

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cois Saile Services
Centre ID:	OSV-0004995
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	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 23 March 2017 10:15 To: 23 March 2017 18:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was a monitoring inspection carried out to monitor compliance with the regulations and standards.

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 the eight residents living in the centre and with five staff members. The person in charge was also present throughout the inspection. The person representing the provider and the sector manager came to the centre for the feedback meeting at the end of the inspection. Some residents told the inspector that they liked living in the centre and felt safe there, while others appeared to be comfortable and happy in the centre and in the company of staff. Residents also said that staff looked after them well, that they enjoyed their leisure time and had involvement in the local community, and the inspector observed this happening throughout the inspection.

Description of the service:

The centre was comprised of three self-contained apartments, and two houses within one complex. The centre was purpose-built and had been designed to meet the needs of residents using the service. The building was well maintained, comfortable and suitably furnished. Rooms and corridors were spacious, and there was suitable assistive equipment supplied. The centre was situated in a housing development on the outskirts of a city.

The centre provided a residential care service for up to thirteen male and female adults who have a moderate to severe intellectual disability. The service is provided to people from the age of 40 years to end of life.

Overall judgment of findings:

Of the ten outcomes inspected on this inspection, eight were in compliance with the regulations, and two were substantially compliant. There were no major non-compliances.

Residents received a good level of health and social care. Residents had interesting things to do during the day and were also supported by staff to integrate in the local community. They also had opportunities to keep in touch with family and friends. Residents' healthcare needs were well met, and there were measures in place to safeguard residents from any form of abuse. The centre was suitably staffed to meet the needs of residents.

There were health and safety measures in place, including good fire safety and risk management practices. Some improvement; however, was required in staff attendance at fire drills. While there was a robust medication management system in place, some improvement was also required in the guidance on the administration of some medication.

The provider had a clear governance system in place for the management of the centre, and auditing was being undertaken to review 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 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

During the last inspection of this centre in November 2015, the inspector found that while service agreements were generally in line with the requirements of the regulations, they required some further development to accurately reflect the service provided. On this inspection it was found that this had been addressed.

The inspector viewed a sample of agreements and found that they included the services to be provided, fees to be charged, and details of additional charges such as grocery and housekeeping contributions. Since the last inspection, additional information had been added to the agreements to explain services which incurred additional payments.

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:

Residents' social care needs were well met and they had opportunities and support to participate in activities, suited to their individual interests and abilities.

Each resident had a personal plan outlining the things that he or she liked to do and included information about their interests. The inspector reviewed a sample of personal plans, and found that residents' individual needs and life goals, including social goals, were set out, with plans as to how they would be met. In the files viewed, residents' goals for the previous year had been achieved and current goals were being progressed.

Residents, supported by staff, were involved in the development of their personal plans. There was an annual meeting for each resident, attended by the resident, his or her family and support workers, to discuss and plan around issues relevant to the resident, and to develop personal goals for the coming year.

This was a home-based service and residents had the option to spend time at activities in external day services, doing things in the local area, or remaining in the centre. There was an activity room in the centre from which an integrated day service took place. Outside the building, there were well developed gardens that were accessible to residents. During the inspection some residents went to visit the church or out walking, one went to town with staff for personal shopping and refreshments which she said that she enjoyed, some were involved in computer activities, some went to a day service, while others spent time relaxing in the centre. Other activities that residents enjoyed, and regularly participated in, included library visits, trips to the local area and beaches, cinema, family visits, meals out, and outings away to see musicals and shows. Activities taking place in the centre included, physiotherapy, arts and crafts, sensory exercises to music, reminiscence, visits from the local priest, and there were twice-weekly live music sessions.

Residents told the inspector that staff supported them to access facilities in the local community such as shopping, eating out, leisure outings and visits to the town.

There was good access to transport to bring residents to places they wished to go to.

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre suited the needs of residents.

The centre was purpose-built and consisted of three apartments, and two houses within one complex on the outskirts of a city. All the dwellings were self-contained and each had its own front door, communal space, sanitary facilities, laundry facilities, kitchen and dining area. The houses and apartments were clean, comfortable, tastefully furnished and well maintained.

During the previous inspection of this centre, the inspector found that bedrooms were well furnished and that there were suitable toilet facilities, including assistive equipment. There were adequate and comfortable communal rooms, including separate kitchens in each dwelling. On this inspection, the inspector found that although this standard continued to be evident, some work had been carried out to improve the level of comfort for residents. For example, in one house, an additional sitting room had been developed and was tastefully furnished. Some upgrades to decor had also taken place throughout the building.

There were well-maintained gardens surrounding the centre, which were used for recreation and outdoor activity. Some residents had direct access from their bedrooms to the garden through french doors.

Suitable arrangements were in place for the disposal of general waste, by contract with a private company.

There were adequate facilities for residents to launder their own clothes, with washing machines and driers in the dwellings and clothes lines in the gardens. Staff supported residents to participate in their own laundry in accordance with their levels of independence.

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):

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

Findings:

There were good systems in place to protect the health and safety of residents, visitors and staff. However, staff attendance at fire drills required some improvement.

The provider had systems in place to ensure that residents, staff and visitors to the centre were safeguarded in the event of a fire. Service records showed that all fire extinguishers, fire alarms and the central heating boiler had been suitably serviced. Staff also carried out health and safety checks such as monthly checks of emergency lighting, first aid boxes and water temperatures at taps throughout the house. Escape routes were checked daily to ensure that they were accessible and free from obstruction.

The inspector found that fire resistant doors were provided to residents' bedrooms, and that these doors closed automatically. At the time of inspection all exit doors were free from obstruction.

Training records indicated that all staff had received fire safety training which was mandatory every two years in this organisation. Staff who spoke with the inspector confirmed that they had attended training in fire safety and were knowledgeable regarding the procedures to be followed. Fire drills were undertaken regularly. In accordance with organisational practice, at least three fire drills were carried out annually, one of which was at night. Records of fire drills were maintained which included information and comments for learning. However, some staff had not participated in any fire evacuation practices in the centre, and there was no plan in place to ensure that each staff member had the opportunity to participate in a fire drill.

There was an up to date emergency plan which stated what to do in the event of any emergency, such as fire, flood, and loss of power or heat, and included details of alternative accommodation if required. The procedures to be followed in the event of fire were displayed in each of the dwellings.

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. The inspector found the premises and gardens to be safe, well maintained and free from environmental risks.

The health and safety team in the organisation carried out an annual health and safety audit in the centre. The inspector viewed this audit and found that it included an in-depth review of the service, provided guidance for the person in charge, and indicated a high level of compliance.

The inspector viewed the management of falls in the centre. Some residents had been identified as being at a high risk of falls, and suitable measures, such as increased supervision and the provision of appropriate assistive devices, had been introduced to reduce the risk to these residents.

The centre was maintained in a clean and hygienic condition. Hand sanitisers were available throughout the building for use by residents, staff and visitors.

Judgment:

Substantially Compliant

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:

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

There was a safeguarding policy to guide staff, and a training schedule that ensured that all staff had attended safeguarding training.

The person in charge was knowledgeable regarding her responsibilities in relation to adult protection, and was clear on how she would respond to any allegation or suspicion of abuse.

The inspector observed staff interacting with residents in a respectful and friendly manner. Intimate care plans had been developed for each resident to guide staff in the safe and appropriate delivery of intimate care.

There was also a policy, on responding to behaviour that challenges, to guide staff. Staff told the inspector that they received behaviour management training every two years, and that this training had been both informative and beneficial. Staff also stated that a behaviour therapist and a clinical nurse manager were available to support residents and to guide staff. The behaviour therapist was working with residents in the centre during the inspection. The inspector viewed a sample of behaviour support plans which had been developed for residents and discussed these plans with staff. Staff were very clear about residents' support needs and explained proactive and reactive measures that would be used if required.

During the last inspection of the centre in November 2015, the inspector found that improvement was required to risk assessment for the use of bed rails. On this inspection

this had been addressed. While there was limited use of bed rails, some bed rails were in use to maintain resident safety while in bed. The inspector reviewed the use of bed rails and found that suitable assessment had been undertaken to ensure that this use was appropriate and safe.

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):

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

Findings:

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

All residents had access to general practitioners (GPs) and all residents had attended annual health reviews with GPs. Residents also had access to healthcare services as required. These included physiotherapy, occupational therapy, psychology and psychiatry. Residents also had regular appointments with dentists, opticians and chiropodists. Records of healthcare consultations were retained.

Healthcare plans for each resident had been developed by staff, based on their own assessments and also included recommendations of medical and healthcare professionals. These included details of the services and supports required by each resident to achieve a good quality of healthcare. These plans were reviewed frequently and when there was a change in needs or circumstances. Plans of care had been developed for the management of healthcare issues such as diabetes care, special diets and weight management.

The inspector found that residents' nutritional needs were well-monitored, monthly weights were recorded for all residents, and additional nutritional assessments were undertaken, if any changes in weight were noted. Referrals to a dietitian were made based on assessed need. The inspector viewed a nutritional care plan, based on the dietitian's recommendation, and found that it was holistic and included interventions to address both weight management and constipation.

Some residents' required modified consistency diets and these were supplied. Clear

information from the speech and language therapist was available to guide staff.

All residents were supported and encouraged by staff to eat healthy balanced diets and participate in exercise, such as walking, individual exercise plans and exercise classes. Residents had access to kitchens, and were involved in meal planning at a level to suit their abilities.

This service was intended to care for residents until end of life and, measures were in place to provide this care. Many of the staff were nurses, and nurses were present in the centre at all times. One of the nurses who spoke with the inspector had experience in palliative care and was currently attending further education in this area. She was at an advanced stage of developing a guidance document for staff. The person in charge was a nurse and was also attending further education in dementia care. Dementia assessments were undertaken by a psychiatrist when staff identified changes in any residents' behaviours. The organisation's occupational therapist was working with staff to provide suitable interventions for residents with dementia. For example, a bathroom with more suitable layout and use of colour had been allocated to a resident, to enhance the resident's cognition and independence. In addition the occupational therapist had been working with staff to develop sensory boxes for some residents.

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:

There were safe medication management practices in place in the centre.

The inspector reviewed a sample of prescription and administration charts and noted that the information required to guide staff on safe medication administration was present. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. Since the last inspection the medicine management documentation had been revised. The new system was very clear and user friendly and was designed to reduce the risk of medication error.

Personal administration protocols had been developed for each resident. There were colour photographs of each resident available to verify identity if required.

There were appropriate systems for the ordering, storage and return of medications. All medication was securely stored. There were suitable arrangements in place for the return of unused and out-of-date medication to the pharmacy.

There was a medicine management policy to guide staff. Medication was generally administered by nurses, but training records indicated that other staff who were involved in administration of medication had received medication administration training.

At the time of inspection, none of the residents required medication to be administered crushed, or medication requiring strict controls. Self-administration assessments had been undertaken for all residents, although this process was not found to be suitable for current residents.

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:

There was a clearly defined management structure that identified the lines of authority and accountability, and there were systems in place to review and improve the quality of service.

A new person in charge had recently taken over the management of the centre. She was knowledgeable about the requirements of the regulations, had a good overview of the support needs and personal plans of residents, and was clear about her role and responsibilities. She was based in the centre and worked closely with residents and staff.

Both the person in charge, and staff who met with the inspector in the centre, knew the care needs of residents and demonstrated a commitment to improving the service offered to these residents.

There were systems for monitoring the quality and safety of care. Accidents, incidents

and complaints were recorded and kept under review both by the person in charge and by the organisation's health and safety team - for the purpose of identifying trends. Monthly medication audits were carried out by staff.

Members of the management team carried out unannounced visits to the centre every six months to review various aspects of the quality and safety of the service. Findings from these audits were communicated to the person in charge for her attention. Timeframes for addressing these issues were identified in the audit. Most of these issues had been addressed by the person in charge, while some were at an advanced stage of completion.

An annual review of the quality of the service had been undertaken. This report represented an overview of the service provided and reflected feedback from residents and families.

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 were appropriate staff numbers and skill mix to meet the assessed needs of residents.

The person in charge maintained a planned and actual staffing roster, which was accurate and reflected staffing levels at the time of inspection.

Staff accompanied residents when they wanted to do things in the local community such as going shopping, to concerts, out for meals or for walks. Staff were always present to support residents in the centre, including at night time. Separate staff supported residents who attended day services. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were clearly comfortable in the company of staff and they told the inspector that staff cared for and supported them very well.

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 support and personal outcomes which were also mandatory in the organisation. Since the last inspection, some staff had also received training including safe medication administration, epilepsy care, end of life care, food hygiene, record keeping, and eating, drinking and feeding.

Staff recruitment was not examined during this inspection.

Judgment:

Compliant

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:

Records viewed by the inspector were maintained to a satisfactory standard, although some improvement was required to some medication administration guidance.

During the course of the inspection, a range of documents, such as medical records, staff training records, health and safety records and healthcare documentation were viewed and were generally found to be satisfactory. Overall, records viewed were clear, organised and informative. All records requested during the inspection were promptly made available to the inspector.

Guidance on medication administration, however, required some improvement. The inspector viewed a sample of residents' medication files. On most of the prescribing charts the maximum dosage of p.r.n. (as required) medications was recorded with clear guidance on administration. However, in the sample viewed, the maximum dosage of some p.r.n. medications was not consistently stated to guide staff, which increased the risk of medication error.

Judgment:

Substantially 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-0004995
Date of Inspection:	23 March 2017
Date of response:	04 May 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:

Some staff had not participated in any fire evacuation practices in the centre, and there was no plan in place to ensure that each staff member had the opportunity to participate in a fire drill.

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 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The Person in Charge (PIC) has implemented a template to ensure that all staff partake in a fire drill within the calendar year and will prioritise staff who did not partake in a fire drill in 2016. This template will be kept updated by the PIC who will review the template on a quarterly basis.

Proposed Timescale: 25/04/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The maximum dosage of some p.r.n. (as required) medications was not consistently stated in medication prescription sheets.

2. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The Person in Charge has reviewed all prescriptions sheets to ensure that the maximum dosage of all PRN medication is included. In addition a nurse prescriber carried out a medication audit on the 06/04/2017 in the service to further support best practice in the service, a report will be issued to the PIC to follow up on any actions. In addition the nurse prescriber will carry out a further review of all prescription sheets on the 10/05/2017. The service will continue to review medication practices in the monthly audits

Proposed Timescale: 10/05/2017

