and communal space for residents. The premises comprised six bedrooms; five bedrooms for residents and a sixth bedroom for staff. Bedrooms were individualised and reflected residents preferences (for example, interests in music, technology or reading). Built-in storage space was provided for residents' personal use. Rooms were of ample size and suitable layout. The premises was homely, comfortable and pleasantly decorated with pictures, art work and personal photographs.

There were adequate sanitary facilities provided. The centre had a large open plan kitchen, dining and living space. The kitchen was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided for residents to launder their own clothes if they so wished.

The centre was clean and well maintained. There was suitable heating, lighting and ventilation and the centre was free from obvious hazards. There were suitable and sufficient furnishings, fixtures and fittings.

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):

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

Findings:

There were organisational policies and procedures in place for risk management, fire safety, health and safety and infection control. While actions identified at the previous inspection had been progressed, the system for assessing, managing and escalating risks was not sufficiently robust and there was no analysis of incidents or behaviours of concern.

At the previous inspection, the risk management arrangements required review to ensure that assessed risks were included in the centre's risk register. Since the previous inspection, a risk assessment had been completed for a high-risk that had been identified at the previous inspection but not included in the risk register. The risk register had been reviewed and updated. However, the system was not sufficiently robust as other risks had not been included in the risk register, including an infection control risk and delays accessing multidisciplinary assessments.

At the previous inspection, improvements were required to the procedures in place for the prevention and control of healthcare associated infections. Since the previous inspection, infection control training had been delivered to the staff team by a hand hygiene assessor. The hand hygiene assessor in turn had access to an infection control nurse about any infection control issues arising. A cleaning schedule was in place and was being maintained. Staff were observed to be following infection control procedures.

At the previous inspection, improvements were required to ensure that all residents could be evacuated from the centre in a safe and timely manner at all times, including night-time. In addition, improvements were required to the recording of fire drills. Since the previous inspection, additional drills had been held, including at night time, which demonstrated that residents could be safely evacuated from the centre. Each resident had a personal evacuation plan, which detailed the supports they required to evacuate in the event of a fire. There was an emergency plan in place for the centre that addressed foreseeable emergencies.

There was a system in place in the organisation for the recording and reporting of incidents. Incidents were reviewed by the person in charge and an action plan put in place where indicated. However, relevant information was also kept in other formats, such as daily and weekly record books; for example, in relation to behaviours of concern. Tracking and analysis of incidents and behaviours of concern was not taking place, making it difficult to identify trends or ensure that a complete picture of all incidents was available.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Not all residents with behaviours of concern or behaviours that may challenge had a positive behaviour support plan or the multidisciplinary supports that they required. The failing relating to accessing psychology and behaviour support services was satisfactorily progressed by the close of this inspection.

There were policies and procedures in place in the organisation for the safeguarding of vulnerable adults, in relation to the protection of residents' finances and personal belongings, supporting residents' during intimate care, supporting behaviours that may challenge and restrictive practices.

The organisation had a committee in place that reviewed requests relating to the use of restrictive practices.

The inspector spoke with members of the staff team, who were aware of what to do in the event of an allegation, suspicion or allegation of abuse. There was a designated person within the service to whom any concerns were reported.

Residents did have access to their own general practitioner (GP) and psychiatry and staff were familiar with recommendations from medical professionals. However, not all residents with behaviours of concern or behaviours that may challenge had a behaviour support plan or the multidisciplinary supports that they required. In the absence of such support, it could not be demonstrated that all efforts had been made to identify and alleviate the cause of residents' behaviours. A positive approach to behaviour support was demonstrated by staff, who were endeavouring to support residents while awaiting further assessment or input from the multidisciplinary team. As previously discussed under outcome 5, dates for psychology assessment and input from behaviour support services were provided by the close of inspection. The outstanding action relates to the

development of a behaviour support plan for residents who require such a plan.

Where residents had a behaviour support plan, staff were aware of what was contained in the plan and how to support residents and periodic service reviews were held, which involved multi-disciplinary input. The premises was also designed and laid out in such a way as to offer space both internally and externally for residents to pursue their own interests and hobbies or to have time alone.

The inspector reviewed a sample of residents' intimate care protocols and found that they outlined the supports each resident may require while also supporting and promoting independence.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record was maintained of all incidents that occurred in the centre and of any notified to HIQA. Notifications were submitted to HIQA where required and a quarterly report was also submitted. This report contained information about any restraints used in the centre. However, it was not clear from the quarterly report whether there were any unsanctioned restrictive practices in place in the centre. There was one unsanctioned restrictive practice in use in the form of a locked entrance door that had not been approved by the organisation's relevant committee. A date had been set to review this practice. Where residents were not at risk of leaving the centre unknown to staff, keys had been provided to those residents to reduce the impact of this restriction.

Judgment:

Substantially 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.

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Arrangements were in place to ensure that residents' opportunities for new experiences, social participation, training and skills development were facilitated and supported.</p> <p>Residents' social development and life skills had been assessed and captured in their personal plans. Information in personal plans from the day service provided information in relation to how skills were supported in different settings for individual residents that reflected their individual abilities and interests. This included interests in art, gardening and reading. Residents' were supported to maintain and develop daily living skills and self-care skills.</p> <p>The person in charge also said that they will be liaising with the day service to ensure that any skills programs in the day service will also be supported in the residential service.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Overall, residents' healthcare needs were supported by staff. Further improvement was required in relation to the assessment of healthcare needs, referral and access to allied healthcare professionals and the development of healthcare plans.</p> <p>Residents had access to their own general practitioner (G.P.) and medical consultants where required. Reports following such reviews were in residents' files. Residents had access to some healthcare professionals, including speech and language therapy, dietetics and dentistry. However and as discussed under outcome 5, the system in place for ensuring appropriate referrals were made and that assessment or input from allied</p>

health professionals was subsequently provided to meet residents' needs, required improvement.

In addition, healthcare plans required development or improvement. For example, a recommendation for training to support residents at risk of choking had not been progressed. In addition, while other required actions were being followed up in practice, this was not reflected in healthcare plans, which carried the risk of confusion around the status of any follow up plan or of other recommendations being missed. Also, a comprehensive healthcare plan was required for more complex conditions or syndromes and end-of-life care planning was also required.

Where residents had communication needs or difficulties with swallowing, an assessment had been completed by a speech and language therapist. Where residents had dietary requirements or nutritional needs, assessments had been carried out by a nutritionist and other healthcare professionals as indicated. Weight was monitored and food diaries maintained where indicated. Residents were supported to make healthy living choices, for example in relation to healthy eating and exercise. Staff demonstrated that they were aware of and understood how to implement the recommendations made by allied health professionals.

Residents who were non-verbal were supported to make choices in relation to meal planning and meal selection when eating out by various means, including object cues, choice boards and a picture exchange communication system. Residents were supported to be independent or participate in making snacks or in meal preparation on an individual basis.

Each resident had an individual 'hospital passport' that contained key information should a resident be admitted to the acute hospital sector. Information contained in the hospital passport was specific to that resident and included information about allergies, their medication, communicating with the resident in relation to healthcare matters and any relevant risks. Information was kept in a folder in the kitchen in relation to residents' dietary preferences and any supports required.

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):

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

Findings:

Overall, there were policies and procedures in place in relation to medication management. However, improvements were required to ensure that medicines were administered as prescribed.

There were written policies and procedures in place relating to the ordering, administration, storage and return of medication. Improvements were required to ensure that PRN medicines (as required medicines) were administered as prescribed.

Medicines were ordered from the pharmacy on a monthly basis. Medicines were checked on arrival in the centre and a visual check was also completed prior to administration of any medications.

Medicines were stored safely in the centre in a locked cupboard. Staff outlined the procedure in place for the segregation and return of any medicines that were used or out-of-date. Medicines to be returned to the pharmacy were segregated from other medicines and a log of returns to pharmacy was maintained. A compliance aid (a 'biodose' system) was in use in the centre. Staff articulated how they would withhold or adjust the dose of a medication, on request of the prescriber.

There was a system in place for the administration and oversight of PRN medicines (as required medicines). The administration of psychotropic medication was reviewed on a three-monthly basis by each resident's psychiatrist, or more frequently as required. The inspector observed that residents had an individual medication management plan in place and a PRN protocol, where PRN medicine was prescribed.

However, the inspector found that PRN protocols, that had been developed by the staff team, required review as they did not provide sufficient guidance for staff, which was necessary to ensure that PRN medicines were administered as recommended by the treating doctors. In addition, the inspector saw that a PRN medicine had been removed from its labelled container and administered to a resident. Therefore, it could not be demonstrated that the medicines administered were those dispensed to the resident.

Medication errors were recorded and reported. Corrective action was taken following any such errors and where required, this involved relevant third parties.

The inspector reviewed the two most recent medication audits that had been completed by the person in charge and the nursing night supervisor. Gaps identified by the person in charge were being addressed. However, the system in place for carrying out medicines management audits required development as the audit completed by the night supervisor did not consider all parts of the medicines management cycle. This will be addressed under outcome 14.

Judgment:

Non Compliant - Moderate

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:

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.

The statement of purpose submitted to HIQA was dated 2015. Improvements required to the Statement of Purpose in 2016 had not been submitted in an updated Statement of Purpose. At that time, clarity was required in relation to the following: staffing levels, the support needs that the centre is intended to meet, the facilities to be provided to meet those support needs and the services to be provided to meet those needs. While the statement of purpose allowed for emergency admissions, the person in charge and provider representative confirmed that the centre could not cater for emergency admissions.

Judgment:

Substantially 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):

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

Findings:

Overall, there were clearly defined management arrangements in place in the centre. The arrangements in place for the completion of an annual review and bi-annual visits of the quality and safety of care within the service required review.

There was a clearly defined management structure in place in the centre. A social care leader oversaw the day-to-day running of the centre and worked full-time in this centre only. Care assistants and social care workers in the centre reported to the social care leader. The social care leader reported to the person in charge. The person in charge reported to the sector manager, who in turn reported to a representative of the provider, who was a member of the executive management team.

The person in charge was suitably qualified and experienced to fulfil the role of person in charge. There were appropriate deputising arrangements in place with the sector manager deputising where required.

The person in charge was responsible for more than one designated centre. The person in charge was responsible for seven centres, comprising eight houses across Cork city and suburbs. Since the previous inspection, the remit of the person in charge had been reduced as day services had been removed from their area of responsibility. Based on the current remit and geographical spread of centres, the person in charge said that he visited the centre on a weekly or fortnightly basis with regular phone contact in between visits. The person in charge and social care leader in the centre met formally on a fortnightly basis. However, based on the current arrangements as outlined, it was not demonstrated how the person in charge was facilitated to ensure the effective governance, operational management and administration of the designated centres concerned. For example, the person in charge did not attend all staff meetings, residents' personal planning meetings or review meetings. The person representing the provider said that this was being reviewed across the service and a number of meetings had already taken place.

The person in charge was supported in his role in this centre by a social care leader, who was qualified and experienced in the field of social care. The social care leader demonstrated that she knew residents, their needs and abilities. Staff told the inspector that they could bring any concerns to the social care leader.

An annual review of the centre had been completed at the end of 2016. The format of the annual review had been amended since the previous inspection and it now considered more aspects of the care and support being provided to residents in this centre. The review invited and considered relatives' experience of the service, including in relation to staff attitudes and approach, the quality and safety of care provided to their loved one and level of satisfaction with consultation. The annual review raised concerns about delays accessing multidisciplinary services, however, a clear plan to address this gap had not been developed.

Unannounced visits had taken place in the centre and actions arising were identified in an action plan. The inspector followed up on a sample of actions and found that they had been completed. However, the unannounced visit did not identify the on-going issue relating to accessing multidisciplinary services. In this way, it did not adequately assess whether residents were receiving a satisfactory level of care and support by the service.

The provider was aware of the gaps relating to the six-monthly unannounced visit and was in the process of addressing same.

Additional audits were in place for the purpose of monitoring the safety and quality of care provided in the centre, including in relation to health and safety and medicines management. As previously mentioned under outcome 12, a recent medicines management audit did not consider all stages of the medicines management cycle.

Judgment:

Non Compliant - Moderate

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, identified to deputise for the person in charge in their absence, 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 centre was equipped and laid out in accordance with the Statement of Purpose. There was a system in place for identifying any required works or upgrading of the premises. The centre was free from obvious hazards. Transport was provided and additional transport was available from the day service at weekends or to facilitate any scheduled appointments.

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):

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

Findings:

Overall, the number of staff was appropriate to meeting the number and assessed needs and abilities of residents at the time of inspection. Gaps were identified in relation to staff skill mix and staff training requirements.

There was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff on duty at night. At the time of inspection, there appeared to be adequate staff numbers to support residents' needs. As evidenced under outcomes 5, 8 and 11, support from an appropriate healthcare professional to the staff team was required in relation to the assessment of residents' healthcare needs, the development and oversight of healthcare plans and the development of PRN protocols. The need for this support was discussed with the person in charge and the representative of the provider.

A sample of staff files was reviewed and found to be in line with the requirements of Schedule 2 of the regulations. There was evidence of effective recruitment and induction procedures; in line with the policy.

Staff were observed to be supervised appropriate to their role on an informal basis. Regular staff meetings were held and items discussed included health and safety,

medicines management, residents' needs, complaints, safeguarding and documentation. Staff told the inspector that they could add to the agenda if they wished to do so. An appraisal system had been introduced since the previous inspection. However, a formal supervision system was not yet in place for all staff to ensure standards of practice and accountability.

There was a staff training programme in place that included mandatory training in relation to the protection of vulnerable adults and positive behaviour support, fire safety and medicines management. However, not all staff had received all of the required training necessary for their role and to support residents. As mentioned under outcome 2, a staff training needs analysis was required to address actual and potential gaps to support residents' needs, for example, in relation to supporting residents' communication needs. A recommendation by the speech and language therapist that staff be trained to support residents who use picture exchange communication systems had not been implemented. A number of the staff team had yet to complete a module in Lámh (an Irish manual sign system); also recommended by the speech and language therapist. As mentioned under outcome 11, staff required support in relation to the assessment of residents' healthcare needs and the development of healthcare plans. The team leader had been proactive in this area and had organised for a talk to be delivered in relation to specific healthcare needs. Following a discussion about end-of-life care planning, the team leader identified a training gap in this area.

There was an induction training programme in place and a folder for new staff in the centre that contained key information, including key support requirements for residents, risk assessments and emergency information.

Judgment:

Non Compliant - Moderate

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:

Overall, records and documentation were stored securely and made available for review. Improvement was required to ensure that information relating to residents' care and support requirements which was no longer required, was archived.

Records were kept securely in a locked office and confidential files stored securely and made available to inspectors for review where required.

Residents' records as required under Schedule 3 of the regulations were maintained. Records listed in Schedule 4 to be kept in a designated centre were also made available to inspectors.

All the required policies and procedures as required under Schedule 5 were made available to the inspector. Staff with whom the inspector spoke demonstrated an understanding of specific policies such as the safeguarding policy. Easy-read versions of policies were also prominently displayed in the centre.

A directory of residents was maintained in the centre. The centre was adequately insured against accident or injury and insurance cover complied with all the requirements of the regulations.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0002273
Date of Inspection:	23 and 24 May 2017
Date of response:	21 June 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:

Improvement was required to decision-making processes and relevant policies to better support and protect residents' rights.

1. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise

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

his or her civil, political and legal rights.

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

We will review our Rights Policy and our procedures on supporting residents to manage their finances with a view to providing additional guidelines to better support the residents' in the decision-making process.

In implementing these updated procedures, we will consider if any issues arise for residents and make a referral to our Rights Committee for review as appropriate.

Proposed Timescale: 29/09/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The agreement for the provision of services and the fees charged was not consistent with all residents' assessed needs and the statement of purpose.

2. Action Required:

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

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

We have reviewed all fees for residents in line with HSE Long Stay Contribution guidance (RSSMAC). All residents will be informed of the changes to their contract in this regard.

Proposed Timescale: 30/06/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The system in place did not ensure that the review of the personal plan would be multidisciplinary.

3. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The system of multidisciplinary inputs into the comprehensive assessment of need and reviews of personal plans will be reviewed to ensure evidence of multi-disciplinary inputs.

Proposed Timescale: 29/09/2017

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:

Analysis of incidents was not taking place, making it difficult to identify trends or ensure that a complete picture of all incidents was available.

4. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

Staff will be instructed to ensure that all incidents and behaviours of concern must be logged on the incident management system in addition to the daily and weekly report logs to assist the team, behaviour support services and management in the trending and monitoring of incidents and behaviours.

Proposed Timescale: 21/06/2017

Theme: Effective Services

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

As detailed in the findings, the system for assessing, managing and escalating risks was not sufficiently robust.

5. 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:

Management undertook refresher training on Risk Management on 6 June and is now introducing a new Risk Management System in the Centre which will assist in the identification, scoring, managing and elevation of risks. The staff Team will be trained on this updated process

Proposed Timescale: 29/09/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all residents with behaviours of concern or behaviours that may challenge had a positive behaviour support plan.

6. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Psychology and Behaviour support services have commenced work with the staff team on the outstanding behaviour support plans. [21 June 2017]

This will ensure that behaviour support plans are in place for all service users who require them with built-in regular reviews.

Proposed Timescale: 29/09/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

It was not clear from the quarterly report that there was an unsanctioned restrictive practice in use in the centre.

7. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

In future, quarterly reports will also indicate if a restrictive practice is sanctioned or in the process of being sanctioned.

Proposed Timescale: 31/07/2017

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:

The system in place for ensuring appropriate referrals were made and that assessment or input from allied health professionals was subsequently provided to meet residents' needs required review.

8. 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:

Where it has been identified that residents require supports from allied health professionals, referrals have been made. All referrals have been acknowledged and specific timescales for interventions have been agreed.

The Person in Charge will ensure that all referrals are tracked to ensure timely intervention using the Services Referral Tracking Forms.

Proposed Timescale: 21/06/2017

Theme: Health and Development

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

As detailed in the findings, healthcare plans required development or improvement.

9. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

We will ensure that all health care conditions are appropriately documented and followed up in each resident's healthcare plan

Arrangements have been made for Consultant oversight/review of a complex healthcare issue for one resident [28/8/2017)

All healthcare plans for complex medical conditions will be discussed with the residents GP and/or the relevant allied health professional to ensure appropriate clinical oversight.

Proposed Timescale: 28/08/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Improvements were required to ensure that medicines were administered as prescribed:

- PRN protocols required review
- A PRN medicine had been removed it's labelled container.

10. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Person in Charge will review and upgrade the current PRN Protocol system as necessary to ensure that:

- (a) The protocol should ask staff to confirm that they have sourced and returned medication to the labelled container to evidence the correct medication is being administered
- (b) The Protocol should evidence that the Medication Administration Records were updated at the time of administration of the PRN

Proposed Timescale: 31/07/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose submitted to HIQA was dated 2015. Improvements required to the Statement of Purpose in 2016 had not been submitted in an updated Statement of Purpose.

11. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The 2017 Statement of Purpose will be filed with the Authority.

Proposed Timescale: 21/06/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

It was not demonstrated how the person in charge was facilitated to ensure the effective governance, operational management and administration of the designated centres concerned.

12. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The Provider has reviewed the remit of the PIC with the Sector Manager.

Operational guidelines for the Person in Charge are now being finalised which should ensure effective governance, operational management and administration of the Centre.

The PIC and the PPIMs and Provider nominee will undertake training on these operational guidelines.

Proposed Timescale: 30/09/2017

Theme: Leadership, Governance and Management

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

As detailed in the findings, improvements were required to the unannounced visits to the centre.

13. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The process of the unannounced visits are being reviewed to ensure that it more fully reflects on the safety and quality issues that arise in the designated centre.

Proposed Timescale: 31/08/2017

Theme: Leadership, Governance and Management

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

While the annual review raised concerns about delays accessing multidisciplinary services, a clear plan to address this gap had not been developed.

14. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

In future we ensure that the annual review not only identifies any issues of concerns, but outlines a clear plan as to how these gaps in service can be addressed.

Proposed Timescale: 30/11/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

As detailed in the findings, support from an appropriate healthcare professional was required to the staff team in relation to the assessment of residents' healthcare needs and the development and oversight of healthcare plans.

15. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The PIC will make arrangements for the staff Team to be supported by relevant health care professionals, including nursing inputs, in the development of health care plans and for the residents' GP to provide overall clinical oversight.

The PIC will keep the staff mix in the centre under review to ensure the necessary staff mix is in place to support the residents' personal plans.

Proposed Timescale: 29/09/2017

Theme: Responsive Workforce

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

A staff training needs analysis was required to address actual and potential gaps to support residents' needs.

16. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

An updated training needs analysis will be carried out to ensure that all gaps in training needs will be addressed

Proposed Timescale: 30/06/2017

Theme: Responsive Workforce

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

A formal supervision system was not yet in place for all staff to ensure standards of practice and accountability.

17. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The Person in Charge will prioritise the completion of the staff supervision structures for all staff and ensure that supervision sessions are set for all staff on an ongoing basis.

Proposed Timescale: 30/09/2017