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Ardnacrusha, OSV-0004817, 30 May 2018

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Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Ardnacrusha
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	30 May 2018
Centre ID:	OSV-0004817
Fieldwork ID:	MON-0021911

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The Brothers of Charity Services stated aim, is to work with people with intellectual disability to claim their rightful place as valued citizens. In doing this, the organisation works with each individual, in order for them to have wide opportunities for self expression in home life, education, occupation and leisure. The organisation's vision is focused on "Love and respect in every action". The house in this centre is a five bedroom dormer property which accommodates four residents. One bedroom is available for staff to sleep overnight. The house has a kitchen, dining area, sitting room, utility room in addition to office and storage space. There is a large back garden and space for car parking at the front of the house.

The following information outlines some additional data on this centre.

Current registration end date:	09/10/2018
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
30 May 2018	09:10hrs to 19:30hrs	Margaret O'Regan	Lead

Views of people who use the service

The inspector met with the four residents who resided in this centre. Residents were keen to speak with the inspector and share their views. Residents were complimentary of the staff and the service provided by the Brothers of Charity. The residents in this centre had moved to the house four weeks previously and expected to return to their regular home once their regular home was renovated. All residents were keen to impress upon the inspector that they had no issues with the current temporary living arrangements, albeit they looked forward to returning to their previous house. Some residents found the rural location of this centre more of a challenge in terms of being able to access amenities and family. Their regular home was in a city suburb.

The residents appreciated the benefit of having the same staff in this centre as in the house from which they moved. This significantly minimised the disruption to their lives. Residents were seen to be relaxed in the company of staff. There was a convivial atmosphere in this home throughout the day of inspection. Residents were observed listening to music which they choose and enjoyed, assisting with the evening meal and chatting with each other.

Capacity and capability

The inspector was satisfied that the provider had the capacity and capability to deliver a safe and quality service. There were effective leadership, governance and management arrangements in place with clear lines of reporting responsibilities.

The person in charge was an experienced professional with the skills to manage the centre. She displayed commitment, knowledge and enthusiasm for her role. She was involved in the operational management of the centre on a consistent basis. The person in charge was supported in her role by an experienced staff member who managed the centre in her absence. In addition, there was a regular cohort of staff who were familiar with the individual needs of residents. The person in charge was also supported by the senior management team.

The centre was adequately resourced in terms of appropriate facilities. Plans were in place for further upgrading and a budget allocated for this work. However, the staffing arrangements warranted review with regard to its adequacy.

There was a low staff turnover and staff transferred to this centre with residents. This aided with consistency of care. The provider had made extra staffing available when residents moved to this centre to ensure residents had opportunities to

engage in interesting activities at the weekends. However, this arrangement was unreliable making planning of outings a challenge. In addition, due to the needs of residents, and the issue of only one staff being available to residents in the evening time, some activities had to be curtailed. In particular this applied to the bowling which residents used to attend on a Monday evening. Due to two staff being needed to travel with residents, and residents now not being able to stay alone in their current home, bowling did not occur.

The premises was adapted to meet the needs of residents, was well-maintained internally and suitably decorated. However, the outside areas needed maintenance and in particular the rear garden needed attention. A large proportion of the rear garden had a high fence surrounding a sewage system. The area inside the fence was overgrown with weeds. It was very unsightly and the provider was requested to provide assurance that the proposed planned schedule of upgrading works for the centre included addressing the fenced area in the back garden.

The centre had an organised programme of staff training in place, organised by the management team. A senior member of staff kept up to date records of staff training. There was a regular cohort of staff well known to residents.

Records and documentation was easy to retrieve and legible. However, the manner in which informal complaints were documented required greater attention and clarity on how the matter was being addressed and by whom. Overall, complaints were welcomed and viewed in a non judgemental way by staff and seen as a means of improving the service.

The provider showed a commitment to ongoing review and improvement. Learning took place from inspections to other centres operated by the Brothers of Charity Services and the learning transferred to this centre. Six-monthly unannounced inspections were carried out by the provider. Regular internal and external audits took place. The audits indicated the centre was operating in a responsible manner. An annual review was also carried out by the provider. There was good facilitation for staff to raise suggestions for improving the quality and safety of the centre. This was confirmed by staff and evident from the regard which local leadership was held.

The inspector found the centre to be in substantial compliance with regulations.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had made an application to re-register the centre. However, the chief inspector was not made aware in writing, of the change in the identity of persons participating in the management of the centre.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge worked full-time and was an experienced professional involved in the operational management of the centre. The person in charge was suitably qualified and had management experience.

Judgment: Compliant

Regulation 15: Staffing

There was inadequate staffing available to resident to facilitate them to engage in evening time activities. In addition the weekend staffing compliment was unreliable .

Judgment: Not compliant

Regulation 16: Training and staff development

A log was maintained of staff training. Staff were supported to avail of training relevant to the needs of residents who they were providing support to. Staff were up to date with their mandatory training

Judgment: Compliant

Regulation 22: Insurance

Valid insurance details were submitted to the Health Information and Quality Authority as part of the registration application.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure. The structure in place provided good leadership, guidance and support for residents, staff and relatives.

Judgment: Compliant
Regulation 3: Statement of purpose
An up to date statement of purpose was provided to the inspector and available in the centre
Judgment: Compliant
Regulation 31: Notification of incidents
Not all notifications were submitted to the Health Information and Quality Authority as required by regulation. One six monthly return has not been received.
Judgment: Substantially compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
A procedure was in place for the absence of the person in charge. This person was actively involved in the day to day operations of the centre and well known to residents.
Judgment: Compliant
Regulation 34: Complaints procedure
The manner in which informal complaints were documented required greater attention and clarity on how the matter was being addressed and by whom
Judgment: Substantially compliant
Regulation 4: Written policies and procedures
It had been more than three years since some of the policies had been reviewed. The inspector was informed by the senior management team that all but one of

the policies identified had been signed off in the days prior to inspection and were in the process of being implemented. The one policy overdue for review was due to be completed by end June 2018.

Judgment: Substantially compliant

Quality and safety

People living in this centre were actively involved in determining the services they received. They were empowered to exercise their rights and at all times their independence was promoted. Residents were facilitated to exercise their rights and facilitated to participate in the political process by voting.

The approach to care was individual. Staff were respectful in their communication with residents, in how interventions were documented and in how they referred to residents. Staff displayed an enthusiasm and commitment to their work, and displayed support for the management systems in place.

There were detailed written assessments and plans in place which were reviewed regularly and reflected the resident's needs. However, since the move to this temporary accommodation, some activities were curtailed, thus impacting on the quality of life for residents. The location of the house had a part to play in this curtailment, as residents were assessed to stay on their own in the previous house but couldn't in this house. This meant all residents had to travel on any outing as there was only one staff on duty on weekdays. The resident cohort had also changed with the move thus also impacting on the needs of the group. For example, one staff member was not in a position to travel on an outing with all four residents, this meant that once residents had returned from their day service at approximately 5pm they were unable to leave the house for the remainder of the evening. Efforts had been made to secure an extra staff member for six hours each Saturday and Sunday to ensure residents were able to get out and about but there was unreliability about these weekend arrangements.

The inspector met with all four residents who confirmed their satisfaction with the service provided albeit they were looking forward to returning to their regular home once it had been upgraded.

The person in charge and senior staff members addressed issues impacting on residents safety and protection. There was evidence that when issues arose around safety matters they were risk assessed and risks escalated where needed.

Overall, there were good provisions for healthcare and good assessments of healthcare. The organisation benefited from having specialist age related nursing care expertise. There did however, appear to be an unexplained delay in one resident getting specialist medical care. This was being addressed by a senior member of staff. A suite of services were available to residents in supporting their

needs. These included physiotherapy, occupational therapy, psychology and speech and language therapy.

Each resident's privacy was respected, with residents having their own rooms. These rooms were decorated according to individual preferences. There was reasonable flexibility in the centre. However, as discussed under staffing, with only one staff on duty on weekdays, residents were limited in the evening activities they could get involved in.

Residents were required to transfer to this house four weeks prior to inspection with short notice. The inspector noted the competent manner in which these transfer arrangements were managed. The transfer was managed by the Head of Community Services. Each resident was met with individually by the person in charge and a senior staff member and the transfer arrangements discussed. In addition a detailed, written, easy to follow transition plan was in place for each resident with clear time lines for events. The way in which transfers were managed ensured the minimal disruption to residents' daily lives and ensured residents' upset by the move was minimised.

There was good documentation in place around medication management and practices. Where corrective action was needed the inspector saw that such action was taken and the risk of error occurring reduced as a result of such action. There was frequent review of residents' medications. From discussions with staff, residents and from examination of the records, it was evident that a culture of examining alternatives to medicines was employed. There was infrequent use of PRN medication (medication given as required).

Residents had access to transport, a variety of day services and weekend activities involving their families. Each resident's individual skill was valued and nurtured. These skills included art, house keeping, bowling, Special Olympic sports and music. Assistive technology was used to support residents in maintaining their interests and promoting their independence.

The premises was adapted to meet the needs of residents, was well maintained internally and suitably decorated. However; the outside areas needed maintenance and in particular the rear garden needed attention. A large proportion of the rear garden had a high fence surrounding a sewage system. Inside the fence was overgrown with weeds and grass. It was very unsightly and the provider was requested to provide assurance that the proposed planned schedule of upgrading and redecoration works for the centre included addressing the fenced area in the back garden.

A system was in place for the quarterly servicing of the emergency lighting. The next service was expected to take place in the week following inspection. The fire doors were heavy and did not have devices attached which allowed them to be kept open if desired. Residents had identified this as a problem to be addressed. This was logged in the complaints book but had not been resolved at the time of inspection. Subsequent to the inspection, the inspector was informed that approval had been given to install door closers and that this alteration was imminent.

Staff were trained in the protection of vulnerable adults. Staff reported there were no barriers to reporting issues of concern. Residents reported they felt safe in the centre and in the company of staff. In one instance the review of the personal assistant service was not in line with the policy, in that it had not been reviewed for four months when the policy stated a review would be conducted three monthly.

There were a number of regulations as outlined below that were in substantial compliance with regulations but needed some improvements.

Regulation 17: Premises

The external areas were not appropriately maintained

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

Good transition plans were in place for the residents who transferred to this centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had good risk management procedures. Risks were assessed as appropriate and measures put in place to minimise the risk.

Judgment: Compliant

Regulation 28: Fire precautions

The fire doors were heavy and did not have devices attached which allowed them to be kept open if desired. Residents had identified this as a problem to be addressed. This was logged in the complaints book but had not been resolved at the time of inspection. Subsequent to the inspection, the inspector was informed that approval had been given to install door closers and their installation was imminent.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was good documentation in place around medication management and practices.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were detailed written assessments and plans in place.

Judgment: Compliant

Regulation 6: Health care

Overall, there were good provisions for healthcare and good assessments of healthcare.

Judgment: Compliant

Regulation 8: Protection

Staff were trained in the area of protection for vulnerable adults. Staff reported there were no barriers to reporting issues of concern. Residents reported they felt safe in the centre and in the company of staff.

Judgment: Compliant

Regulation 9: Residents' rights

The extent to which residents were aware of the plans to renovate their regular house and the time lines involved was limited. The management team also were unclear of the time lines involved. While efforts were made to include residents in

the decisions around their housing situation, the inspector concluded that residents needed to be kept better informed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ardnacrusha OSV-0004817

Inspection ID: MON-0021911

Date of inspection: 30/05/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes:</p> <ul style="list-style-type: none"> • The Statement of Purpose and Function has been reviewed and updated to include the current identity of the persons participating in management. • The updated Statement of Purpose has been forwarded to the Regulator. 	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Currently in the designated centre there is one staff member on duty Monday to Friday 4.30pm to 9.30am (sleepover). During weekends there is one staff member on duty from Friday until Monday (sleepover). • When possible PPIM has made herself available in order to support residents to attend social outings. This can be facilitated on occasion by the PPIM being present in the designated centre should residents choices differ in relation to chosen activities, affording residents the opportunity to remain in the designated centre should they so wish. • On call support hours are allocated to the designated centre when possible to provide additional support to residents. • Business case has been prepared and submitted to the Funder on 17th July 2018 in respect of additional support hours. 	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • Quarterly returns were returned to HIQA on 16th July 2017. • NF31s will be returned to HIQA on 18th July 2017 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The local operational complaints procedure is a three level procedure where issues and complaints raised by residents are addressed at the most local level possible. • Information pertaining to the resolution of local issues and informal complaints is maintained locally. • In the event of a more substantive matter which results in a formal complaint being made the record of actions taken is maintained by the complaints officer. • As part of the complaints procedure the complaints officer meets with each complainant in the event that a formal complaint is raised. • On the 03/07/2018 a note was added to the front of each issues raised recording book and each informal complaint book noting the fact that records of actions taken in response to a formal complaint are held by the complaints officer. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • The Local Operational Procedure for the Administration of Medication and the Medication Management Process within the Brothers of Charity Services Ireland Limerick Community Services was updated on 14/06/2018. • Brothers of Charity Services Ireland – Limerick Region Health and Safety Statement was updated on 01/06/2018. • Brothers of Charity Services Ireland Limerick Region Adverse Incidents Reporting Procedure. Accident Incident Reporting System was updated on 01/06/2018. • Brothers of Charity Services Ireland National Policies and Procedures: Managing Attendance was updated on 10/05/2018. 	

<ul style="list-style-type: none"> • Brothers of Charity Services Ireland National Policy: Infection Prevention and Control was updated on 10/05/2018. • Brothers of Charity Services Ireland Limerick Region Policy on the Use of Personal Assistance Services was updated on 11/07/2018. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Facilities Manager confirmed that the fenced area at the rear of the property is to be concealed and landscaped by 31/09/2018. • Garden furniture has been purchased and is in place in the back garden. <p> </p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Electronic, free swing internal fire doors to be installed before 30/07/2018. • The quarterly servicing of the emergency lighting was conducted on 07/06/2018. <p> </p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • All proposals for renovations have been initially designed and provisionally approved by an independent Fire Engineering Consultant. • Internal works (material alteration) and associated fire safety works will require both a Planning Application and Fire Safety Certificate. • The Facilities Manager has requested a Pre-Planning Meeting with the Local Authority on 12/06/2018 to ascertain whether the planned works are in compliance with proper planning and development. • Funding for the upgrade of the property will have to be approved in advance of upgrade works taking place. • Residents are regularly updated on developments in relation to the renovations. • The planned renovations remains a house meeting agenda item. <p> </p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Substantially Compliant	Yellow	12/07/2018
Regulation 15(1)	The registered provider shall ensure that the number,	Not Compliant	Orange	31/07/2018

	qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Yellow	31/09/2018
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	30/07/2018
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Substantially Compliant	Yellow	18/07/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals	Substantially Compliant	Yellow	11/07/2018

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	31/12/2018