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A designated centre for people with disabilities operated by Brothers of Charity Services Clare, Clare

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
Centre ID:	OSV-0004885
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
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 to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 August 2015 10:00	12 August 2015 18:05
13 August 2015 08:30	13 August 2015 15:00

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

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

The inspection was an announced registration inspection, took place over two days and was the first inspection of the centre by the Authority. As part of the inspection process, the inspector met with the provider nominee, person in charge, persons participating in management and staff members. The centre provided an individualised service to one resident. The inspector would like to acknowledge the warm welcome extended by the resident throughout the inspection.

The centre was located in a residential area in the outskirts of Ennis. The premises was a two storey semi-detached house located in a housing estate. The inspector observed practices and reviewed documentation such as personal plans, medical

records, policies and procedures. The documentation submitted by the provider as part of the application process was submitted in a timely and precise manner and was examined prior to the inspection.

Overall, the inspector found that the support provided was individualised and person centred; social and health care needs were met. A good rapport between the resident and staff was evident throughout the inspection and staff provided support in a respectful and dignified manner. Meaningful activities were provided, family and community links were supported and staff maximised the resident's independence and ability to communicate.

A number of additional improvements were identified to enhance the substantive evidence of good practice and to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. The required improvements are set out in detail in the action plan at the end of this report and include:

- assessment and personal planning practices
- risk management
- review of documentation to ensure accuracy and completeness
- medicines management
- use of evidence based tools.

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):

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

Findings:

The inspector observed that the involvement of the resident and the representatives was actively promoted in the centre. Staff endeavoured to ensure that the resident and representatives were consulted about, and participated in, decisions about the support provided and the organisation of the centre. The décor of the newly redecorated living room had been chosen in partnership with the resident's family. A peer advocate had been recently identified for this centre. The peer advocate was a resident in another centre operated by the Brothers of Charity Clare services and an introductory meeting had recently been facilitated. The resident also had access to an independent advocate through the National Advocacy Service. The resident was also represented on the local advocacy group.

The resident's ability to choose and control his daily life was actively promoted as far as possible. All daily activities were observed to be led by the resident. The resident was facilitated to rise and retire at a time of his choice and he directed his daily routine. The inspector observed that the resident was supported to choose his choice of videos and applications on his tablet. A bowl with a selection of healthy snacks was made available to the resident and he was encouraged to make his own choice. Staff were observed to respect the residents' choice at all times, particularly when the resident indicated he wished to choose a new activity or cease an activity.

Interaction between the resident and staff was observed throughout the inspection and the inspector noted staff promoted resident's dignity and maximised his independence, while also being respectful when providing assistance. Respectful and positive language was used at all time when talking about and with the resident The inspector observed supported was provided in a dignified and respectful manner. The resident's capacity to

exercise personal independence was promoted. For example, the ability to perform tasks in relation to personal hygiene and dressing was identified and the resident was encouraged to perform these tasks. Personal communications were respected and access to a telephone was provided on the residents' request. Wireless internet was also available throughout the centre.

Staff provided support to ensure that the resident maintained his own privacy and dignity. An en-suite was provided to ensure that privacy and dignity was maintained during personal care. The inspector observed that staff respected the centre as the resident's home, rang the front door bell and waited for a response before entering.

There was a complaints policy which was also available in an accessible format. The policy was displayed prominently. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. The investigation undertaken was thorough, comprehensive and prompt.

There was adequate space provided for storage of personal possessions and the resident was encouraged and facilitated to retain control over personal possessions. A record in relation to the resident's valuables was maintained and updated regularly. Adequate laundry facilities were provided and the resident was encouraged to help with laundry. Easy access to personal monies was facilitated and robust records were maintained in relation to all financial transactions. Financial records were checked and reconciled monthly by a senior member of staff. Due to the recent changes in the service provision, the centre would take responsibility for the resident's financial affairs. A money competency assessment had been completed, the required supports were identified and a plan was in place for their implementation. Easy read information was available in relation to finances.

Easy read information was provided to the resident in relation to his rights and staff stated that this information was verbally communicated to the resident on a regular basis.

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):

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

Findings:

Communication was supported in line with the centre-specific policy, reviewed in April 2015. The individual requirements, interventions and goals in relation to effective communication were outlined in the PCP. Staff demonstrated an awareness of the communication needs of resident and implemented the information contained in the PCP. Access to specialist input from speech and language and occupational therapists who completed comprehensive communication assessments was facilitated. Interventions recommended following these communication assessments had been incorporated into the PCP. For example, staff were knowledgeable in relation to the meaning of a resident's signs and gestures and used communication visual aids and cues as recommended to ensure that the resident could communicate effectively. Access to assistive technology, aids and appliances, including tablet technology, was supported.

The centre was part of the community. The local newspaper was purchased weekly to identify community activities that may be of interest. A TV and radio were provided in communal areas. Neighbours, family and friends were invited and attended the resident's birthday party. Links were encouraged between the resident and his neighbours. Local amenities were visited as part of the daily routine.

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):

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

Findings:

Support was provided in order to develop and maintain personal relationships and links with the wider community. Families were encouraged to be actively involved in the centre.

Positive relationships with family members were supported. A residential service was provided from Monday morning to Saturday morning. Weekends were spent with family. Staff stated and documentation confirmed that regular contact was maintained with family and that family members were always made welcome when visiting. There were adequate facilities provided for visitors including a number of areas to meet visitors in private. A family pet also attended on visits from time to time.

Staff stated and the inspector saw that family were kept up to date of all significant

events on an ongoing basis. Records confirmed that family attended personal planning meetings and reviews.

The inspector reviewed the policy in relation to visitors, which had been reviewed in March 2014. The policy outlined that a warm welcome was extended to all visitors except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk. Regular visits with friends were encouraged.

A flexible and tailored day service was provided within the centre. The inspector reviewed the activity schedule and saw that efforts were made to develop and maintain links with the wide community. A vehicle was available and trips to local outdoor amenities for walks and to friends' houses were all supported and encouraged. Staff with whom the inspector spoke stated that a goal for the next year was to identify a range of additional locations and activities within the wider community.

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):

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

Findings:

The policy on admissions, transfers and discharge of residents, which had been reviewed in February 2014, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers. Residents' admissions were seen to be in line with the statement of purpose which indicated that the centre was the resident's "home with him as the sole resident" and that any other admissions would be considered, only at the request of the resident.

A written contract was in place which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. The fees and additional charges were included. The contract was also available in an accessible version.

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):

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

Findings:

An individual personal plan (IPP) had been developed for which included a comprehensive life story, family support network and important background information. An individualised personal care plan (PCP) had been also been developed which outlined resident's needs in many areas including health services, education, life long learning and employment support services, social services, personal support network, transport and mobility. The inspector saw that the resident and representatives were consulted with and participated in the development of the personal plan. Goals and objectives were clearly outlined. There was evidence of resident/representative involvement in agreeing/setting these goals. There was also evidence that individual goals were achieved. A number of goals were true aspirations and would improve the resident's quality of life such as developing gardening skills and building a relationship with neighbours. However, the inspector noted that a number of the goals outlined focussed on continuing to support the resident in activities of daily living and meeting healthcare needs. The person responsible for supporting the resident in pursuing these goals was not always clearly identified. The PCP was made available in an accessible format and a copy had been sent to the resident's representative.

A discovery document was used to assess the health, personal, social care and support needs of the resident annually and formed the basis of the PCP. The inspector saw that some information contained was comprehensive and person centred. However, the inspector noted that the discovery document was limited due to the lack of objective evidence based tools; this was particularly pertinent in healthcare and is covered in outcome 11.

The PCP was subject to a review on an annual basis or more frequently if circumstances change. The inspector saw evidence that the review was carried out with the maximum participation of the resident. The review did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. There was evidence of multidisciplinary team involvement including physiotherapy, speech and language therapy, general practitioner (GP), occupational therapy, psychiatry and psychology

services. There was evidence that the recommendations and input of the multidisciplinary team were reviewed and discussed at the annual review. Changes in circumstances and new developments were included in the PCP and amendments were made as appropriate.

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

The inspector noted that there had been a recent increase in the service provided to the resident by the organisation, an increase from two nights to five nights on an incremental basis. A clear transition plan had been developed and was implemented. It was clear that the planned supports were put in place. The resident and representatives had been consulted in relation to the change in service, were involved in the development of the transition and regular meetings had taken place. The plan had been reviewed on a regular basis and was flexible to meet the needs of the resident.

Judgment:

Non Compliant - Moderate

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:

The design and layout of the centre was in line with the centre's statement of purpose and met the resident's needs. The centre was a semi-detached two-storey house located in a residential setting. Parking was provided to the front and a large garden to the rear.

There was adequate private and communal space. An en-suite bedroom on the first floor was for use by staff and doubled as an office space. The rest of the rooms in the house were for use by the resident. A bedroom on the ground floor and was seen to be comfortable and homely. Ample built-in storage space was provided. The other bedroom on the first floor had been converted into a relaxation room. An open plan space downstairs comprised kitchen, dining and living space. This area was furnished in tasteful manner with co-ordinated soft furnishings and was personalised with photographs and personal memorabilia.

There were adequate sanitary facilities provided throughout. En-suite facilities included a toilet, sink and shower. Suitable adaptations were provided as appropriate. A bathroom was also available on the first floor with a bath, sink and toilet.

The centre was clean, suitably decorated and well maintained. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings.

The centre had a kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided. A contract was in place for the disposal of waste.

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:

Overall, the provider was committed to protecting and promoting the health and safety of the all in the centre. The inspector noted that a proactive approach had been implemented in relation to risk management. However, some improvement was required in relation to identification and assessment of risks.

There was a health and safety statement in place which was last reviewed in September 2014. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy, last reviewed in November 2014. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review. However, the inspector noted some gaps in the maintenance of documentation. Risk assessments were not always fully completed and documented in order to identify the impact and severity of the risk identified. A risk assessment had not always been fully completed and documented following the implementation of controls to ensure that the controls adequately mitigated the risks identified.

The inspector saw that there was a comprehensive emergency plan in place, last reviewed in August 2015, which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. The inspector noted that the improvements identified were implemented in a timely fashion. A quarterly review was completed of incident forms which analysed any patterns and reviewed the effectiveness of preventative actions

A quarterly health and safety was completed, most recently in August 2015, which included a review of fire safety, first aid, lighting, equipment, electricity, chemical safety and manual handling. The audit identified pertinent deficiencies and actions emanating from the audit were completed in a timely manner.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. A fire engineer's report had been completed in April 2014 and the inspector saw that all actions had been completed. A category L1 fire system had been installed in May 2015. The panel was serviced on a quarterly basis, most recently in July 2015. Fire safety equipment is serviced on an annual basis, most recently in October 2014. Emergency lighting had been installed in May 2015. Fire drills took place at least every six months and a detailed description of the fire drill, duration, participants and any issues identified were made available to the inspector. Records of daily and monthly fire checks were made available to the inspector. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure. Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire and the training matrix made available to the inspector confirmed that all staff had received mandatory fire training. A personal emergency evacuation plan (PEEP) was seen to have been developed and had been reviewed in June 2015. The PEEP would adequately guide staff to ensure safe evacuation in the event of a fire.

All staff had attended mandatory manual handling training and suitable adaptations were provided, such as grab rails.

A policy was in place for the prevention and control of infection, reviewed in September 2014, which was comprehensive and would effectively guide staff. The centre was visibly clean, personal protective equipment (PPE) was provided and there were adequate hand sanitising and washing facilities. Hand hygiene training had been completed by all staff providing direct resident support.

A car was available and records made available to the inspector confirmed that the car was roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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):

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

Findings:

Systems were in place to prevent incidents of harm or abuse. A restraint-free environment was promoted. Emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges was provided.

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

An intimate care policy had been reviewed in July 2012 and outlined the safeguarding measures in place. The personal care plan outlined in detail the supports required and resident's preference in relation to the gender of staff delivering personal care. The plan was reviewed on a regular basis.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.

The provider and person in charge monitored the safeguarding systems in place and ensured that there are no barriers to disclosing abuse. A robust recruitment and selection procedure was implemented, all staff received ongoing training in understanding abuse and senior staff stated that there was an open culture of reporting within the organisation. The person in charge stated that there had been no incident of alleged, suspected or reported abuse in the centre. Staff spoken with confirmed that they had never seen or heard anything that compromised the rights and safety of a resident.

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

A comprehensive positive behaviour support plan had been developed by a senior member of staff in conjunction with a local third level institution and the psychologist within the organisation. The plan had been developed following a period of structured observation using evidence based tools and a detailed functional assessment. Clear proactive and reactive strategies were outlined and staff with whom the inspector spoke demonstrated an indepth familiarity with the plan. A quarterly review of the plan had taken place in July 2015 by the senior member of staff, in conjunction with a family member, which reviewed the effectiveness of the plan and any changes that needed to be made. Evidence based tools, such as Antecedent Behaviour Consequence (ABC) charts, were used on an ongoing basis, to monitor the ongoing effectiveness of the approach.

A centre-specific policy in relation to restrictive practices had been reviewed in October 2014. The policy was comprehensive and evidence based. The policy would effectively guide staff in the use of a risk balance tool prior to the use of a restrictive practice, ensuring that multi-disciplinary input was sought, considering less restrictive alternatives and securing appropriate signed consent where possible.

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):

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

Findings:

The inspector noted that a comprehensive record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.

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):

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

Findings:

Residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported. Improvements were required to ensure that assessments met residents' educational/employment/training needs.

The policy on access to education, training and development was made available to the inspector and had been reviewed in October 2014. A flexible and individualised day service was provided in the centre and goals in relation to new experiences, development of life skills and social participation were set.

An individualised music session was facilitated weekly. The inspector observed regular trips out for walks, to local areas of interest or to friends' houses. Other activities included gardening, life skills, music and meal preparation.

Information was gathered in the discovery document to establish education, training and employment goals. The information included reviewed lacked detail and were based on observation of current activities. The information was not sufficient to perform a robust assessment to ensure that appropriate opportunities are made available in relation to education, training and development.

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):

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

Findings:

Healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner was available and an 'out of hours' service was available if required. The inspector saw that there was regular and timely review by the medical practitioner. Medical advice and consultation in the event of clinical deterioration was seen to be sought in a timely fashion. There was clear evidence that there treatment was recommended and agreed by the resident, this treatment was facilitated. The right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, the inspector saw that staff supported the resident to attend appointments. There was ongoing access to allied healthcare professionals including dental, occupational therapy, speech and language therapy and optical. Staff reported that the advice of allied health care professionals was implemented. However, there was no documentary evidence that the recommendations of occupational therapist had been implemented.

Evidence based assessment tools were not used to identify and monitor healthcare needs. For example, an evidence based pain assessment tool was not used to ensure that 'as required' pain relief was administered in an appropriate and timely manner.

The management of epilepsy was in line with evidence based practice. A comprehensive record of seizure including date, time, type of seizure, duration and recovery was maintained. All staff had received appropriate training in epilepsy awareness, seizure management and the administration of rescue medicine. Regular visits to the neurologist were facilitated and the appropriate recommendations were implemented. However, a personalised management plan was not in place which guided staff in relation to the management of seizures.

A bereavement and end of life policy was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death. The policy outlined that a proactive approach was to be taken in order to ascertain residents' views in relation to loss, death, dying and end of life. However, the inspector saw that the wishes of the resident in relation to care at times of illness or end of life had not been ascertained. Therefore, information would not be available to guide staff in meeting the residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Staff provided support to ensure that the resident made healthy living choices. A healthy and varied diet was provided and the resident enjoyed daily walks.

The resident was actively encouraged to participate in the preparation of meals. Staff with whom the inspector spoke confirmed that a choice was provided for all meals. The meals outlined were nutritious and varied. The inspector saw that there were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, there was access to a selection of refreshments and snacks. There was adequate provision to store food in hygienic conditions.

The resident and representatives were consulted about and involved in the meeting of the individual health and medical needs. Health information was available in an easy

read format.

Judgment:

Non Compliant - Moderate

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:

Medicines were supplied by local community pharmacies. Staff confirmed that the pharmacist was facilitated to meet his/her obligations in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There was a centre-specific medication policy, which had been reviewed in January 2015, that detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines. The policy outlined that support would be offered to residents who wished to manage their own medicines and outlined the risk assessment to be used.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Medicines were stored and secured in a locked cupboard and there was a robust key holding procedure. Staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection..

Medication prescription and administration records were reviewed. Prescription charts were seen to be complete and in line with the relevant legislation. Prescriptions for all medicines, including complementary and alternative medicines, were available to staff to ensure that the medicines were given as prescribed. Administration records identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

The management of short term and non-prescription medicines required review. The inspector saw that, for short term medicines, a record of the prescription was not available to the person administering these medicines to ensure that the medicine was administered as prescribed. For non-prescription medicines, there was no record maintained of consultation with a healthcare professional to ensure that the medicine is safe to be administered, the recommended dose and any other advice.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other

medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines received correspond with the medication prescription records. Stock levels were checked and reconciled on a weekly basis to identify any errors or discrepancies. A system was in place for reviewing and monitoring safe medicines management practices. The results of a medication management audit, completed in May 2015, were made available to the inspector. The audit identified pertinent deficiencies and the inspector confirmed that actions had been completed.

A documented record was maintained of the quantity and medicines given to the resident and/or their representative on leaving the centre. This record was signed by staff and the resident and/or their representative. A similar record was maintained on return and the quantities were reconciled by staff..

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

Training had been provided to staff on medicines management.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided. The statement of purpose was made available to the resident and representatives.

The statement of purpose contained all of the information required by Schedule 1 of the Regulations and the inspector found that the Statement of Purpose was clearly

implemented in practice. The statement of purpose had been last reviewed in August 2015.

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:

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The person in charge was also appointed as the person in charge in two other centres and had demonstrated her suitability to the Authority on a previous registration inspection. A social care worker was appointed in the centre to ensure the effective governance, operational management and administration of the centre. The inspector spoke with the social care worker who confirmed that the person in charge was accessible at all times. The inspector observed a good and supportive working relationship between the person in charge and the social care worker. There were established regular management meeting between the regional managers, the provider, the person in charge and the regional manager. The inspector saw minutes of these meetings

The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge had worked with the organisation as a community manager since 2006. The person in charge was employed full time by the organisation. The person in charge demonstrated a in-depth knowledge of the resident and had supported the resident for a number of years. The resident was comfortable in her presence.

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

The annual review of the quality and safety of care in the centre from 2014 was made available to the inspector who saw that it was comprehensive and was based on the Standards and Regulations. Areas for improvement were identified and actions completed in a timely fashion.

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):

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

Findings:

There were adequate arrangements in place for the management of the centre when the person in charge is absent. A social care worker was identified to deputise for the person in charge in her absence. The inspector spoke with the social care worker who demonstrated that she had a good understanding of her responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge. The provider was aware of the requirement to notify the Chief Inspector of the proposed absence from the designated centre in line with the Regulations.

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):

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

Findings:

The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. Sufficient resources were available to provide support in achieving the planned goals and aspirations. The inspector observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the designated centre reflected the Statement of Purpose.

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:

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

There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy reviewed in October 2014. A sample of staff files was reviewed and many were found to contain all the required elements. However, the inspector noted that a staff file did not contain documentary evidence of the relevant qualifications of the staff member and a full employment history. This was brought to the attention of the person in charge and remedied during the inspection.

Staff were observed to be supervised appropriate to their role on a day to day basis. Regular staff meetings were held monthly and items discussed included health and safety, medicines management, resident's needs, incidents and advocacy arrangements. A formal and meaningful appraisal system was in place and formal appraisals had been completed for all staff in 2015.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The minutes of management meetings were

disseminated and discussed at staff meetings. The inspector saw that copies of both the regulations and the standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. Further education and training completed by staff included mandatory training and training in health and safety, first aid and food safety.

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

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the Regulations were in place and reflected the centre's practice. These policies were made available to staff who demonstrated a clear understanding of these policies.

Records were kept securely, were easily accessible and were kept for the required period of time. The inspector found that the system in place for maintaining files and records was very well organised.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

Records as required under Schedule 3 of the Regulations were maintained. The residents' directory was up-to-date.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspector.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
Centre ID:	OSV-0004885
Date of Inspection:	12 August 2015
Date of response:	05 October 2015

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:

The names of those responsible for pursuing objectives were not always clearly outlined.

1. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the

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

personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

- The personal plan be will updated to clearly reflect the name of each staff member responsible for pursuing the objectives outlined in the plan.

Proposed Timescale: 06/11/2015

Theme: Effective Services

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

Some goals were not specific, focussed on activities of daily living and did not maximise the resident's personal development.

2. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

- The individual's personal plan will be reviewed to include specific goals to support the individual's personal development.
- Activities of daily living will be removed from the individual's personal plan and included in the individual's daily schedule of activities.

Proposed Timescale: 06/11/2015

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:

Risk assessments were not always completed in order to identify the impact and severity of the risk identified. A risk assessment had not always been completed following the implementation of controls to ensure that the controls adequately mitigated the risks identified.

3. Action Required:

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

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

All risk assessments will be reviewed to ensure they are fully completed and reflect the impact and severity of each risk prior to and following the implementation of controls.

Proposed Timescale: 30/10/2015

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:

The information included in the discovery document lacked detail and was not sufficient to perform a robust assessment to ensure that appropriate opportunities are made available in relation to education, training and development.

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:

Discovery Document will be reviewed to ensure a robust assessment has been completed which will ensure opportunities are made available in relation to education, training and employment.

Proposed Timescale: 09/11/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was no documentary evidence that the recommendations of occupational therapist had been implemented.

5. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

- The Occupational Therapist Assessment has been implemented into a daily structured plan. (September 29th 2015).
- Documentary evidence of the implementation of this report is completed daily by staff on duty.

Proposed Timescale: 29/09/2015

Theme: Health and Development

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

A personalised management plan was not in place which guided staff in relation to the management of seizures.

6. 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:

- A risk assessment was completed to identify any potential risks to the individual as a result of experiencing a seizure. (14/09/2015)
- A seizure sensor has been purchased for the individual's use at night time. (21/09/2015)
- A personalised epilepsy care plan has been developed and implemented. (14/09/2015)
- A first aid seizure management protocol has been developed and implemented with recommendations from the individual's neurology team. (22/09/2015)

Proposed Timescale: 22/09/2015

Theme: Health and Development

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

The wishes of the resident in relation to care at times of illness or end of life had not been ascertained.

7. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

As part of the individual planning process the staff team will gather information from the individual and their family with regard to their wishes at times of illness and end of life.

Proposed Timescale: 18/12/2015

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 record of the prescription was not available to the person administering short term medicines to ensure that the medicine was administered as prescribed.

A record was not maintained of consultation with a healthcare professional to ensure that non-prescription medicines are administered at a safe dose.

8. 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:

- The medication management procedure will be reviewed and amended to ensure a record of all prescriptions for short term medication is retained thus ensuring they are administered as prescribed.
- The medication management procedure will be reviewed and amended to ensure a record is maintained of any consultation with healthcare professionals seeking advice on the administration of non prescription medicine.

Proposed Timescale: 30/10/2015