

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cairdeas Services Mooncoin
<b>Centre ID:</b>	OSV-0004718
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services South East
<b>Provider Nominee:</b>	Johanna Cooney
<b>Lead inspector:</b>	Noelene Dowling
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From:	To:
08 December 2016 09:00	08 December 2016 18:30
09 December 2016 09:00	09 December 2016 12:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 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 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the second inspection of this centre which forms part of an organisation which has a number of designated centres in the region. This was an announced inspection undertaken to follow up on the actions from the initial registration inspection of 1 September 2015. The registration was not progressed at that time due to the changes made to the configuration of the centre. This previous centre was not deemed suitable by virtue of the layout to meet the care needs of the residents at that time. This involved the relocation of all residents to another designated centre and subsequently this centre was not operational for some months. The current residents were relocated to this centre in September 2016. The number of residents was also reduced from 6 to 4.

Revised documentation including a statement of purpose, application form, and

evidence of current insurance was forwarded to accommodate the reconfiguration of the centre, due to the length of time since the last inspection and the changes which had taken place. Sixteen of the regulatory requirements were inspected against on this occasion.

How we gathered the evidence:

The inspector met with all residents and they allowed the inspector to observe some of their daily life and routines and spend time with them. They communicated in their own preferred manner. The inspector reviewed two questionnaires completed by relatives, which were very complimentary regarding the care provided. They said they were fully consulted with and supported in making decisions on behalf of their relatives, were confident in the staff and also that the new location gave better access to the local community. Staff completed the questionnaires on behalf of the residents.

The inspector also met with the person in charge, staff members, and regional manager.

Description of the service:

The revised statement of purpose states that the centre will provide care to four adults both male and female with profound intellectual disability and additional needs including mental health needs. They will require nursing interventions but not fulltime nursing support. To this end the inspector found that the care provided was congruent with the residents' needs.

The premises is a detached bungalow located in a rural town and has easy access to all amenities. The premises are very homely, well equipped, spacious and suitable for the current and changing needs of the residents.

Overall judgement of our findings:

The inspector reviewed the actions required following the previous inspection. These were primarily related to the skill mix of staff and the lay out and suitability of the premises to meet the needs of the residents. The actions had been addressed with changes made to the internal structures and a reduction in numbers. However despite the changes to the resident group the action in relation to the evacuation of a resident at night time was not satisfactory resolved.

An immediate action plan was issued to the provider as the arrangements for the evacuation of one resident as outlined to the inspector did not provide sufficient assurance that the resident could be safely evacuated by a single staff in the event of a fire.

The response was received within the required time frame and provided additional assurance that the provider had reviewed the matter with revised risk assessment and more formal arrangement made in the event of an evacuation being required.

In other respects the inspection found that the provider was in substantial compliance with the regulations which had positive outcomes for the residents.

Good practice was observed in the following areas:

- governance systems were effective and responsive which promoted the residents wellbeing and security of care (outcome 14)
- residents had good access to healthcare, multidisciplinary specialists and good personal planning systems were evident which resulted in a positive and supportive experience for them (outcome 5 and outcome 11)
- residents activities were based on their own preferences and capacities which ensured they had experiences which suited their needs and ages (outcome 5 and outcome 10)
- risk management systems were, in general, effective to keep residents safe (outcome 7)
- medicine management systems were safe (outcome 12)
- numbers and skill mix of staff were suitable which ensured residents needs were understood and supported (outcome 17).

These matters are further discussed in the body 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):**

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

**Findings:**

The action from the previous inspection had been resolved and the inspector found that the residents' activities or routines were not negatively impacted upon by staffing levels. The inspector reviewed the complaint process and found that it was in accordance with the requirements with a nominated complaints officer and person responsible for oversight of the process. The nominated persons photographs were posted in the centre and residents also had an "I'm not happy card" with their names printed which they could use to alert staff to any issue of concern.

The weekly meeting records also showed that residents were encouraged to let staff know, in their own way, how they felt about aspects of their lives including food or activities. The inspector observed this happening and staff were responsive to the residents. There were no complaints logged in the register. There was an organisational advocacy group where some residents can represent others in the development of the service and raise issues.

A review of a sample of records pertaining to residents finances showed that the systems were transparent, all transactions recorded and there was oversight and auditing of these. The policy dictated that the spending of monies over and above certain amounts had to be agreed with families and overseen by the person in charge.

An assessment of capacity was undertaken in regard to residents managing their own monies. While no residents were deemed to have this capacity it was apparent that with staff support they had access to their own monies and could spend as they wished. The inspector was informed that no residents were subject to legal financial or personal protection orders at this time.

There was evidence that the residents and their representatives had been involved in the decision to relocate to this centre and had opportunities to visit and become familiar with the change.

**Judgment:**  
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:**

The inspector observed that staff were very familiar with the residents' means of expression and non verbal communications and were responsive to this. However, this knowledge had not been detailed in support plans which would assist both new staff and residents if transferred to, for example, an acute care setting.

Pictorial images and objects of references were used in a limited capacity as the residents were deemed not to benefit from this medium of communication.

Skype was also used by residents to ensure ongoing visual contact with relatives. The staff and residents were observed and heard to be communicating with each other in a warm, calm and relaxed manner.

**Judgment:**  
Substantially 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:**

There was evidence from records and questionnaires completed that residents families were an integral part of the care arrangements. They attended support meetings and multidisciplinary reviews and were both consulted and informed of plans or changes on a regular basis.

Support with home visits, either transport or staff was provided where this was difficult for families.

The location of the centre means that residents are within walking distance of the shops, churches and activity centres which they used. They had made good contacts with their neighbours in the community, some of whom helped to walk the dog.

**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:**

The resident had lived together for some time and no new admissions had taken place. The policy on admission was satisfactory based on full assessment of need and in this instance the compatibility of residents and safeguarding of the individuals was considered.

There was a suitable contract which detailed the care and support to be provided and detailed all costs which was signed on behalf of residents.

**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:**

Revised documentation for assessment planning and review had been implemented. From a review of this and from speaking with staff in relation to all residents, the inspector saw that a range of multidisciplinary assessments and regular reviews of their assessed and identified needs took place. A range of evidenced based assessment tools were also used to identify needs and implement support plans.

There was significant involvement of and access to allied and multidisciplinary services with residents' needs reviewed and support plans updated as needs changed.

Each resident's personal plan outlined their individual wishes and preferences, healthcare and psychosocial needs. These were very detailed on a range of domains including health, nutrition, rights, safety and protection, activities, participation and relationships. They were focused and informed by the assessment process and the knowledge that staff had of the individuals.

The plans included timeframes and named persons responsible for implementation. It was possible to see that personal aspirations had been achieved including trips out, or going to concerts, horse riding and that other identified needs were monitored and actions taken to address them.

Review meetings and multidisciplinary meetings attended by family members or representatives were held annually and more frequently as required. The records showed and staff confirmed that these meetings reviewed the progress made and also made plans for the coming year.

In addition, there was evidence that each resident was reviewed via multidisciplinary team on a monthly or weekly basis if this was required based on changes in health, behaviour or mood. The inspector found that staff were very knowledgeable and informed of the outcome of any assessment undertaken and the interventions which were to be implemented to support the residents. There was information available in the event of transfer to acute care and the inspector was informed that staff would be available to support the residents in these circumstances.

The capacity and preferences of the residents for social activities or group involvement informed their routines. They went to local facilities including hairdressers, shopping for clothes, walks, to the races and to visit friends in other centres. The activities were tailored and if for example, a resident did not like crowded spaces this was known and staff respected this preference. An additional staff had been rostered at weekends to ensure individuals could be supported in this way or visits home could be maintained. There was sensory equipment available in the centre which the inspector observed a resident using to good effect. There was also a dog in the centre belonging to one resident which was of a suitable temperament. The unit was spacious and bedrooms

were very comfortable with televisions, music systems and easy chairs where residents can sit quietly doing their own preferred activities as observed by the inspector.

**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:**

The actions from the previous inspection had been partially but not fully resolved despite the change in the resident group. The inspector was not assured that the systems in place for the emergency evacuation of one resident were satisfactory in the following respect:

- the risk had not been adequately assessed
- the risk management plan was not suitably detailed
- the fire and evacuation management plan did not adequately consider single night time staffing arrangements
- the residents support plans were contradictory in the information provided regarding the level of staff support necessary to use the equipment such as hoist if this was needed to safely evacuate the resident.
- arrangements for additional personnel to provide support were not robust or confirmed.

As stated in the summary the provider was required to take some immediate steps to address this at the time of inspection.

No fire drills or evacuation had taken place for one month following the relocation to ensure the staff and residents were familiar with the new premises and systems.

Other fire safety management systems were found to be good with equipment including the fire alarm, extinguishers and emergency lighting installed and serviced quarterly and annually as required. Fire doors and emergency lighting were installed in all rooms. On this occasion all staff had received fire safety management training.

Systems for identifying and responding to risk were otherwise found to be proportionate and balanced with systems for review of incidents for learning evident.

Audits on accidents and incidents/ medicines errors, and challenging behaviours were undertaken and the inspector found that these were analysed to support change. There were detailed individual risk assessments and management plans for pertinent issues including falls, choking risks and skin integrity and these were updated and reviewed following any incidents.

There was a signed and current health and safety statement available. Six monthly audits of the environment and work practices were undertaken and any issues identified were updated regularly.

There were policies in place including a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff.

The policy on infection control and the disposal of sharps was satisfactory. Staff were observed taking appropriate precautions and using protective equipment where this was necessary.

The risk register was centre specific and relevant to the residents and the environment. Risks identified included both environmental and clinical in accordance with the residents needs and there were controls in place to militate against these.

There were manual handling plans and swallow plans available for the residents which were also updated regularly.

**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):**

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

**Findings:**

The action from the previous inspection was resolved with suitable systems for ensuring bedrails, where used, were suitable and safe.

The policy on the protection of vulnerable adults was in accordance with the Health Service Executive (HSE) policy to ensure satisfactory screening, implementation of safeguarding plans and adequate review of incidents.

The provider employed a dedicated social work service which managed any concerns or allegations. There was a suitably qualified and experienced person nominated as the designated person to oversee any allegations of this nature.

Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse. Staff were able to articulate the type of behaviour which was unacceptable and expressed their confidence in the response of management to them. The inspector was informed that no such allegations were currently being investigated in the centre. There was an external advocate sourced and acting on behalf of a resident with matters external to the centre.

Where safeguarding plans were required these were detailed and the inspector also saw specific intimate care plans which not only outlined the required procedures but also took account of the personal preferences and dignity of the residents.

The inspector found that the systems for the support of behaviour that challenges and the use of restrictive practices were based on national guidelines and undertaken with consistent multidisciplinary guidance and review.

Both mental health and psychology services were available internally and the resident's psychosocial needs were very well recognised and supported. Behaviour support plans were very detailed and small but significant changes had been made to daily routines which had resulted in a reduction of incidents. The inspector saw that the number of incidents had reduced considerably in 2016.

Staff spoken with demonstrated an understanding of the underlying causes of behaviour for the individual residents and were observed to be implementing the plans in a calm and quiet manner.

The policy on the use of restrictive practices included both physical and chemical restraint. It clearly defined the exceptional circumstances in which such procedures should be used and how they were to be monitored and overseen. With the exception of reasonable and clinically prescribed safety measures such as lap belts, safety harnesses and securing the front door, no other practices were used. The inspector saw that where locks had been placed on kitchen presses these were removed on re-assessment and found to be no longer relevant.

The records showed that medicines prescribed on pro-re-nata (administered as necessary) basis for the management of behaviour was not used inappropriately and the protocol was followed.

All staff had training in challenging behaviours and no physical interventions were used 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):**  
No actions were required from the previous inspection.

**Findings:**  
A review of the accident and incident logs, resident's record and notifications forwarded to the Authority demonstrated that the person in charge was in compliance with requirement to forward the required notifications to the Authority. All incidents were found to be reviewed satisfactorily.

**Judgment:**  
Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**  
Health and Development

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

**Findings:**  
The residents had a range of complex physical, mental health and intellectual needs. To this end the inspector was satisfied that their individual capacities for daily stimulation, occupation, and recreation were assessed and provided for. They attended day services tailored to their individual needs and took part in sensory activities including hydrobaths, music and massage. If they were unwell or unable to attend they could stay at home and staffing arrangements were made to facilitate this.

Staff also supported them to achieve fundamental life skills such as dressing or fastening

clothing which helped to develop independence and maintain their dignity.

**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:**

While the action from the previous inspection did not apply directly to the resident in this centre currently the inspector found that skin care and wound prevention systems were implemented under clinical direction in this instance.

The inspector found evidence that resident's healthcare needs were very well managed. There was good access to general practitioners and out of hours service was also used where necessary. The complexity of the resident's healthcare was recognised and well monitored. Interviews and records indicated that there was frequent, prompt and timely access to the necessary services.

There was evidence of regular referral and frequent access to allied services such as chiropody, dentistry, ophthalmic care, mental health specialists, dieticians and physiotherapy and neurology and tissue viability. The interventions of these clinicians informed the delivery of care on a daily basis overseen by the staff nurse.

Preventive measures such as pressure relieving cushions and mattresses were evident. Where it was deemed necessary not to undertake procedures or treatments, these decisions were clinically directed and made in consultation with the residents' representatives.

The inspector found that evidenced based assessment tools were used for falls, dependency levels, and nutrition and pressure area risk. These informed detailed care management plans which staff were familiar with.

The inspector saw evidence of health promotion and monitoring with regular tests and interventions to manage specific healthcare needs.

The inspector saw from records and speaking with staff that families were kept fully informed and involved in regards to healthcare issues and appointments.

Residents' nutritional needs were addressed and monitored. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs. They were also aware of resident's preferences and residents helped staff to do the shopping where possible.

Meals were staggered to ensure residents had the individual attention necessary and avoid points of anxiety. However , they were also quite and relaxing times for the residents with staff supporting them in a dignified manner.

**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):**

No actions were required from the previous inspection.

#### **Findings:**

The policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medication were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication. Where errors were noted prompt remedial actions were taken to prevent reoccurrences. No controlled medication was being used at the time of the inspection but there was an appropriate system in place should this be required.

The inspector was informed that only staff who had undergone medication management training were administering medication and competency was assessed following the training. Medication was dispensed in controlled systems to support the non nursing staff.

The inspector saw evidence that medication was reviewed regularly by both the residents GPs and the prescribing psychiatric service. No resident was assessed as having the capacity to self-administer medication.

**Judgment:**  
Compliant

### **Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose required had been revised to reflect the changes to the numbers of residents and care and support needs which the provider intended to meet. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with profound intellectual and physical disabilities, autism and mental health needs.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the governance arrangements were effective to ensure the safe delivery of care. The newly appointed person in charge was suitably qualified and had the required experience for the post within the organisation. She was familiar both with her own responsibilities and with the residents needs. She was also responsible for four other centres. She was supported by a CNM 11 as team leader who oversaw the day to day operations. As a result of this the inspector was satisfied with the arrangement. There were clear governance and reporting structures in place.

The provider nominee was the chief executive of the organisation and was also the director of services for the region. The documentation for registration had been forwarded and was in order.

The local management team in the south east included the regional services manager, person in charge, human resources, social work and psychology department, human resources and training/ quality manager. The inspector was satisfied that each



department was carrying out their respective roles to ensure the care provided was satisfactory.

The provider nominee had commissioned two six monthly unannounced visits which resulted in detailed reports and action plans. Issues covered were pertinent and included rights access to advocates, personal plans and achievements ,complaints and risk assessments. Any issues identified were noted for action.

The inspector reviewed the annual report for 2015 which was undertaken based on the previous location of the centre. This was satisfactory and took account of issues such as data on accident or incidents, complaints, and finances and included the views of relatives and residents which were very positive. This acknowledged that the previous premises was not suitable for the residents needs and detailed the plan to relocate.

The inspector found that audits undertaken were detailed and information analysed to inform practice changes. At the time of the inspection the annual report was being drafted in a format suitable for the residents.

There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provide had complied wit the requirement to notify The Chief Inspector of any absences of the person in charge which required such notification.

There were arrangements in place should this event occur with a suitably qualified team leader appointed who would deputise in such an absence.

all of the required doumentation had been forwarded.

**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 action from the previous inspection had been addressed with a suitable skill mix of staff available. The residents were assessed as not requiring fulltime nursing care but clinical oversight was available in the staff nurse and the team leader.

Staffing levels had been increased during day time and at weekends to ensure residents primary care needs and activation was maintained. Staff informed the inspector that this had been of significant benefit to the residents.

There was a centre-specific policy on recruitment and selection of staff, a lone working policy had been developed and an annual staff support/ appraisal system had been implemented. Mandatory training was up-to-date for all staff listed. The staff had a range of relevant training including social care and psychology. A number of staff had been with the service for some time. There was an induction programme in place.

Staff were supervised on a day-to-day basis by the team leader who monitored residents' plans. There were detailed day-to-day communication systems used to ensure consistency. Formal staff supervision was in place annually. From a sample of records reviewed the inspector found that the quality differed in the focus on residents care. The person in charge informed the inspector that it was their intention to undertake this more frequently and ensure it was of a suitable quality.

Examination of a sample of personnel files showed good practice in recruitment procedures for staff with all the required documentation sourced prior to taking up appointments. A small number of agency staff had been used. While the provider was assured by the agency that the required documentation was available there was no system to confirm this. This was discussed and it was agreed to rectify this.

All non nursing staff had first aid training including the management of choking and the use of emergency medication.

**Judgment:**

Substantially Compliant

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**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:**

All of the required records pertaining to residents and staff were available and the required policies were in place.

There was evidence of up to date insurance and compliance with the planning authority. The residents guide and statement of purpose was in order.

**Judgment:**

Compliant

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**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:**

Noelene Dowling  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services South East
<b>Centre ID:</b>	OSV-0004718
<b>Date of Inspection:</b>	08 and 09 December 2016
<b>Date of response:</b>	26 January 2017

### Requirements

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

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

### Outcome 02: Communication

**Theme:** Individualised Supports and Care

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

Resident communication needs were not adequately outlined in support plans.

#### 1. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her

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

personal plan.

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

Each individual has a communication passport in place; additional individual communication plans have been introduced.

**Proposed Timescale:** 15/01/2017

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

**Theme:** Effective Services

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

The systems in place for the emergency evacuation of one resident were not satisfactory in the following respect:

- the risk had not been adequately assessed
- the risk management plan was not suitably detailed
- the fire and evacuation management plan did not adequately consider single night time staffing arrangements
- the residents support plans were contradictory in the information provided regarding the level of staff support necessary to use the equipment such as hoist if this was needed to safely evacuate the resident.
- arrangements for additional personnel to provide support were not robust or confirmed.

No fire drills or evacuation had taken place for one month following the relocation to ensure the staff and residents were familiar with the new premises and systems.

**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:**

- Risk assessments have been carried out and updated, where they now clearly identify strategies to reduce and manage each risk. A risk assessment specific to the individual in the event of a fire is in place and states clearly the necessary procedures to be carried out.
- A Physio assessment carried out on Sunday 11/12/16 identified, with the introduction of the new ceiling hoist- which was put in place for this individual that all transfers can now be carried out by one staff member. A risk assessment has been put in place to support this, plus a plan from the Physiotherapist.

- Whilst we feel we can safely evacuate the building with the resources available, as an additional support two sets of neighbour's plus the Gardaí through "good will" have all agreed that they will support Elm House in the event of a fire evacuation/emergency. To date, two neighbours have come to visit Elm House, they have met with individuals residing in Elm and they have looked at the layout of the house as well as being included in the House Evacuation plan. Neighbours and Gardaí have been given a key for easier access in the event of a fire- neighbours will be garda vetted. Families of individuals have been made aware of this.
- Emergency Evacuation Plans-both house specific and individual plans have been revised and now detail specifically supports each individual may require in the event of a fire.
- A fire evacuation was carried out on Friday night 10/12/16.
- Contact has been made with Arjo Huntley in relation to the battery life of the ceiling hoist in the event of power loss, it has been identified that there will be no difficulty with power in the hoist as long as it is charged regularly and a plan is in place to ensure this.

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

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was no system in place to demonstrate that the required recruitment documentation was in place for agency staff.

**3. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

A request has been sent to the agency involved, requesting a copy of references and Garda vetting for any agency staff working within the service area.

**Proposed Timescale:** 31/01/2017