

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Scariff Respite
Centre ID:	OSV-0004634
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

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: 04 October 2016 09:30 To: 04 October 2016 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 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This monitoring inspection was carried out to monitor compliance with specific outcomes. The previous inspection was on 08 October 2014 and, as part of the current inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gather our evidence:

The centre provided a respite service for a small number of residents who also availed of a day service at the centre. As part of the inspection, the inspector spent time with two residents who were attending the day service but also accessed the respite service from time to time. Residents with whom the inspector spoke were complimentary of the service provided and reported that they enjoyed the activities and outings during their stay. Other residents did not use verbal communication and the inspector observed that residents were comfortable in the presence of staff. Staff were very familiar with residents' means of communication. Assistance and support was provided in a dignified and respectful manner. Residents were observed to be offered meaningful choice and their choices were respected.

The inspector met and spoke with staff members. The inspector observed practices and reviewed documentation such as plans of care, medical records, accident logs, policies and procedures.

An interview was carried out with the person in charge. The person nominated on behalf of the provider and the regional manager attended for the feedback meeting at the close of the inspection.

Description of service:

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre comprised a three bedroom bungalow located in the outskirts of a rural village. An accessible shower room was provided, in line with resident's assessed needs. A maximum of two residents accessed the respite service at any time. All areas of the premises accessed by residents were wheelchair accessible. The service was available to adult men and women with an intellectual disability who may also have a physical disability.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents.

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met. The provider and person in charge did demonstrate adequate knowledge and competence during the inspection and the inspector was satisfied that both were fit persons to participate in the management of the centre.

This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified in the following areas:

- residents' rights were promoted (outcome 1)
- residents were supported to communicate effectively (outcome 2)
- safe and suitable staffing (outcome 17).

Improvements were required in the following areas:

- risk assessment (outcome 7)
- provision of staff training (outcomes 7 and 8).

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

Residents with whom the inspector interacted and spoke with indicated that they felt safe and were positive about the care and the consideration provided in the centre. Residents outlined that the staff were readily available to them if they had any concerns. Interaction between residents and staff was observed and the inspector noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

The inspector observed that residents and their representatives were actively involved in the centre. Residents and their representatives were consulted about, and participated in, decisions about their care and the organisation of the centre. The person in charge outlined that residents were involved in planning their day, identifying activities or outings and menu planning. This information was recorded by staff in residents' daily records. The person in charge provided documentary evidence of regular contact with the residents' representatives in relation to decisions about care and the organisation of the centre. An annual survey of the views of residents' representatives in relation to the service had been completed in 2015. The feedback forms allowed residents' representatives to highlight anything they would like to see changed about the service. The feedback was very positive and indicated a high satisfaction with the service provided.

Information in relation to independent advocacy services was available in an easy read format and the person in charge confirmed that access was facilitated. A robust and formal system of self advocacy was in place for residents within the Brothers of Charity Services Clare. Minutes of regular self advocacy meetings were made available to the

inspector. The meetings took place on a quarterly basis and issues such as transition of residents and social events were discussed. Feedback at these meetings was communicated to the local management teams.

Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals and their choice of activities.

Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents were encouraged to maintain their own privacy and dignity. Staff were observed to knock on doors before entering bedrooms. Suitable facilities were provided to ensure that privacy and dignity was maintained during personal care.

Residents' personal communications were respected and residents had access to a telephone. Some residents had access to a personal mobile telephone. The inspector observed that residents and their visitors were given space to chat freely. Wireless internet access was also provided and residents were observed to be supported to access the internet using tablet technology.

There was a complaints policy which was also available in an accessible format. The policy was displayed prominently. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form also recorded whether the complainant was satisfied. The investigation undertaken in response to complaints was thorough, comprehensive and prompt. The actions taken by the person in charge were adequate and complaints were resolved in a timely and satisfactory manner. The person in charge demonstrated a proactive approach to complaints management.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly. Adequate facilities were available for residents to do their own laundry if they so wished.

Residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes. Where residents required full support with their finances, an itemised record of all transactions was kept. However, this system required review as receipts were not kept to ensure a verifiable audit trail for all expenditure, in line with the centre's policy in relation to supporting residents with financial affairs.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were facilitated to communicate in line with the centre-specific policy, reviewed in April 2014. Residents had diverse communication needs; some residents did not use verbal communication.

Individual requirements were clearly outlined in personal plans. Staff clearly articulated the interventions in place to support residents to communicate. The inspector observed that staff were familiar with each resident's needs in this area and effectively supported residents to communicate.

Residents were facilitated to access assistive technology, aids and appliances to promote their full communication capabilities, in line with specialist recommendations. Visual aids and tablet technology were available and used by staff to support residents to communicate.

Easy read information was available in relation to finances, complaints, safeguarding and advocacy.

The centre was part of the local community and residents had access to radio, television, newspapers, wireless internet and information on local events. A resident showed the inspector a video of a recent garden party on his tablet. The party hosted in the centre and was attended by many members of the local community.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that

reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The person in charge outlined that a discovery document was used to assess the health, personal, social care and support needs of the resident annually and the discovery document formed the basis of an individual personal plan (IPP) and the respite plan.

The IPP included a comprehensive life story, family support network and important background information. The IPP outlined residents' needs in many areas including healthcare, education, lifelong learning and employment support services, social services, personal support network, transport and mobility. The resident and their representatives were consulted with and participated in the development of the IPP. The IPP was made available in an accessible format in line with the resident's needs.

The design of the IPP allowed for goals and objectives to be clearly outlined in order to maximise the resident's personal development in accordance with his or her wishes. However, personal development goals did not specifically identify the person responsible to support the resident or the time frame for completion of the goals.

Residents were supported to participate in meaningful activities during their stay, appropriate to their interests and preferences. Residents were facilitated to listen to music, play musical instruments and watch movies. Residents outlined that they enjoyed attending discos, dining out, going for walks and shopping in the local community during their stay.

The person in charge outlined that the personal plan was subject to a multidisciplinary review on an annual basis or more frequently if circumstances change with the maximum participation of the resident. Changes in circumstances and new developments were included in the plan and amendments were made as appropriate.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained information in relation to the needs of the resident including communication, personal care and healthcare.

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):

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

Findings:

There was a health and safety statement in place which outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

The inspector saw that there was a system to identify and review hazards on an ongoing basis. The risks identified specifically in the regulations were included in the risk management policy. It was observed that many of the risks in the centre had been included in the risk management policy. However, the inspector noted that the risks associated with the use of bed rails and lap belts, such as entrapment, entanglement or falls from a height, were not considered.

The inspector noted that an assessment of each risk was to be completed before and after the implementation of controls to ensure that the controls implemented were adequate and to identify if any additional control measures were required. However, improvements were required as it was not clear from the risk assessments completed before and after the implementation of controls, whether the controls were adequate because an assessment after the implementation of controls had not been completed for each risk.

A comprehensive emergency plan was in place which covered events such as medical emergency, missing person, fire, natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

Arrangements were in place for the identification, reporting, investigating and learning from accidents and incidents. The person in charge demonstrated a proactive approach to risk management. An online system for incident reporting was in place which allowed for the timely investigation of all incidents, identification of any trends and review of the effectiveness of preventative actions. The system allowed for the information to be collated into a report which was to be reviewed quarterly by the regional manager and every six months by the provider nominee. The inspector saw that preventative measures to prevent recurrence were implemented in a timely fashion.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was to be serviced on an annual basis, most recently in April 2016. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure

for safe evacuation in event of fire was displayed in a number of areas. Emergency lighting had been serviced annually. Records of daily and monthly fire checks were kept. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure.

Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire and the training matrix made available confirmed that fire training was mandatory across the organisation. However, the training matrix indicated and the person in charge confirmed that refresher fire training was required for one staff member.

Fire drills took place on a regular basis and five fire drills had taken place since December 2015. A detailed description of the fire drill, duration, participants and any issues identified was maintained. The records indicated that fire drills considered both day and night time conditions.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and had been updated regularly and in line with resident's changing needs.

Procedures were also in place for the prevention and control of infection. The infection prevention and control policy contained comprehensive information in relation to the management and disposal of sharps, hand hygiene, waste disposal, food safety and the management of outbreaks. The centre was visibly clean and there were adequate hand sanitising and washing facilities for residents, staff and visitors. Staff confirmed that personal protective equipment such as gloves and aprons were available. However, the training matrix indicated and the person in charge that one staff member had not completed hand hygiene training.

Suitable moving and handling equipment was provided and serviced regularly, in line with the manufacturer's recommendations. The training matrix confirmed that moving and handling training had been completed by all staff.

Vehicles were available for the transportation of residents. Records confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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:

Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. Improvements were required in relation to staff training in the area of behaviour that challenges.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in February 2015. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team. The policy was also available in an accessible format.

The intimate care policy outlined how residents and staff were protected. Each resident had a personal care plan which was reviewed on a regular basis. The plan outlined in detail the supports required, resident's preference in relation to the gender of staff delivering personal care.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment, selection and vetting procedure was implemented, all staff received ongoing training in understanding abuse and staff stated that there was an open culture of reporting within the organisation.

The person in charge confirmed that there had been no incidents, allegations and suspicions of abuse since the last inspection. The person in charge was knowledgeable in relation to the recording and investigation of such incidents in line with national guidance and legislation.

A centre-specific policy was in place to support residents with behaviour that challenges, reviewed in October 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging

including de-escalation and intervention techniques. However, the training matrix indicated and the person in charge confirmed that one staff member had not completed this training.

The person in charge and staff outlined that residents did not require support with behaviour that challenges. A process was in place to access specialist input in relation to behaviour support and staff articulated knowledge of this process.

Restrictive practices were in use; the use was guided by a centre-specific policy and followed an appropriate assessment. The policy had been reviewed in October 2014, was comprehensive and was in line with evidence-based practice. A risk balance tool was used prior to the use of restrictive practices, less restrictive alternatives were considered and signed consent from residents was secured where possible. Multi-disciplinary input had been sought when planning and reviewing individual interventions for residents.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents attended the centre for short term respite overnight, at weekends or for holidays. During their stay, residents' healthcare needs were met through timely access to healthcare services and appropriate treatment and therapies. An "out of hours" doctor service was available if required. There was clear evidence that where treatment was recommended by doctors, specialist services, consultants and allied healthcare professionals and agreed by residents, this treatment was facilitated during the resident's stay. Residents' right to refuse medical treatment was respected. Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs during their stay.

A health and wellbeing assessment was completed for each resident and reviewed annually or when circumstances change. The assessment was augmented by an annual examination by the resident's general practitioner. The assessment informed that development of the plan of care in the domain of healthcare.

A bereavement and end of life policy was made available to the inspector which

described the procedure to be followed in the event of a sudden or unexpected death.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents were encouraged to be active throughout their stay.

Residents were encouraged to be involved in the preparation and cooking each meal. Staff and records seen confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and healthy snacks. Staff reported that residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions. Where specialist recommendations were made in relation to nutrition, the inspector saw that these were integrated into the plan of care and implemented by 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:

There was a centre-specific medicines management policy and had been reviewed in January 2016. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines.

Staff described and the inspector saw that there was a robust checking process in place to confirm that the medicines received correspond with the medication prescription records. When residents entered the centre on respite, a documented record was maintained of the quantity and medicines received. A similar record was maintained when the resident left the centre and the quantities were reconciled by staff.

Staff outlined that, if a resident had a change to their medicines during their stay, every effort would be made to have the prescription dispensed in the pharmacy where the resident usually attends. If this was not possible, the medication prescription and administration records would be brought to a local pharmacy to ensure that the pharmacist would be facilitated to meet their obligations to the resident under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

Staff demonstrated an understanding of medicines management and adherence to guidelines and regulatory requirements. The training matrix indicated that medicines management training was provided to staff.

The inspector noted that medicines were stored securely. Staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection.

The inspector reviewed the medication prescription and administration records. Prescription charts were seen to be complete and in line with the relevant legislation. Medication administration records were complete, identified the medicines on the prescription sheet and allowed for the recording of the time and date medicines were administered.

The medicines management policy outlined that residents were encouraged to take responsibility for their medicines, in line with their wishes and preferences. A comprehensive and individualised risk assessment was completed which took into account cognition, communication, reception and dexterity. At the time of the inspection, residents were not taking responsibility for their medicines. Appropriate controls were outlined in the policy to ensure that the practice was safe.

Staff outlined the manner in which medicines which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

A system was in place for reviewing and monitoring safe medicines management practices. The results of the most recent medicines management audit were made available to the inspector. The audit identified pertinent deficiencies and the inspector confirmed that actions had been completed.

The inspector saw that medication related errors were identified, reported on an online incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented. Medication related incidents and the use of 'as required' medicines were reviewed on a quarterly basis to identify any trends.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>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.</p> <p>The statement of purpose contained all of the information required by Schedule 1 of the regulations and the inspector found that the Statement of Purpose was clearly implemented in practice. The statement of purpose had been last reviewed in March 2016.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge was registered nurse in intellectual disability (RNID) with many years' experience working in the sector. The person in charge had attained an appropriate qualification in healthcare management. The person in charge was employed full time by the organisation. The person in charge demonstrated an in-depth knowledge of the residents and residents were comfortable in her presence.</p> <p>The person in charge was also appointed as the person in charge in two other centres. A</p>

social care worker was appointed in the centre to ensure the effective governance, operational management and administration of the centre. There was evidence of regular informal and formal contact between the person in charge and the social care worker.

There were established regular management meeting between the regional managers, the service manager and the person in charge. The inspector saw minutes of these meetings.

The provider had arranged for an unannounced visit to the centre in the previous six months (May 2016) to assess quality and safety. The inspector read a report of the unannounced inspection. There was evidence that pertinent deficiencies were identified, acted upon and improvements made.

The annual review of the quality and safety of care in the centre from September 2016 was made available to the inspector who saw that it was comprehensive and was based on the standards and regulations. Areas for improvement were identified and actions completed in a timely fashion.

A report of accidents, incidents, medication related incidents and 'as required' medicine administration was prepared and reviewed by the regional manager on a quarterly basis. The service manager reviewed the reports every six months. Trends were identified and areas of improvement were identified by the senior management team.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
There was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The inspector noted that a regular team supported

residents and this provided continuity of care and support.

There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy. A comprehensive induction process was in place which also included job shadowing and the completion of a competency framework for all new staff.

Staff were observed to be supervised appropriate to their role. Regular staff meetings were held and items discussed included health and safety, medicines management, staff training, personal planning, updates on health and social care needs, communication, activities and nutrition. A formal and meaningful supervision and appraisal system was in place for staff.

Staff were able to articulate clearly the management structure and reporting relationships. The inspector saw that copies of both the regulations and the standards had been made available to staff; staff demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. Further education and training completed by staff included mandatory training and training in medicines management, child protection, food safety, first aid, personal planning and restrictive practices.

The person in charge stated and the inspector saw that volunteers were not attending the centre at the time of the inspection.

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:

Louisa Power
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-0004634
Date of Inspection:	04 October 2016
Date of response:	05 December 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Receipts were not kept to ensure a verifiable audit trail for all expenditure, in line with the centre's policy in relation to supporting residents with financial affairs

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

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

Set up finance folder to ensure there is a verifiable audit trail, in line with the centre's policy supporting residents with financial matter.

Proposed Timescale: 31/12/2016

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:

Personal development goals did not specifically identify the person responsible to support the resident or the time frame for completion of the goals.

2. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Review personal plans ensuring they include: identified individuals' names who are responsible for goals and time frame for completion of same goals

Proposed Timescale: 31/12/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

It was not clear from the risk assessments completed before and after the implementation of controls, whether the controls were adequate because an assessment after the implementation of controls had not been completed for each risk.

3. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Review risk register completing residual score for each risk identified, thus indicating controls were sufficient to manage the risk

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

The risks associated with the use of bed rails and lap belt were not considered in the risk management policy.

4. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Ensure risk assessments regarding use of bedrails and lap belt are included in risk register.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

One staff member had not completed hand hygiene training.

5. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Ensure this staff member completes hand hygiene training or infection control training
2/12 2016

Proposed Timescale: 02/12/2016

Theme: Effective Services

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

The training matrix indicated and the person in charge confirmed that refresher fire

training was required for one staff member.

6. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Fire safety training completed by this staff 4/10/2016

Proposed Timescale: 04/10/2016

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:

One staff member had not completed training in the management of behaviour that is challenging including de-escalation and intervention techniques.

7. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Staff member completed MAPA training 30/11/2016

Proposed Timescale: 30/11/2016