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

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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 Southern Services
Centre ID:	OSV-0004576
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Una Nagle
Lead inspector:	Aoife Fleming
Support inspector(s):	Noelle Neville
Type of inspection	Announced
Number of residents on the date of inspection:	8
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:
24 August 2015 09:00	24 August 2015 17:30
25 August 2015 09:00	25 August 2015 14:30

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

This was the centre's first inspection by the Authority. It was an announced inspection and took place over 2 days. At the time of inspection there were 8 residents living in the centre which consisted of 2 houses and an apartment adjacent to one house. Throughout the inspection, inspectors met with the person in charge, the provider nominee, staff and residents. Inspectors observed work practices and reviewed documentation such as care plans, medical records, medication records, accident and incident records, complaints logs, policies and procedures, staff files and staff training files. Inspectors found that residents were generally well cared for and the ethos of the centre promoted the residents' independence and choice in their

daily lives. However, two immediate action plans were requested from the provider regarding (1) inadequate procedures in place to protect residents from accidental injury or fire in the centre, and (2) inadequate staff supervision in the centre. The provider's response is outlined in the action plan at the end of the report.

Other improvements were required in the areas of:

- residents' contracts of care
- health and safety and risk management
- healthcare needs
- staff supervision
- staff files
- records and documentation.

The inspection is set out under eighteen outcomes. The action plan at the end of the report identifies improvements necessary 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 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

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 inspectors found that residents were consulted on the running of the centre. Residents had been informed of the inspection process and were allowed the opportunity to speak with the inspectors and show them around their home throughout the inspection. Regular residents' meetings were held in the centre with actions documented at the end of each meeting. Residents planned their holiday trips at these meetings. Residents were seen to exercise choice in their daily lives; they choose what time they got up in the morning, their activities for the day and their meals. Residents were facilitated and supported to engage in activities and hobbies of their preference and interest, some of which took place external to the centre. Residents attended external activities independently and of their own accord such as to cards, the library, restaurants, shops, colleges and training centres. There was evidence in residents' notes, and on discussion with staff, that residents were facilitated to choose where they lived.

The complaints procedure was displayed prominently in the centre in an easy to read and accessible format. The nominated complaints officer was the person in charge and an independent person was available to review complaints. The inspectors reviewed the complaints logbook, and while it only contained a small number of very recently documented complaints, the issues were addressed promptly, actions and improvements were implemented and the satisfaction of the complainant was documented. Residents also had access to an independent advocacy service. Several residents participated on advocacy committees.

Staff and management were observed treating residents with dignity, and respect for their privacy was maintained at all times during their interactions. Residents were facilitated to exercise their civil and religious rights with several residents attending mass independently throughout the course of the inspection.

There was a policy on residents' personal property, finances and possessions. However, this policy was not up to date and this issue was addressed under Outcome 17 Records and Documentation. Inspectors spoke with several residents and it was evident that they had control over their own belongings with sufficient storage being provided in their bedrooms.

The arrangements to protect residents' finances were reviewed. The staff maintained a detailed account of the expenditure of the centre's petty cash on groceries and other items required for the house. However, not all receipts were co-signed by two members of staff to ensure transparency in this regard. Residents' money management skills were assessed and staff supported them to manage their finances with a documentary trail, co-signed by the resident and staff member, in place to outline this. Some residents made a regular, voluntary, financial contribution to the organisation and a letter from the provider to the resident to outline this arrangement was seen by Inspectors dated August 2011. However, a consent form signed by the resident or family/next of kin or witnessed by a third party was not maintained.

Judgment:
Substantially 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:

The centre had an up to date policy on communication. There was evidence of easy to read notices with pictorial images in the centre; for example the complaints procedure, access to advocacy, health information, healthy eating material and residents rights. Residents communication needs were addressed in the personal care plans and the detail of the plans reflected what the inspectors observed in practice.

The residents had access to television in the sitting rooms and most had televisions in their bedrooms. Most residents had assistive technologies to support them in accessing the internet. Information regarding local events and activities of interest to residents external to the centre were evident. Some residents visited local libraries to access

reading and visual material to support their educational needs and interests.

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:

During the inspection inspectors spoke with several residents who discussed their links with family members or friends in the community. Inspectors saw that many residents had photographs of family and friends displayed in their bedrooms and the sitting rooms. Some residents visited their families and stayed overnight on occasion and were supported to do this by staff, both from a transport and planning point of view. The residents had their own mobile phones and were seen during the inspection making and receiving telephone calls. There were no restrictions on visiting times and there was ample space for residents to receive visitors in private in the houses.

Staff maintained a record of family communication and visits in the residents' personal care plans. There was evidence that, where appropriate, family were kept up to date on residents' wellbeing. Some families were involved in residents' personal plan meetings and reviews, in line with the residents' wishes. The inspectors were assured that overall, family involvement was in line with the individual wishes and circumstances of each resident.

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 centre had an up to date policy on admissions, transfers, discharge and the temporary absence of residents.

The inspectors viewed the residents' contracts of care. The terms on which the resident resided in the centre and the charges were outlined on the contract. However, only 1 out of 8 residents had a signed contract of care and this had not been signed by the provider nominee or a witness.

Judgment:

Non Compliant - Moderate

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:

Some residents attended day services external to the centre to support their individual needs. Residents were facilitated to participate in meaningful activities appropriate to their interests and preferences. A sample of the residents personal care plans (PCPs) were viewed by inspectors and they were found to be up to date and outlined each resident's health, personal and social care goals. The PCPs were available to the residents. On speaking with residents and reviewing the centres daily records, inspectors found that the information in the PCPs were in line with practice and residents' practice. Residents told inspectors how they were involved in meaningful activities and work such as gardening, cleaning and contributing to the day services they attended. Inspectors observed how residents were involved in the day to day running of the centre as they were involved in preparing meals and doing their own laundry.

Several residents participated in a certificate in contemporary living course in University College Cork. This course facilitated residents to develop skills in independent living such as literary, interpersonal, self advocacy, mathematical and technology skills.

Residents were facilitated to visit local services and the community independently by foot or by local transport. Several residents availed of taxi services in the area if necessary. However, resident safety when external to the centre had not been risk assessed; this issue was addressed under Outcome 7 Health and Safety and Risk Management.

A hospital passport to outline residents' health and medical information was in place in all files. However, some had no photograph of the resident, the allergy status in many passports was blank and diabetes mellitus was not noted on the passport for two residents who had a diabetes mellitus diagnosis.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

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

Findings:

The inspectors found that the design and layout of the centre's two houses and apartment were suitable for the stated purpose. The centre was clean and well maintained. Both houses had spacious kitchen and living room areas for residents. The bedrooms were well maintained and decorated in a homely manner. All residents had a wardrobe, chest of drawers and bed-side locker to store their belongings. However, one resident, a wheelchair user in an independent living apartment, informed inspectors that they did not have enough storage space to store clothes and belongings in an accessible manner. A wheelchair ramp was in place to access this apartment and there was ample space to move throughout the apartment in a wheelchair.

As outlined under Outcome 7 Health and Safety and Risk Management, a resident's electric mobility scooter had not been not in working order for several weeks. As required under Regulation 17(4) the maintenance and repair of equipment should be carried out as quickly as possible to minimise disruption and inconvenience to residents.

Residents informed inspectors that the centre had been recently painted and new carpets had been installed in some rooms. There were sufficient shower and toilet facilities in place in the centre and grab rails had been installed to support residents, where appropriate, to use these facilities safely. Both houses had access to well

maintained, spacious and secure garden areas with garden furniture. Facilities for waste disposal were tidy, organised and well maintained.

Judgment:
Substantially 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):

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

Findings:

The centre had an up to date policy on risk which specified the controls in place to minimise the risks outlined in Regulation 26(1). There was a policy in place to deal with emergency planning in the centre. The centre had an up to date health and safety statement and infection control policy.

The centre had access to a bus made available by the organisation; regular vehicle service records were seen and the vehicle had an up to date National Car Test certificate. Inspectors saw that a new hoist was in place for the safe transfer of a resident in a wheelchair. Staff had up to date training in the safe moving and handling of residents. The resident's electric mobility scooter was broken at the time of inspection and had been for several weeks; the person in charge informed inspectors that this was being followed up by staff with the service company and due for repair over the coming weeks. This is addressed under Outcome 6 Safe and Suitable Premises.

A fire alarm control panel was in place in both houses in the centre. Smoke and heat detectors and emergency lighting were in place in all rooms. Fire extinguishers and fire blankets were in place, as well as break glass units, where required. Service and maintenance records for fire equipment and alarms were seen. Records of weekly checks of fire equipment, exits and alarms by staff were seen. A fire compliance certificate had been submitted to the Authority with the centre's registration application. Fire procedures were displayed prominently in the centre in an accessible format with pictorial display.

However, on review of the records of fire drills, and procedures for detecting and responding to fire in the centre, inspectors were not assured that residents were adequately protected. There were no staff on duty in the centre from 10am to 6pm each day and there was only one night staff in place (6pm - 10am) who slept over in one house. The two houses were located approximately a five minute drive away from each other. Records of recent fire drills indicated that not all residents evacuated the centre in response to the fire alarm and some stayed upstairs in their bedrooms. Another

resident, who required hearing aids, did not hear the fire alarm during one fire drill. The inspectors reviewed the residents' personal emergency evacuation plans (PEEPs) and found that they were not comprehensively completed in places. Some PEEPs did not outline the individual needs of residents; for example, details on hearing or mobility impairments were not included where relevant. Several PEEPs indicated that residents 'may need a verbal prompt' to evacuate the centre by day. This arrangement was of concern to inspectors as residents were at times in the centre by day however, there were no staff on duty between 10am and 6pm.

The centre had a local risk register and individual risk assessments were in place in residents' files. However, the risk of accidental injury to residents when they were outside of the centre had not been assessed (for example due to road traffic accident or participating in work/activities external to the centre). The risk of injury to residents in the centre and the overall risk to resident safety in the centre by day, when there were no staff on duty, had not been assessed. Inspectors were not assured that these risks were being effectively monitored and controlled.

The centres incident records were reviewed. When comparing the incident records with the daily record book it was found that several incidents of residents sustaining falls had not been recorded. This was of particular concern to inspectors given the aforementioned inadequate fire safety management arrangements. One resident in particular had suffered regular falls in the centre during the day and night. There was no evidence for inspectors to evaluate if the necessary actions or improvements had been implemented post-incident to prevent a recurrence.

Due to the inadequate fire safety procedures, the inadequate staff supervision arrangements and the lack of comprehensive risk of assessment of residents when in and external to the centre, the inspectors were not satisfied with the arrangements for resident safety in the centre. An immediate action plan was requested regarding this issue.

Judgment:
Non Compliant - Major

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:

The centre had an up to date policy on protection against abuse and a policy on the safeguarding of vulnerable adults. The centre's policy on the provision of personal, intimate care was up to date. Inspectors spoke with many residents who stated that they felt safe in their homes. Inspectors observed that staff treated residents with dignity and respect. There had been no notifications or incidents recorded of allegations of abuse. Staff spoken with were familiar with what action to take in the event of an allegation of abuse. All staff had up to date training on protection and the prevention of abuse. However, the centre did not have a policy on the provision of positive behavioural support as required by Schedule 5. This issue was addressed under Outcome 18 Records and Documentation.

It was noted by inspectors that support from social workers, psychologists and psychiatrists were available to residents when necessary. Staff had training in positive behavioural support and crisis prevention training. There were no restrictive practices in use in the centre at the time of inspection.

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 centre had submitted notifications as required by Regulation 31(3) to the Authority in relation to quarterly notifications. Inspectors were assured that the person in charge and staff were aware of the requirements of the Regulations in relation to notifications.

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:

The centre had an up to date policy on education, training and development. Residents had ample opportunities for activities, education and training and several residents attended day services run by the organisation to support them in this regard. Evidence of courses taken by residents were seen as certificates were hung in residents' bedrooms. Residents spoke positively of their educational achievements and the support they received from staff to attend courses and to complete assignments.

Residents' independence was facilitated in the centre as they participated in household duties such as cleaning, laundry and meal preparation.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Overall, inspectors found that residents were supported in their health care needs. Residents had access to a general practitioner (GP) of their choice and several residents told inspectors that they attend the GP independently. Records were maintained in residents' files of GP, dental and outpatient/specialist appointments. There was evidence of access to a dietician on referral when required and recommendations from the dietician were seen in the files of several residents. Residents were supported in healthy living and maintaining healthy diets with accessible information and healthy food options available in the houses. A resident who required mobility assessment and the support of a wheelchair had occupational therapy and physiotherapy review to ensure that

appropriate equipment was in place to support the resident's needs. Access to specialists was facilitated by staff to ensure that residents attended appointments. Residents had signed consent forms to allow staff access to their personal information.

A hospital passport to outline residents' health and medical information was in place in all files. However, some had no photograph of the resident, the allergy status in many passports was blank and diabetes mellitus was not noted on the passport for two residents. This issue was addressed under Outcome 5 Social Care needs.

There was evidence of residents receiving regular medical and nursing care, when required. However, for two residents with diabetes mellitus, care plans to outline the individual supports in place were not detailed in outlining all the interventions (dietary, exercise, medical monitoring) that were required. Several residents did not have an up to date assessment of their nutritional status using the body mass index (BMI) or malnutrition universal screening tool (MUST). There was no formal assessment of residents' activities of daily living, mobility or skin integrity where appropriate for certain residents to monitor their healthcare needs. The importance of this was highlighted to the person in charge to ensure that residents' needs would be identified, assessed and supported, especially as resident needs changed over time.

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:

Medications in the centre were stored securely. Medications were supplied in a monitored dosage system (MDS) which described the contents of the medications included. Medications dispensed outside of the MDS were appropriately dispensed and labelled for each individual resident with expiry dates in place on the label. The medication prescription and administration documentation system was reviewed and there was evidence that the general practitioner (GP) reviewed the residents' medication on at least a three-monthly basis. A contemporary record was maintained by staff of all medications administered to residents. An up to date policy on medication management was in place. Staff informed inspectors that regular access to and information from the pharmacist was well maintained in the centre.

Some residents were responsible for the self-administration of their own medication. A detailed self-assessment had been conducted and outlined the individual arrangements for each resident; for example, whether they received a daily or a weekly supply of medication. The centre had a protocol and practice in place which required that a record of the administration of PRN (as required) medications was maintained to indicate the date, time, indication and effect of administration and this record was signed by two staff members.

There were no controlled drugs prescribed for residents at the time of inspection.

The centre had a medication fridge for the storage of medications if required. However, the fridge did not have a temperature gauge to track the temperature over a 24 hour period to ensure the appropriate storage of medications requiring refrigeration.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre had a statement of purpose which outlined the aims, objectives and ethos of the centre. However, the age range and gender of the residents for whom accommodation was provided was not outlined, and the address on the first page of the statement of purpose was not the address of the designated centres. Management were also requested to update the statement of purpose to reflect that the planned fire safety works which were documented had been recently completed.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The governance and management structure was in line with the organisational structure in the statement of purpose. The person in charge was engaged in the governance, management and administration of the centre. She was also the person in charge of 6 other centres run by the provider and was well supported by the staff and her line managers in her role. Inspectors spoke with the person in charge who displayed a detailed knowledge of the residents and the operation of the centre. The person in charge had demonstrated a commitment to continuing professional development and had conducted training in leadership and conflict management, as well as up to date training in the mandatory training requirements.

The person in charge was aware of the requirements of the legislation and other statutory responsibilities. Residents clearly identified her as the person in charge and there was evidence that several residents had contacted her if they had a concern or complaint.

An annual review of the quality and safety of care had recently been conducted in the centre. The review evaluated areas such as resident rights, social care needs, fire evacuation needs, safeguarding, and welfare and development. However, not all actions from the body of the report were included in the final summary of actions. For example, the section on health, safety and risk outlined that fire evacuations to be practiced by the residents themselves with no input from staff were required. However, this action was not included in the final summary of actions in the report. There was no review of incidents or accidents in the centre to evaluate the safety of residents centre. Also, the report did not demonstrate whether or not residents or their families were consulted, as required by Regulation 23(1)(e).

An unannounced visit to the centre at least every six months, by the provider or provider nominee, had not been conducted as required by Regulation 23(2).

Judgment:

Non Compliant - Moderate

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:

The centre had suitable arrangements in place to cover the absence of the person in charge with three nominated persons participating in management. The person in charge was aware of the requirement to notify the Authority if she was absent for twenty-eight days or more.

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:

There were sufficient resources in place to support residents in achieving their personal plans. The facilities and services in place in the centre reflected the statement of purpose. However, there was inadequate staff supervision by day to ensure the residents' safety in the centre. This is addressed under Outcome 17 Workforce.

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:

A sample of staff files was reviewed by inspectors and were found to comply with the requirements of Schedule 2 of the Regulations. The staff training records indicated that all staff had up to date training in the required areas of fire safety, manual handling, crisis prevention training, welfare and protection, first aid and infection prevention and control. Staff had also conducted training in medication management, epilepsy and completion of personal outcome measures. However, staff were involved in preparing some of the residents' meals however, did not have training in food preparation or food safety.

The inspectors viewed the staff rota and found that there was continuity of staff in place in the centre. Staff were supervised according to their role and were aware of the requirements of the Regulations and Standards. However, the inspectors were not assured that there was adequate staff supervision in place to ensure the safety of the residents especially by day between 10am and 6pm when there were no staff on duty. This potentially contributed to the risk of injury to residents in the centre which was outlined under Outcome 7 Health and Safety and Risk Management. An immediate action plan was requested regarding this issue.

A volunteer who had accompanied residents and staff on holiday did not have up to date Garda vetting in place and did not have their roles or responsibilities set out in writing.

Judgment:

Non Compliant - Major

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:

An up to date directory of residents was in place in the centre. Inspectors reviewed a sample of residents' files and found that records of residents' assessments on admission, residents' communication needs, records of nursing and medical care were maintained. A contemporary record of medication administration was maintained in the centre.

The inspectors reviewed the centres policies and procedures. Most of the policies required by Schedule 5 of the Regulations were in place and up to date. However, there were some gaps in compliance in the following areas:

- the policy for residents' personal property, personal finances and possessions was out of date (dated November 2006)
- there was no policy on the provision of information for residents.

Judgment:

Non Compliant - Moderate

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:

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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 Southern Services
Centre ID:	OSV-0004576
Date of Inspection:	24 August 2015
Date of response:	25 September 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Some residents made a voluntary contribution to the organisation and a letter to indicate this arrangement was seen by Inspectors. However, a consent form signed by the resident or family/next of kin and witnessed by a third party was not maintained.

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

1. Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

The Services has issued a written agreement to each resident in 2014 which included a clause on the level of contributions requested from residents.

This agreement indicated that a booklet explaining the detail of financial contributions would follow in early 2015. However the issue of this booklet was delayed due to legislation passed to introduce charges for people resident in community based residences which would replace the current voluntary contributions. This legislation was due to become effective in 2014/early 2015 but was deferred and indications now suggest that this will be effective in early 2016.

The Services are currently in the process of issuing detail of the current voluntary contribution system to all residents and will request resident (or representative) consent and witnessing of same via the Service Agreement process with residents.

Proposed Timescale: 30/10/2015

Theme: Individualised Supports and Care

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

Some residents made a regular, voluntary, financial contribution to the organisation and a letter from the provider to the resident to outline this arrangement was seen by Inspectors dated August 2011. However, a consent form signed by the resident or family/next of kin or witnessed by a third party was not maintained.

2. Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

Consent of the service users was received when the Standing Order was set up on the service users bank account for the amount of the weekly contribution. Actions in relation to verification of this consent and the witnessing of same are set out above.

Proposed Timescale: 30/10/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Not all residents had a signed written agreement outlining the contract for the provision of services.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Residents who do not have a signed written agreement outlining the contract for the provision of services are now being followed up.

Proposed Timescale: 30/10/2015

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:

There were gaps in the information outlined in residents' hospital passports.

4. Action Required:

Under Regulation 25 (2) you are required to: On the return of a resident from another designated centre, hospital or other place, take all reasonable actions to obtain all relevant information about the resident from the other designated centre, hospital or other place.

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

The Services recognise the importance of ensuring that the residents Hospital Passports are kept updated on residents' medical information. All passports have been reviewed and updated where necessary and staff have been reminded to ensure these passports are reviewed on a regular basis.

Proposed Timescale: 02/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One resident informed inspectors that they did not have enough accessible storage space for personal belongings. This is required under Schedule 6(3) of the Regulations.

5. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Accessible storage space for the resident in the independent living apartment had been provided. The adequacy of this storage has been reviewed with the resident who has requested as additional storage unit which is now being put in place.

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

A resident's electric mobility scooter had not been working for several weeks.

6. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The Residents scooter is his own personal possession. When it broke down the Services responded immediately to ensure the repair work was scheduled, an engineer visited the resident in his home to repair scooter and parts were ordered. However there were delays in the arrival of the parts and on arrival it was deemed that further parts were required.

Arrangements have been made for alternative scooters to be trialled next week.

In the meantime the resident continues to be supported to access the community and a review for the resident concerned is scheduled for 7th October.

Proposed Timescale: 07/10/2015

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:

The identification and assessment of all risks to residents of accidental injury while in and external to the centre was inadequate.

7. 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:

Risk assessments have been carried out for each resident while in the centre without staff present and when external to the centre without staff support. A risk assessment has also been completed for the resident who smokes. Control measures identified in these risk assessments have been implemented and review dates set for 3 months' time.

All residents have received local on-site fire training.

Individual skills assessments have been carried out to establish competency of residents to contact the Emergency Services if required.

An emergency response system including Falls Detector has been ordered and due to be installed by 9th October.

Proposed Timescale: 09/10/2015

Theme: Effective Services

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

As a consequence of the inadequate identification and assessment of risk in the centre (required by Regulation 26 (1)(a)), it was not possible to evaluate the measures and actions in place to control the risks to residents identified by inspectors.

8. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

New risk assessment forms have been added to the existing procedures to ensure that risk/hazard identification, assessment and action planning is implemented on a comprehensive basis across the centre.

Staff have been reminded to ensure that all risks identified using existing assessments including personal emergency evacuation plans (PEEPS) are updated onto the local risk register. Staff are reminded to document risks assessments even for low risk items where there are no additional actions required to demonstrate that the assessment has been carried out.

Proposed Timescale: 02/10/2015

Theme: Effective Services

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

Not all incidents which had occurred in the centre had been recorded in the incident record book.

9. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The Person in Charge has instructed staff to ensure that all incidents which occur in the centre are recorded on (1) the incident record sheets, (2) the risk register if further action is required and (3) the Individual Risk Profile.

Proposed Timescale: 02/10/2015

Theme: Effective Services

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

There were inadequate fire safety management systems in place to ensure that all residents would be evacuated safely from the centre.

10. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

There is an L1 Fire alarm system which includes emergency lighting installed which will alert residents and staff in the event of a fire.

The Fire alarm system, emergency lighting and fire-fighting equipment and fire exits are inspected and tested on a regular basis.

Fire drills have taken place and all the residents evacuated safely and in a timely manner without assistance.

The Fire Warden has provided the residents with site specific fire training. Additional staff have been rostered in the Centre to ensure both houses have staff rostered in the evening and sleep over cover. One staff is rostered during the day and is based in the house where residents require support with their physical and personal care needs. In addition Individual Pendants for each resident and emergency response alert unit that is linked to a Monitoring Station, which is staffed 24/7 will be installed by 9th October.

The PEEPs have been reviewed, updated and submitted to the Authority. Staff have been reminded that any difficulties identified in fire evacuations must be notified to management immediately and entered into the local risk register for further action.

Proposed Timescale: 09/10/2015

Theme: Effective Services

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

As outlined in the report, inspectors were not assured that the arrangements for the evacuation of all residents from the centre were adequate.

11. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

There is an L1 Fire alarm system which includes emergency lighting installed which will alert residents and staff in the event of a fire.

Risk assessments have been carried out for each resident while in the centre without staff present and for the resident who smokes.

All residents have received local on-site fire training.

Fire drills have taken place on September 4th, 10th and 25th in the Centre. Individual skills assessments have been carried out to establish competency of residents to contact the Emergency Services if required.

Control measures identified in these assessments have been implemented and review dates set for 3 months' time.

Additional staff have been rostered in the Centre to ensure both houses have staff rostered in the evening and sleep over cover. One staff is rostered during the day and is based in the house where residents require support with their physical and personal care needs. In addition Fall Detectors, Individual Pendants for each resident and emergency response alert unit that is linked to a Monitoring Station, which is staffed 24/7, will be installed by 9th October.

The PEEPs have been reviewed, updated and submitted to the Authority. Staff have been reminded that any difficulties identified in fire evacuations must be notified to management immediately and entered into the local risk register for further action.

Proposed Timescale: 09/10/2015

Theme: Effective Services

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

The inspectors were not assured that the residents were aware of the procedures to be followed in the event of a fire.

12. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Risk assessments have been carried out for each resident while in the centre without staff present and for the resident who smokes.

All residents have received local on-site fire training.

Fire drills have taken place on September 4th, 10th and 25th in the Centre.

The PEEPs have been reviewed, updated and submitted to the Authority.

Service users will be supported to ensure they wear the emergency pendant / alert system once installed.

Proposed Timescale: 09/10/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Several residents did not have an up to assessment of their nutritional needs using the BMI or MUST tools. Care plans to support residents with diabetes mellitus were not in place. Assessments of residents' other needs, such as activities of daily living, mobility or skin integrity where appropriate, were not in place.

13. 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:

An assessment of the residents' nutritional needs is in progress using MUST.

The Diabetic Care Plans are currently being reviewed and updated to include all interventions (dietary, exercise & medical monitoring).

A skin integrity care plan for one resident has been developed.

Staff who support the service users on a day to day basis continually monitor their healthcare needs. The Individual Risk Profile requires quarterly risk assessments of their care and support needs or more regularly if required. This Risk Profile forms part of their Personal Plan.

Proposed Timescale: 02/10/2015

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:

The medication fridge did not have a temperature gauge to record temperatures over 24 hour periods.

14. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

A temperature gauge has been supplied to the fridge.

Proposed Timescale: 02/10/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The address on the first page of the statement of purpose was not that of the centre and the age range and gender of the accommodated residents was not outlined.

15. Action Required:

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

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

The Statement of Purpose has been reviewed and updated to reflect the findings from this Inspection.

Proposed Timescale: 02/10/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no evidence whether or not the annual review of the quality and safety of care in the centre was prepared in consultation with the residents or their families.

16. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Feedback from residents and their representatives was sought as part of the Annual Review. Feedback was made directly to our Quality Department and was not on file in the centre at the time of the Inspection. The information is currently being incorporated into the final report of the Annual Review of the Centre.

Proposed Timescale: 02/10/2015

Theme: Leadership, Governance and Management

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

Unannounced visits of the centre at least every six months had not been conducted.

17. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Six monthly unannounced visits of the centre are scheduled by the Quality Department

Proposed Timescale: 30/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Inspectors were not satisfied that the staff rota was sufficient to ensure the safety of residents in the centre. There were no staff on duty between 10am and 6pm.

18. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, 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.

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

Additional staff have been rostered in the Centre to ensure both houses have staff rostered in the evening and sleep over cover in the morning in addition one staff is rostered during the day and is based in the house where residents require support with their physical and personal care needs. In addition Fall Detectors, Individual Pendants for each resident and Emergency Response Alert unit that is linked to a Monitoring Station, which is staffed 24/7, is being installed.

Proposed Timescale: 02/10/2015

Theme: Responsive Workforce

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

Staff were involved in food preparation for residents but did not training in food safety or food preparation.

19. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Staff training in food safety and food preparation is being organised.

Proposed Timescale: 30/10/2015

Theme: Responsive Workforce

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

A volunteer at the centre did not have an up to date Garda vetting in place and did not have their roles and responsibilities set out in writing.

20. Action Required:

Under Regulation 30 (c) you are required to: Ensure volunteers working in the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No. 47 of 2012).

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

The Volunteer was a recently retired staff member and this was a once off occurrence. The Service requirement for Garda Vetting and the issuing of a job description will be strictly adhered to for future volunteers.

Proposed Timescale: 02/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There were some gaps in compliance with Schedule 5 in the following areas:

- the policy for residents' personal property, personal finances and possessions was out of date (dated November 2006)
- there was no policy on the provision of information for residents.

21. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The policy for residents' personal property, personal finances and possessions was updated in September 2015.

The policy on the provision of information for residents will be developed by 30th October 2015.

Proposed Timescale: 30/10/2015