

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Deer Services
Centre ID:	OSV-0004936
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 January 2017 10:30 To: 16 January 2017 16:25

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This announced monitoring inspection was carried out to monitor the centre's ongoing regulatory compliance. The inspection was also carried out to inform a decision on an application by the provider to vary the centre's conditions of registration. The provider had applied to reconfigure the service by the addition of another house and to, therefore, increase the registered occupancy of the centre from two to six bed spaces.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. The inspector met with two of the residents living in the centre and with two members of the management team. Residents told the inspector that they liked living in the centre and felt safe there. They also said that staff looked after them well, that they enjoyed their leisure time and had plenty of involvement in the local community, and that they chose and received foods that they liked.

Description of the service:

The centre comprised two houses close to a rural town, and was within easy reach of shops, restaurants, banks and all other amenities. The centre provided a residential

care service for up to six residents. The service was provided to male and female adults with an intellectual disability.

Overall judgment of findings:

Of the seven outcomes inspected on this inspection, six were in compliance with the regulations and one was in moderate non-compliance. There were no major non-compliances.

Residents received a good level of health and social care, and were very involved with life in the local community. They also had good opportunities to keep in touch with family and friends. Residents' health care needs were well met, there were safe medication management practices in place, and there were systems to safeguard residents from any form of abuse. The centre was suitably staffed to meet the needs of residents.

While there were health and safety measures in place, risk assessment of fire containment arrangements was required.

The centre was laid out to meet the needs of residents using the service.

The provider had a clear governance system for the management of the centre, and auditing was being undertaken to review and improve the quality and safety of the service.

Findings from the inspection and actions required are outlined in the body of the report and 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 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):

This was the centre's first inspection by the Authority.

Findings:

This is the first inspection of this centre in its current configuration.

The inspector found that residents' social wellbeing was maintained by a high standard of care and support. There was individualised assessment and personal planning being undertaken for each resident, and residents had opportunities to pursue activities of their choice in the centre, in the day service and in the community.

Each resident had a personal plan which contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. These personal plans set out residents' social interests, identified life goals, and required healthcare supports.

There was an annual personal planning meeting for each resident attended by the resident, his or her family and support workers. Arising from these meetings, personal plans were developed for residents. These plans were person-centred and were focussed on improving the quality of residents' lives.

On reviewing plans and discussing goals with residents, the inspector found that the goals identified were based on events which were of importance to residents, such as development of independent living skills, foreign travel and further development of chosen hobbies. The person in charge ensured that sufficient staff support was provided to meet these goals. There were a range of other activities taking place in day services and residents' involvement was supported by staff.

Staff also supported residents to interact in the local community. There was transport available to bring residents to activities they wished to participate in. Several residents also had part-time jobs in the nearby town.

Residents told the inspector that they had active social lives and were very involved in the local community. Some of the activities they discussed included, dining out, having gym and tennis club memberships, participating in walking groups, attending concerts and discos, taking holidays, and shopping in both local shops and by taking shopping trips to other towns. These residents confirmed to the inspector that, even though staff were busy, that their social needs were always met and that staff always ensured that they could do the things they wanted to do.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

This is the first inspection of this centre in its current configuration.

The provider had made an application to vary conditions of registration by transferring a house from one registered designated centre to another.

The design and layout of the centre was suitable for its stated purpose. The unit that the provider had applied to include in this designated centre was a house that could accommodate two residents. The existing house in the centre was designed to accommodate up to four residents.

All residents had their own bedrooms. Some residents had an en suite bathrooms attached to their bedrooms. There were additional well-equipped bathrooms and separate toilets in both houses.

Both houses had bedrooms and offices for staff use.

In both houses, residents had use of kitchens, utility rooms, sitting rooms and laundry facilities. In both houses rooms were furnished to meet residents' needs and

personalised in accordance with residents' wishes. Additional private space was provided for some residents to best meet their assessed needs.

There were suitable arrangements for the disposal of general waste. There was a contract in place with an external company for the supply of bins and removal of refuse from the centre. These were emptied by contract with a private company. There had been no issues with refuse disposal arrangements during the last inspection of this centre.

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):

No actions were required from the previous inspection.

Findings:

This is the first inspection of this centre in its current configuration.

There were good systems in place to protect the health and safety of residents, visitors and staff. However, risk assessment of arrangements for the containment of fire was required.

The provider had systems in place to ensure residents, staff and visitors to the centre were safeguarded in the event of a fire. Service records showed that all fire extinguishers and fire alarms had been suitably serviced. Staff also carried out safety checks such as monthly checks of fire alarms, extinguishers, emergency lighting and the carbon monoxide alarm. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

There was, however, insufficient evidence available during the inspection to confirm whether or not the arrangements for the containment of fire in centre were adequate. The inspector found that fire resistant doors were not provided on residents' bedrooms. The provider was requested to have a risk assessment undertaken by a competent person with expertise in fire safety to establish if this presented a risk to residents.

Training records indicated that all staff had received fire safety training.

Fire drills were undertaken regularly. Four fire drills had taken place in 2016, one of which was during sleeping hours. Detailed records of fire drills were kept which included the total times taken to evacuate the centre. Records indicated that all evacuations had

been achieved in a timely manner. Residents who spoke with the inspector were very familiar with the evacuation procedure and the importance of leaving the house promptly. They stated that they had been involved in frequent fire drills and that the fire alarm would wake them if they were asleep.

There was a risk management policy and a risk register available to guide staff. The risk management policy and risk register identified the procedures for the identification and management of risk in the centre. Personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures.

There was an emergency plan, which outlined clear guidance for staff in the event of any emergency or evacuation of the centre. Arrangements were in place to use alternative accommodation in the event of evacuation.

All staff had received up-to-date training in moving and handling.

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):

This was the centre's first inspection by the Authority.

Findings:

This is the first inspection of this centre in its current configuration.

Measures were in place to protect residents from being harmed or abused.

There was a policy on the safeguarding of adults with a disability from abuse and a training schedule which ensured that each staff member attended training in safeguarding.

The management team understood their responsibilities in relation to adult protection and were clear on how an allegation or suspicion of abuse would be managed. To date no allegations or suspicions of abuse had occurred in the centre.

There was a policy on responding to behaviours that challenge to guide staff, all staff had received behaviour management training and the support of a psychologist was available in the organisation. At the time of inspection some of the residents exhibited behaviours that challenged and required behaviour management plans. The inspector viewed a sample of these behaviour support plans. The plans clearly stated residents' support needs and explained proactive and reactive measures that would be used.

No residents were using bed rails or any other form of physical restraint. Chemical restraint was not being used for behaviour management in the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

This is the first inspection of this centre in its current configuration.

The inspector found that residents' health care needs were met and they had access to appropriate medical and health care services.

All residents had access to general practitioners (GPs) and those who chose to, had annual medical checks. Residents also had access to a range of health care professionals including a clinical psychologist and a dietician, and staff made referrals as required.

Each resident had a personal plan which outlined the care interventions and supports required to achieve good quality healthcare. The plans viewed contained detailed information around residents' healthcare needs, assessments, medical histories and support required from staff. For example, plans of care had been developed for a range of health and personal care needs such as nutrition, diabetes management and intimate care.

The inspector found that residents' nutritional needs were well-monitored and suitable interventions were introduced as required. For example, a referral to the dietician for a health issue had been made and the dietician's recommendations were recorded, and were being successfully implemented. Further weight management support for residents included portion control plates and information on portion sizes.

All residents were supported and encouraged by staff to eat healthy balanced diets and partake in exercise, such as walking, swimming, horse riding and attending a gym. Residents had unlimited access to the kitchen, and were involved in food preparation, meal planning and grocery shopping. Healthy snacks were available at all times and residents said that they prepared their own healthy packed lunches when going to day services. Some residents required special diets to manage specific health conditions, and these were supplied.

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):

This was the centre's first inspection by the Authority.

Findings:

Findings:

This is the first inspection of this centre in its current configuration.

The inspector found that residents were protected by safe medication management policies and practices.

There was good practice around medication management. All residents had been assessed for suitability for self-administration of their medication and most were involved in this practice. Staff had a procedure for the regular checking of medication to ensure that no errors had occurred.

Some residents were prescribed p.r.n. medication (medication to be taken as required). Records indicated that this medication had been suitably prescribed and administered. Staff signed medication administration sheets to confirm that this medication had been given as prescribed. There were colour photographs of each resident to verify identity if required.

All medication was securely stored. Each resident had an individual locked area for the storage of his or her own medication. There was separate secure storage for p.r.n. medication. At the time of inspection there were no residents prescribed medication that required strict controls, or who required their medication crushed. The centre had suitable practice in relation to the disposal of unused and out-of-date medication, and these were suitably recorded.

There was a medication policy available to guide staff. Staff had been trained in the safe administration of medication. Regular medication auditing was taking place in the centre, and any issues identified had been addressed. To date there had been no medication errors in the centre, although there was a system for managing these if required.

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):

This was the centre's first inspection by the Authority.

Findings:

This is the first inspection of this centre in its current configuration.

There was a clearly defined management structure that identified the lines of authority and accountability.

The person in charge was not available at the time of inspection. There were arrangements in place to cover her absence, which were in effect during this inspection as the person identified to deputise for her was present. There was an on call out of hours rota system in place to support staff at other times.

The person in charge was suitably qualified and experienced. She worked full-time in the management of this and another adjacent centre. She was supported in her role by a team leader and by her line manager, both of whom were present during the inspection and had a good knowledge of residents' health and social care needs.

The provider was aware of the requirement to carry out a six-monthly unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. This had been undertaken within the past six months, and a copy of the report had been supplied to the person in charge for her attention. In addition, staff carried out medication audits, and accidents, incidents and complaints were reviewed by the organisations health and safety team.

An annual report on the quality and safety of care in the designated centre had also been prepared.

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):

This was the centre's first inspection by the Authority.

Findings:

This is the first inspection of this centre in its current configuration.

There were appropriate staff numbers and skill mix to meet the assessed needs of residents, at the time of inspection. The person in charge maintained a planned staffing roster.

Although many of the residents accessed the community independently, staff were present to support all residents, both in the centre and when they wanted to do things in the neighbourhood, such as going shopping or attending social or sporting events. Staff were always present when residents were in the centre, including at night time. Separate staff supported residents while at day services. Residents were highly complimentary of the service provided by staff, and told the inspector that staff were always available to support them as required.

A range of staff training had been organised. Training records confirmed that all staff had received mandatory training in fire safety, safeguarding, and manual handling, in addition to behaviour management and personal outcomes which were also mandatory in the organisation. Other recent staff training included safe medication administration, nutrition and lifestyle, diabetes care, and complaints management.

Staff recruitment was not examined during this 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:

Jackie Warren
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-0004936
Date of Inspection:	16 January 2017
Date of response:	24 February 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 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:

Fire resistant doors had not been provided on residents' bedrooms. This had not been risk assessed by a competent person with expertise in fire safety to establish if it presented a risk to residents.

1. Action Required:

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

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

A risk assessment and fire safety report have been carried out in relation to fire safety in the centre. There are procedures in place for the prevention, detection and containment of fires. Detailed plans are in place for the safe egress of individuals including house evacuation plans and Personal Emergency Egress Plans for all individuals. Fire drills are carried out as per regulations and all staff are trained. Details on the arrangements in relation to detecting, containing and extinguishing fires have been forwarded to the inspector.

Proposed Timescale: 23/02/2017