

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Azalea Services
Centre ID:	OSV-0004463
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 September 2017 09:30 To: 01 September 2017 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This inspection was completed to monitor compliance with the regulations and standards and to review the actions from the previous inspection.

The previous inspection in March 2017 identified seven major non compliances. During this inspection, the inspector found that six of these were now fully compliant and 16 of the previous 18 actions were complete. The two outstanding actions have been re-acted in this report.

The inspector found that fire safety evacuation procedures were not adequate to ensure safe evacuation of the centre in the event of an emergency and an immediate action was issued to the provider to address this issue. The provider confirmed that action was taken to address this issue following the end of the inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with the residents, the provider nominee, the person in charge, the person participating in management and staff members. In addition, the inspector completed a walk around of the premises internally and externally, reviewed documentation such as transition plans, health and safety documents and fire records.

Description of the service:

This service provides a full-time residential service to five individuals; two males and two females and there was one vacancy on the day of inspection. All residents were adults with an intellectual disability.

This centre comprised of two houses, both houses are single-storey dwellings in an urban area, in Co. Roscommon. An application to vary this centre was completed in June 2017 and the number of buildings in this centre were reduced from three to two. As a result of the reduction in houses, staffing resources were reallocated to the other houses in the centre to provide a waking night staff support to residents with high support needs.

Overall judgment of our findings:

The inspector found that since the last inspection the provider had made significant changes to the governance and management of this centre, which had a positive impact on the quality of the lives of the residents using this service. For example; since March 2017 a new person in charge and new person participating in the day to day management of this centre had been appointed. The inspector found that the operational management of the centre had improved in implementing the requirements of the care and welfare regulations required by the Health Act 2007. However, the action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan and is considering further regulatory action in relation to this issue.

The inspector reviewed the 18 actions issued following the last inspection in March 2017, 16 of the actions were found to have been completed. However, two actions related to fire safety equipment and fire safety procedures were found to be incomplete. The provider told the inspector that these actions were not completed due to resource issues.

On this inspection ten outcomes were examined and nine of the outcomes were fully compliant; however, one outcome remained non-compliant.

The inspector issued an immediate action to the provider during the inspection, as the fire evacuation procedures displayed in the houses did not ensure safe evacuation procedures were in place in the centre. The provider representative and person in charge were advised of the immediate action and took action to address the issue. The provider's representative confirmed to the inspector in writing following the inspection that they had rectified the issue immediately following the end of the inspection.

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):

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

Findings:

The inspector found that residents were consulted with and participated in decisions about their care in accordance with their needs, wishes and abilities. The inspector reviewed the two actions from the last inspection and both actions were complete.

Residents and families were found to have access to advocacy services and information about their rights. Each resident's privacy and dignity was found to be respected. Each resident had their own room and personal space within the designated centre to enjoy privacy. The inspector found that consultation and residents rights were promoted in this designated centre through on-going interaction with staff, planned programmes and professional staff.

There was a complaints procedure in place. Residents, their family, advocate or representative could make a complaint in the designated centre. There were no open complaints in the complaints log at the time of inspection.

Residents were supported to have control over their finances. A local procedure was in place to support staff in managing residents' money who required assistance in this area. All residents had their money lodged in a financial institution and staff were trained to provide support to residents in this area. The inspector found that residents could buy what they chose and had access to their money as they wished. Staff members were observed to interact with residents in a respectful manner.

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):

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

Findings:

The person in charge showed the inspector the written agreements signed by the residents and the provider representative which detailed the services to be provided in the centre and the related costs of such services. On the last inspection these documents were found not to be in place and this had been addressed since the last inspection.

A policy regarding admissions, discharges and transitions was in place in the designated centre, to guide practice. However, there were no plans to transition or discharge any resident from this centre at the time of the inspection.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that each resident's social care needs were being met by a high

standard of evidence-based care and support. Residents' individual needs and goals were assessed and plans were in place to ensure that residents' goals had been achieved. There was one action issued following the last inspection regarding the assessment of residents social care needs, this action was complete.

All residents had a personal plan in place, which included their health and social care goals. There was evidence that residents and or their families were involved in preparing their personal plans. The inspector viewed two of the residents' personal plans and found that they were individualised and person centered, regularly reviewed and reflected the residents' needs. In addition, residents' abilities and aspirations were clearly identified. The inspector found that there were details of opportunities for residents to participate in appropriate to his or her interests and capacities, included in the plan. A key worker was assigned to each resident to help them to achieve their personal goals and the inspector saw that goals identified for the previous year had been reviewed and all had been achieved.

Residents living in this centre were very much part of the local community. Residents attended the local day services and they also visited the local businesses and community facilities in the town; such as, local pubs, restaurants, the library and church as well as taking part in social activities in the house including cooking, art and massage.

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):

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

Findings:

This centre comprised of two houses, both houses are rented from private landlords. Three residents lived in one house and one resident lived in the other house. There was a vacancy in the second house at the time of inspection. An application to vary this centre was completed in June this year to reduce this centre from three houses to two. On the last inspection, the house where the three residents reside was up for sale and the housing association for the organization has decided to purchase this house to provide a permanent home for these residents. The sale negotiations are complete and the exchange of contracts were expected to be completed in the next few weeks.

At the last inspection, the inspector found that there were storage issues and some of the bathroom facilities would not be ideal to meet the needs of the residents, in the future. The person in charge told the inspector that plans were in place to renovate and extend the house once the purchase of the house was completed. However, the new person in charge advised the inspector that due to financial constraints and the delay in closing the sale for the purchase of the house these works had not commenced. However, alternative arrangements were put in place to store the moving and handling equipment which allowed the hallway to be clear at all times which is required for safe evacuation of the house.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The inspector reviewed the health and safety and risk management practices and procedures in this centre and found that residents' individual risks, such as falls risk management were well managed. However, fire safety management in this centre continued to be a concern as the actions from the previous report had not been addressed.

An immediate action was issued to the provider on the day of this inspection, under regulation 28 (3) (d) requiring them to ensure that there was a clear fire evacuation procedure in the centre. The provider representative confirmed to the inspector in writing, following the inspection, that they had rectified the issue.

During the inspection, the inspector found that the provider had reviewed and put in place some additional fire evacuation procedures since the last inspection. However, the inspector found that the revised evacuate plan in the centre conflicted with the instructions recorded in the residents' personal evacuation plans and the centre safety statement. This had led to confusion amongst staff. This was confirmed by the inspector when speaking to three staff members who reported that they were not aware of the changes in the fire evacuation procedure and did not demonstrate that they would follow the new evacuation procedure in the event of a fire.

In addition, an action was issued to the provider on the last inspection, requiring them to put appropriate fire safety equipment in place to detect and contain the spread of fire

in the centre. This was due to the absence of fire panels in the houses to detect the location of a fire and there were no fire doors installed the centre. This action was not complete.

The inspector confirmed on inspection that the provider had implemented staffing restructuring to ensure that there was a waking and sleepover staff on duty in one of the houses in this centre at night. Smoke alarms were operational in both houses, and fire drills confirmed that evacuation times had significantly improved since the introduction of a waking night staff in the centre. For example, evacuation drills showed that both houses in this centre could be evacuated from a deep sleep within 3 minutes. The inspector also confirmed that the staff continued to complete internal fire safety checks' on a weekly basis, including fire equipment. Staff were ensuring that a clear pathway was maintained for evacuation purposes in the centre. In addition, all staff working in the centre had received on site fire safety training since the last inspection and the provider had installed new key turn locks on all exit doors to allow safe evacuation from the centre.

The provider also confirmed that they had recently commissioned an external fire safety expert to assess each centre's compliance with the regulations in the Roscommon region and this centre was included in this assessment, which was expected to commence in the near future.

While the provider had made changes to improve the fire safety in the houses, the inspector found that the installation of fire safety equipment to alert staff to the location of a fire and the absence of fire doors required to contain the spread of smoke and fire had not been completed. Staff members interviewed confirmed that they would not be able to identify the location of a fire without the fire panel, but would proceed to evacuate the residents if the smoke alarm was activated.

The provider had failed to implement their action plan response since the last inspection. The lack of addressing previous actions was brought to the attention of the provider representative and they confirmed that they were aware of this, but did not have the required resources to install the fire doors and fire panels in the centre.

The inspector reviewed the management of individual risks in the centre and found that there were no accidents in the centre and appropriate actions had been taken since the last inspection to manage incidents and risks in the centre.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The inspector reviewed the action from the last inspection; regarding restrictive practices and safeguarding residents.

The inspector found that the use of restrictive procedures was being adequately monitored, supervised and reviewed. The use of restrictive nightwear by one resident was reviewed by the restrictive practice committee and behaviour support specialist and their recommendations were implemented as required.

The allocation of a waking night staff and a sleepover staff has had a positive impact on the residents' quality of life and staffs ability to support residents with positive behaviour support.

The inspector reviewed safeguarding procedures in the centre and found there were no safeguarding concerns in the centre.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

A record of all accidents and incidents occurring in the designated centre was maintained in the centre. All notifiable events have been notified to the Office of Chief Inspector as required, by the regulations.

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:

The inspector found that arrangements were in place to ensure that the resident's overall healthcare needs were met and that they had access to appropriate healthcare services and medical care as required.

The person in charge told the inspector that the residents had access to their own general practitioner (GP), Residents had access to regular health checks, as required, in addition to scheduled appointments with allied health services.

The residents had access to cooking facilities and were supported to have meals and snacks that they enjoy when they choose. Meal planning was based on consultation with the resident and reflected their assessed needs.

The inspector saw that residents' weight was monitored regularly and access to a dietician was available where required, and one resident was recently discharged from the dietician service.

On the last inspection, inspectors found that residents' intimate care needs were not being met at night, due to inadequate staffing allocation in the centre; however, this had been addressed by the introduction of a waking night staff.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Residents were protected by the designated centres' policies and procedures for medication management.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

There were systems in place for reviewing and monitoring safe medication management practices. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. Furthermore, the inspector saw that the person in charge had completed audits of medication practices to ensure safe medication administration practices were in place in the centre.

The processes for the handling of medicines were safe and in accordance with current guidelines and legislation. The inspector saw that all staff members were adhering to appropriate medication management practices. For example, staff were trained in the appropriate procedures for the handling and disposal for unused and out of date medicines.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had appointed a new management team to this centre since the last inspection which resulted in a positive impact for the residents. Since the last inspection the quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability.

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

Staff told the inspector of the positive impact the new management team had made to the centre. All residents were able to identify the person in charge of this centre.

An annual review of the quality and safety of care in the designated centre was completed by the person in charge. The person in charge demonstrated sufficient knowledge of the legislation and their statutory responsibilities. The person in charge was actively engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The on-call rota was shared among a number of persons in charge and the service area manager. Staff were made aware of who was on call at any given time.

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:

The inspector reviewed the workforce arrangements with the centre, as well as the staff training, support and supervision arrangements for staff. The actions from the last inspection had resulted in adequate staff in the centre during the day and at night. Also, all of the staff working in the centre had received the mandatory training in areas such as safeguarding and safety, managing behaviours that challenge, safe moving and handling of residents, safe medication administration and fire safety management.

There was an actual and planned staff rota maintained in the centre, and the staffing roster reflected the staffing resources provided in the centre.

The person in charge told the inspector that all staff working in the centre had received support and supervision meetings with the manager.

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:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004463
Date of Inspection:	01 September 2017
Date of response:	03 October 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 06: Safe and suitable premises

Theme: Effective Services

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

The provider failed to implement the internal renovations required to meet the needs of the residents.

1. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6

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

(Matters to be Provided for in Premises of Designated Centre) are met.

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

The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider had conflicting evacuation procedures in place in the centre, which led to confusion among staff as to the correct evacuation procedure to follow in the event of an emergency.

2. Action Required:

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

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

This action was addressed immediately after the inspection. There is now a clear evacuation procedure in place in this designated centre; all Health & Safety documents now correspond and all staff have been made aware of this by the manager.

Proposed Timescale: 01/09/2017

Theme: Effective Services

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

There are no fire panels or fire doors in the centre, to support staff and residents to detect the location of a fire, and to contain the smoke or fire in the event of an emergency.

3. 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:

The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan and is considering further regulatory action in relation to this issue.

Proposed Timescale: