

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Caislean |
| Centre ID: | OSV-0005361 |
| Centre county: | Clare |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Services Ireland |
| Provider Nominee: | Eamon Loughrey |
| Lead inspector: | Carol Maricle |
| Support inspector(s): | Conor Dennehy |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 2 |
| Number of vacancies on the date of inspection: | 1 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 12 December 2016 11:05 To: 12 December 2016 18:00

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

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| 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 06: Safe and suitable premises |
| 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 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

Background to the inspection:

The purpose of this inspection was a follow up on the previous registration inspection.

How we gathered our evidence:

As part of this inspection, the inspectors met with two residents who were recipients of residential care on the day of this inspection. The inspectors also met a new member of staff, a relief care worker, a social care worker, the person in charge and a regional manager.

Inspectors observed staff members as they interacted with the residents. They reviewed a sample of policies and procedures and a range of other documentation such as personal plans and incident and accident logs. The residents were unable to tell the inspectors of their experience of residential care but they presented as happy to be at the centre. The inspectors observed a good rapport between staff and the residents.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service matched what was described in that document. The centre had a capacity of three residents and there were two residents living at the centre at the time of the inspection. On the morning of the inspection, there were three staff (one in training) attending to the needs of two residents. The centre was located in a detached two storey house in a housing estate on the outskirts of a town.

The centre comprised of three bedrooms for use by residents, a kitchen, a dining room, a sitting room, an office, a staff sleep-over room, a multi-purpose room and a number of en-suites and bathrooms. Parking facilities were available to the front of the house. The residents could access an enclosed garden to the rear of the house. The centre had access to local towns.

Overall judgment of our findings:

This was the second inspection of this centre and it was completed to monitor the centre's adherence to the regulations following its registration. Overall, the actions from the previous inspection were addressed and the provider had put in place systems to ensure that regulations were being met.

Good practice was identified in the following areas:

- the residents were facilitated to spend time with families and friends and to visit their family homes regularly (outcome 3)
- the residents had key workers, family representatives and formal advocates available to them to advocate on their behalf (outcome 1)
- there were appropriate governance and management systems in place to ensure oversight of the centre (outcome 14).

Actions in this report include:

- a personal plan required updating following a resident's transition to the centre (outcome 5)
- a policy on infection control still required updating and this was outstanding from the previous inspection (outcome 7)
- there was insufficient documentary evidence to show that staff were following guidance set out in swallow care plans (outcome 11)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end 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:

There were systems in place to ensure that residents were consulted with and participated in decisions about their care and about the organisation of the centre. Residents had access to advocacy services and information about their rights. The privacy and dignity of residents was respected. There were systems in place regarding the management of complaints. The actions arising from the previous inspection were implemented to the satisfaction of the inspector.

Arrangements were in place to ensure that residents and their representatives were actively involved in the centre. House meetings took place monthly and involved the residents having their say in the operation of the centre. One of the residents represented the centre at a local self-advocacy meeting organised by the provider. Staff reported good working relationships with the family members of the residents.

There were systems in place for advocacy. One of the residents had an advocate already assigned to them. Family members also acted as advocates for the residents. Key-workers were assigned to each resident and they also acted as an advocate to the residents when required.

The person in charge and staff members with whom the inspectors spoke with confirmed that arrangements were in place to ensure that intimate support was provided in a dignified and respectful manner to residents. The level of care required by each resident was set out in their intimate care plans. It was the practice at the centre that female residents were supported in their intimate care by female staff only.

Systems were in place for residents to maintain their own privacy and dignity. A bedroom was provided for each resident. There was adequate and ample storage provided for residents' personal possessions. There was an organisational policy in place that guided staff on the personal possessions of residents. The possessions of both residents were observed to be stored safely in their bedrooms.

Systems were in place for the management of residents' finances. An itemised record of all transactions made using the resident's own finances was recorded on a spread sheet and the social care worker and person in charge maintained oversight of this spending. The person in charge was cognisant of the need for each resident to have the right to their own bank account and was liaising with family members regarding same at the time of the inspection. There was evidence that the capability of the residents had been assessed with regards to monies and their use of same.

There was a complaints policy which was also available in an accessible format and had been reviewed in March 2016. The complaints log recorded the investigation, responses and outcome of all complaints. The complaints log also included whether the complainant was satisfied. There had been one complaint made since the opening of the centre and this complaint had been dealt with in a timely manner to the satisfaction of all.

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 communication needs of the residents were met.

There was a policy in place in relation to communication with residents which outlined that the resident's right to communicate was facilitated and promoted. The policy stated that residents were assisted and supported to communicate at all times in line with their wishes and needs. There was up-to-date involvement by speech and language therapists with each resident and the assessment process and personal planning processed incorporated the findings of the most recent report by the therapist.

The communication section of the personal plans allowed for the recording of residents' individual communication requirements. One of the residents had a communication

passport devised for them by their speech and language therapist. Staff were knowledgeable of the way in which each resident communicated their needs and were able to discuss with the inspector how each of them communicated using verbal speech, gestures and body language.

The centre had a range of visual schedules displayed that helped residents understand the staff that worked there each day and other routines in the centre such as the food menu for the day.

The centre was part of the local community and the inspectors observed that television and internet facilities were provided for residents.

Judgment:

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:

Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to be involved in the lives of the residents.

There was a policy to guide staff on visitors. The statement of purpose also outlined that family members and friends were encouraged to visit and made to feel welcome. Telephone and internet facilities were available for residents to keep in regular contact with family. There were adequate facilities for each resident to receive visitors in private.

The inspectors spoke with staff and read records that confirmed that the family and representatives of the residents were kept in contact with by staff and encouraged to be involved in the lives of the residents. There were photographs displayed throughout the centre of the family and friends of the residents. During interview, staff were very passionate about facilitating the residents in this regard.

The centre was located close to a large town. There was a wide range of shops, restaurants and cafés in the town. Services such as a bank, post office and a library were available. A vehicle was available to provide residents with transport required for socialising.

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:

There were adequate systems in place at the centre to ensure that admissions and discharges were conducted in a timely manner. Residents had written contracts in place that set out the details of the services to be provided.

Since the previous inspection two residents now resided in the centre. The transition plans and processes around these two residents were reviewed and were found to have been appropriately managed. Although there was one vacancy in the centre at the time of inspection, the person in charge informed inspectors that no further admissions were planned.

The contracts for the provision of services for both residents were reviewed during the inspection. Both contracts set out the services to be provided and the fees to be charged as required by the regulations. Both contracts had been agreed to by the residents or their representatives.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The well-being and welfare of residents was maintained by a satisfactory standard of care and support. Each resident had opportunities to participate in meaningful activities that were appropriate to their interests and preferences. The arrangements to meet the assessed needs of residents were set out in personal plans that reflected their needs, capacities and interests. However, a personal plan required updating following a resident's transition to the centre. The action arising from the previous inspection had been implemented.

There were systems in place for a comprehensive assessment to take place prior to and following the admission of residents. The assessment set out the health, personal, social care and support needs of the resident prior to admission and annually thereafter. The assessment formed the basis of the resident's personal plan and was titled a 'discovery document'.

Both residents had moved to the centre in 2016 and one of them had had a comprehensive assessment of need completed prior to and following their transition and a personal plan created. The second resident was known to the organisation and these documents were already in place however an updated personal plan was not created within 28 days of their admission to the centre and the plan on file did not fully represent their move to full-time residential care.

A wide range of areas were included in the personal plan which reflected the areas covered in the assessment. The plan also allowed for the inclusion of a comprehensive life story, family support network and important background information.

There were adequate systems in place for goal setting. The personal plan set out the goals for each resident and there was an assigned person responsible for supporting the resident to pursue these goals. Key-workers were allocated to each resident in this regard.

During interview staff at all levels, including managers described to inspectors the positive outcomes that each resident had experienced since they came to live at the centre. These outcomes were broad and included healthcare gains, friendships, involvement with the community and emotional and physical gains as their needs were met. The achievement of these outcomes required recording to ensure that there was documentary evidence of same.

Judgment:

Substantially 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:

Inspectors were satisfied that the premises was suitable to meet the needs of the residents living at the centre.

The designated centre was comprised of a two story house. The downstairs floor had a bedroom with an ensuite bathroom, a dining area, living area, kitchen, laundry facilities and a guest bathroom. Upstairs there were three bedrooms, one of which was ensuite, a multipurpose room, another bathroom and a staff office. There was access to a small garden area to the rear of the property while there was ample parking space to the front of the property.

On the day of inspection the house was well presented, clean and in a good state of repair. Inspectors viewed resident bedrooms which were warmly decorated and personalised. Residents' bedrooms had ample storage space available in the form of wardrobe and chest of drawers

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:

There were systems in place to keep residents and staff safe.

The previous inspection found that some risks were not included in the centre's risk register. This register was reviewed by inspectors and it was noted that these risks had

been added to the register. In addition resident specific risk assessments were contained in individual residents' personal plans. However, the risk of choking for both residents had not been identified as a hazard despite swallow care plans in place.

A health and safety audit, due to be completed quarterly, had last been carried out in the centre in July 2016. Inspectors were informed by the person in charge that the centre was overdue for another such audit.

Inspectors reviewed staff training records and noted that all staff members had undergone training in fire safety. A fire alarm system, fire extinguishers and emergency lighting were present in the centre and records were provided of maintenance of such equipment. Internal staff checks were also being carried out on a weekly basis while two fire drills had taken place since the previous inspection. On the day of inspection the emergency lighting was seen to be operational while fire exits were unobstructed.

A system was in place for the recording of accidents and incidents. Inspectors were informed how this system operated so that certain adverse events were escalated to the person in charge or regional manager for review depending on the risk rating applied to the event. Inspectors viewed a sample of staff meeting minutes and saw that accidents and incidents were discussed at these meetings.

Documentation such as the risk management policy and safety statement had been reviewed at the previous inspection. However, the previous inspection found that the infection prevention and control policy did not include the management of outbreaks of many common infections in the community. At the time of this inspection this policy had yet to be updated.

The designated centre had access to a car which had been recently purchased and was appropriately insured. An internal quarterly check on this car had recently been carried out which identified no issue.

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 to protect residents from being harmed or suffering abuse were in place. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenged. A restraint-free environment was promoted.

There were adequate systems in place regarding safeguarding and the protection of vulnerable adults. There was a policy in place on the safeguarding of adults that guided staff on the appropriate procedure to follow in the event of a concern. During this inspection, the person in charge informed the inspector that there had been no concerns of a safeguarding nature that had occurred since the opening of the centre. She demonstrated a comprehensive knowledge of the procedures involved in the receipt, recording and processing of concerns. During interview, staff were aware of the different types of abuse and what to do if they had a concern about the residents. Staff had completed the relevant training in responding to incidents, allegations and suspicions of abuse. The contact details for the HSE confidential recipient were set out in the statement of purpose. A notice board at the centre contained national guidance for staff to follow on responding to concerns.

The intimate care policy outlined how residents and staff were protected. Each resident had a personal intimate care plan that set out the level of care and assistance they each needed from staff. There was reference in one of the resident's plan to the preference of the gender of the staff member assisting them with their personal care.

There were systems in place to guide staff in the promotion of positive behaviour and the management of actual or potential aggression. Staff completed training in this area and this was refreshed every two years. Staff members with whom the inspectors met with had a very good knowledge of the baseline behaviours of the residents and things that made them happy, sad and anxious. They were aware of the importance of responding to behaviours of concern prior to implementing active and reactive strategies. There were referral pathways available to staff within the organisation in the event that a positive behavioural support plan was required.

The person in charge told the inspectors that they operated a restraint free environment. There were no environmental restrictive practices observed by the inspectors. Staff knew what a restrictive practice was and the different types. The use of chemical and physical restrictive practices was not a feature of the service at the time of this inspection. This matched the quarterly notification submitted to HIQA in 2016.

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 record of all accidents and incidents was kept in the designated centre. Inspectors reviewed this record and found that all notifiable events had been submitted to HIQA as required.

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):

No actions were required from the previous inspection.

Findings:

There were systems in place to support the general welfare and development of residents however neither resident was engaged in formal education, training or employment at the time of this inspection.

There were systems in place to ensure that residents had opportunities for new experiences and social participation. The statement of purpose set out as its key aim that each person living at the centre would be supported to live a full and inclusive life in their community while maximising their independence. The statement confirmed that residents would be facilitated to access learning, education and training opportunities within their own community. Both residents enjoyed a social life, which was in line with their peers. Staff were mindful of the importance of each resident building and maintaining friendships. Both residents were assisted to enjoy outings in the community alongside staff. Each resident had a programme of interests and activities that was individualised to them and their preferences and this included activities such as singing in a choir, engaging in exercise and meeting friends at public houses.

Neither of the residents were involved in formal education, training or employment. The regional manager informed inspectors that one of the residents had been referred to a

suitable local employment service that may lead to volunteer or employment opportunities. Despite this positive intervention, there was minimal reference in each of the residents' personal plans to education and training as a key area to which goals could be formed. There was insufficient evidence to demonstrate that each resident was fully supported to access employment, education and training.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, there was evidence that the healthcare needs of residents was supported by staff but there was insufficient documentary evidence to show that all staff followed the guidance of swallow care plans issued by speech and language therapists.

Inspectors reviewed a sample of information contained with the residents' files and spoke with staff and the person in charge. A comprehensive assessment of healthcare needs had been completed for all residents. Key information was sought and shared between healthcare professionals, family members and staff and clearly documented in personal plans. Inspectors found that interventions outlined in personal plans were being implemented in practice however improvements were required in the area of swallow care plans.

Residents had access to primary healthcare services such as their own general practitioner. They also had access to a multi-disciplinary team that were directly employed by the provider and this included psychology and psychiatry services. It was clear from speaking with staff and reviewing documentation that they actively promoted the health of each resident and ensured that both residents accessed the suite of services available to them as part of an on-going assessment of healthcare needs, such as dental, dietician and occupational therapy. The person in charge was fully versed on the healthcare needs of each resident and spoke with the inspector about particular healthcare needs of each resident and the plans to address these needs. Records of appointments with healthcare professionals were kept.

Each resident had a swallow care plan devised by a speech and language therapist. One of these plans had not been updated in two years. A second plan had been developed within the previous 12 months. Both plans stipulated guidance on the texture and

consistency of food and liquids to be provided by staff to the residents. There was insufficient evidence however to suggest that staff were following these plans as the food records suggested that not all food and drink provided was prepared in the manner suggested by the speech and language therapist. The person in charge set about immediately rectifying this issue and gave verbal assurances to the inspector that where necessary, swallow plans would be updated following the inspection and furthermore that staff would clearly follow the guidance provided in the preparation of food and liquids.

Suitable facilities were provided for residents to be involved in the preparation and cooking of meals. There was adequate provision for residents to store food in hygienic conditions.

Judgment:

Substantially 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:

Residents were protected by the centres policies and procedures for medicines management however some improvements were required.

There was a medicines management policy in place dated 2016. The policy set out the procedures for the safe ordering, prescribing, storing, administration and disposal of medicines. The person in charge, social care worker and relief support worker with whom the inspectors spoke with about medicines management demonstrated an understanding of medicines management. Staff were trained in the safe administration of medicines.

During this inspection, neither resident self-administered their own medication. This decision was made based on an assessment of their capability in this area.

There were regular audits of medicines management completed. The social care worker completed an audit of medicines management once a month, the results of which were discussed at staff team meetings. Stock levels of medicines were checked weekly.

There was one medication found in the medicines cupboard by an inspector which was due to be returned to the pharmacy. The social care worker told the inspector that the

medicine was within the timeframe allowed for the return of the medicine but the medicine was not segregated from other medicinal products, in accordance with organisational policy. This was rectified during the inspection and the medicine was placed in a secure area. The social care worker was aware of the returns form that required completion by her prior to the return of the product to the pharmacy.

Measures were in place for the secure storage of medicines although there were no controlled drugs prescribed to either resident at the time of this inspection.

An inspector checked a sample of prescription and administration records.

Prescription sheets contained the residents name, photograph, date of birth, the name of the medicine, the name of the general practitioner (GP), the dose of the medication and a signature of the GP to include discontinued drugs. There were a number of improvements required. The address of one of the residents required updating to show that they lived at the centre and not at their former address, the route of administration for one medicine was not specified, the maximum dosage of a 'when required' medicine was not fully stated. The inspector noted that a 'when required' pain relief medicine was not currently in stock.

Samples of administration records were reviewed. The records contained the required space for staff to write comments. There was a signature sheet available for staff to compare signatures to. There was one recording error spotted by both the inspector and social care worker when reviewing a sample of administration records and this was rectified immediately by the social care worker.

There were systems in place for the recording of medication errors. The social care worker showed an inspector how this system worked and was able to discuss patterns and trends of medicine errors since the opening of the centre. She confirmed that learning from medication errors was discussed at staff team meetings.

Judgment:

Substantially 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 mostly met the requirements of the regulations.

There was a statement of purpose in place and this was reviewed regularly, most recently in November 2016.

The statement consisted of the aims, objectives and ethos of the centre. It provided information on the services and supports available to residents. This centre had a capacity of three residents, both male and female. The staffing at the centre reflected the current numbers of residents living there which was two residents. The statement contained a description of the layout of the premises along with a floor plan. The facilities available within the centre and in the organisation were set out. There was information on the self-advocacy forums within the organisation.

The whole-time equivalent of the person in charge role was set out in its totality but did not confirm to the reader that this post-holder acted as person in charge of more than one centre therefore their whole-time equivalent at this centre was not as was described.

Judgment:

Substantially 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 were adequate systems in place for management and governance of the centre. The provider had systems in place to ensure that the six monthly unannounced inspections would take place and an annual review would be completed each year.

There was a clear management system in place at the centre. Staff reported to the social care worker who in turn reported to the person in charge. The person in charge then reported to a regional manager who was also a person involved in the management of the centre. During interview, all staff were clear about the management structure at the centre and to whom they reported to. Staff and those involved in the management of the centre reported to inspectors that there was good staff morale at

the centre.

As the centre had only opened in 2016 the annual review was not yet due for completion. There were systems within the organisation for the six monthly unannounced inspections and the first of which was being arranged at the time of the inspection. A medicines management audit would be a component part of the six monthly unannounced inspection.

There were supervision systems in place. Supervision was provided on two occasions annually and performance management reviews were held annually. Both the social care worker and the person in charge provided supervision to staff. Staff team meetings were held monthly.

There was information displayed in the centre for staff on protected disclosures.

The inspectors met with the person in charge. This post-holder was working full-time with the organisation and acted as the person in charge for a number of centres. She displayed a very good knowledge of the standards and regulations. She had an excellent knowledge of each of the residents and their needs. She maintained good oversight of the centre despite not being based at the centre full-time. She reported regularly to the regional manager.

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:

There were adequate arrangements in place in the event of the absence of the person in charge.

The provider and person in charge were aware of the necessity to inform HIQA of the proposed absence of the person in charge for 28 days or more. There had been no such absences since the centre had opened in 2016.

The person in charge was not based full-time at the centre as they performed the role of person in charge for a number of centres. There were adequate deputising

arrangements in place. A social care worker was identified as the lead member of staff in the absence of the person in charge. The inspectors met with this post-holder who demonstrated the appropriate knowledge of the regulations and standards. The post-holder had a suitable knowledge of the information that was required to be notified to HIQA.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

There were sufficient resources in place at the centre.

The inspectors found that the facilities and services as set out in the statement of purpose were resourced sufficiently. The premises was suitable for the needs of the residents. There was a clear management system in place which meant that the service had oversight. There were systems in place for the annual review of the centre. The centre was staffed by a core team and this was complemented by a team of relief staff from within the organisation's bank of relief staff.

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 the residents and the safe delivery of services. Residents received continuity of care from a core team. Staff had access to on-going training and education to meet the needs of residents. Staff were recruited, selected and vetted in accordance with standard recruitment practice.

The centre had a core staff team in place who were supported by regular relief staff members. Copies of the planned and actual rosters were maintained in the designated centre. Inspectors were satisfied that there was sufficient numbers of staff to meet the needs of residents. One staff member was on shift at night-time on a sleep-over and there was generally two staff on duty at day-time supporting the needs of both residents. During the inspection staff members were observed engaging with residents in caring and warm manner.

A sample of staff files were reviewed and found to contain all of the necessary information such as proof of identity, two written references and evidence of garda vetting. Training records were also reviewed for all staff in the designated centre. All staff had received training in fire safety, safeguarding, de-escalation and the safe administration of medication.

A process was in place for inducting new staff members into the centre if required. This included a period of shadowing with an experienced staff member and ongoing appraisals. Longer term staff members also received appraisals and performance reviews on an ongoing basis. In addition staff meetings were held on a monthly basis where issues related to the running of the designated centre were discussed.

At the time of inspection there were no volunteers involved with the designated centre.

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 were maintained at the centre in a manner that ensured their completeness, accuracy and ease of retrieval. The centre was insured. The required policies in line with Schedule 5 were in place. A directory of residence was in place.

Inspectors reviewed the directory of residents which contained all of the information required by the regulations.

A residents' guide was also in place which was presented in an easy to read format. The guide contained all of the necessary information in line with the regulations.

Inspectors reviewed the list of policies required under the regulations and noted that these policies had been reviewed within the previous three years.

All other documents requested by inspectors were in place at the centre.

The centre was adequately insured against accidents or injuries.

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:

Carol Maricle
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-0005361 |
| Date of Inspection: | 12 December 2016 |
| Date of response: | 23 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 05: Social Care Needs

Theme: Effective Services

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

A personal plan required updating to ensure that the plan reflected the resident's transition to full time residential care.

1. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the

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

resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A personal plan will be updated to ensure that the plan reflects the individual's transition to full time residential supports.

Proposed Timescale: 28/01/2017

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:

There was a risk of choking that had not been identified as a hazard for each resident.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Risk assessments are now in place for each resident with regard to the risk of choking.

Proposed Timescale: 11/01/2017

Theme: Effective Services

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

The infection prevention and control policy had not been updated to include the management of outbreaks of many common infections in the community.

3. Action Required:

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

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

The infection prevention control procedure will be updated and made available to all staff.

Proposed Timescale: 19/01/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

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

There was insufficient evidence to demonstrate that each resident was fully supported to access employment, education and training.

4. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

This area of the personal plans will be updated to reflect the efforts made in this domain with each individual. A risk assessment will be developed to acknowledge the barriers that may be present for an individual to access these opportunities.

Proposed Timescale: 28/02/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was insufficient documentary evidence to demonstrate that residents were served food that was in line with the texture and consistency as set out in their swallow care plans. One swallow care plan required review.

5. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

New daily recording sheets are in place that identify that each residents meals are in line with the recommendations from the speech and language therapist and their swallow care plans.

A review date has been made for the 21st of March 2017 for one residents swallow care plan with the speech and language therapist.

Proposed Timescale: 21/03/2017

Outcome 12. Medication Management

Theme: Health and Development

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

A medicine due to be returned to the pharmacy was not segregated from other medicinal products.

6. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

A weekly audit of the storage of medication is now taking place to coincide with the weekly medication stock take. This ensures that medication both in use or medication needed to be returned to pharmacy are stored correctly, in line with the organisations medication policy.

Proposed Timescale: 21/01/2017

Theme: Health and Development

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

There were some issues identified during the inspection that meant that there was a risk that medicine would not be administered to residents as prescribed. A pain relief medication was not stocked on site. Some improvements were required in the prescription records to ensure that the correct address was on file and the route of administration was clearly set out.

7. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

PRN pain relief medication is now available for each individual on site. Kardex's have been updated, and reflect the current address of the resident as well as the route of administration of medication.

Proposed Timescale: 16/01/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The total staffing complement, in full-time equivalent for the post of person in charge was not sufficiently set out.

8. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose will be updated to reflect the total staffing complement in the whole time equivalent of the PIC.

Proposed Timescale: 31/01/2017