Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	The Elms
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	04 September 2018
Centre ID:	OSV-0004877
Fieldwork ID:	MON-0021564

About the designated centre

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

The Elms is a service that provides residential care for seven male adults over the age of 18 years of age, who have an intellectual disability. The service is run by Brothers of Charity Services, Ireland. The centre comprises of three premises, two of which are located in a town in Co. Clare and one which is located in a village in Co. Clare. Each premises provides residents with access to their own bedroom, shared bathrooms, sitting rooms, kitchen and dining areas, utility space and rear and front gardens. Staff are on duty both day and night to support the residents who live in this service.

The following information outlines some additional data on this centre.

Current registration end date:	17/01/2019
Number of residents on the date of inspection:	7

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
04 September 2018	09:00hrs to 15:30hrs	Anne Marie Byrne	Lead
04 September 2018	10:30hrs to 15:30hrs	Ivan Cormican	Support

Views of people who use the service

The inspectors met with six of the residents who live in this centre and five of these residents spoke directly with the inspectors. Some residents spoke to the inspectors about the care and support they received and told of how they were supported to access the community each day and were happy with the variety of activities available to them. One resident told the inspectors that he was self-employed and enjoyed being able to interact with other members of his local community.

Throughout the inspection, residents were observed to interact well with staff, accessed all areas of their home as they wished and staff demonstrated their ability to understand the wishes of residents with assessed communication needs.

Prior to this inspection, residents and their families were supported to complete questionnaires where they expressed their satisfaction with all areas of this service, including, living environment, meals and mealtimes, staff support, promotion of their rights, social activities and visiting arrangements.

Capacity and capability

Since the last inspection, the provider had made improvements to the governance and management, staffing and complaints management arrangements for this centre.

The person in charge was responsible for managing this centre and he held a full-time role and had the opportunity to visit this centre regularly each week. He was found to have good knowledge of residents' needs and of his regulatory responsibilities. He was supported by persons participating in management in the running of this centre and he met regularly with staff to discuss the care and welfare of residents. The centre's incident reporting system was overseen by the person in charge, who ensured that all incidents were reported to the Chief Inspector in line with the regulations.

Staffing arrangements ensured that residents were supported by staff to participate in activities of their choice and staff who met with inspectors spoke confidently of how they support residents each day. Training arrangements ensured staff received up-to-date mandatory training and received refresher training, as required. Since the last inspection, improved supervision arrangements had been put in place, to ensure volunteers receive supervision and support and that their roles

and responsibilities were set out in writing.

The centre was resourced to ensure the effective delivery of care and support to residents in accordance with the statement of purpose. Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently monitored. Since the last inspection, arrangements had been put in place to ensure the annual review and six-monthly provider-led visits were occurring, in line with the requirements of the regulations. Where areas of improvements were identified, time-bound plans were put in place to address these.

The current governance and managements arrangements supported the person in charge to effectively manage this centre and to have clear oversight of key areas such as quality improvement and risk management. Regular staff meetings were occurring; ensuring staff had an opportunity to bring concerns relating to the care and welfare of residents to the attention of senior management.

The provider had improved the centre's complaints procedure since the last inspection, which now identified those with responsibility for responding to complaints. The complaints procedure was prominently displayed in the centre and residents had access to an easy-to-read version of this procedure. No complaints were being actively managed at the time of this inspection.

The provider had a statement of purpose which was regularly reviewed and outlined all information as set out in Schedule 1 of the regulations.

Regulation 14: Persons in charge

The person in charge held a full-time role in the organisation and had the capacity to visit this centre regularly each week to meet with residents and staff. The person in charge was found to meet the criteria as required by regulation 14.

Judgment: Compliant

Regulation 15: Staffing

The provider had adequate staffing levels in place to meet the needs of the residents who lived in this centre. Rosters were found to be well-maintained and clearly outlined staff names and their start and finish times worked in the centre. A sample of staff files were reviewed and these contained all information as required by Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received mandatory training and a system was in place for staff to receive refresher training in these areas. Staff were appropriately supervised to their role.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a system in place to ensure the service delivered to residents was appropriately monitored and reviewed. The centre was resourced to meet the needs of residents who lived there. The annual review and six-monthly provider-led visits were occurring in line with the requirements of the regulations.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A sample of residents' written agreements were reviewed and these were found to provide details of the services to be provided for that resident and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was found to contain all information as set out in Schedule 1 of the regulations and was reviewed on a regular basis.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge had ensured that volunteers had their roles and responsibilities set out in writing, received supervision and support and had vetting disclosures in

place.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had a system in place to ensure incidents were recorded and responded to, as required. Inspectors found the person in charge had reported incidents to the Chief Inspector in line with the requirements of regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure in place for residents which was in an accessible format and included an appeals procedure.

Judgment: Compliant

Quality and safety

Since the last inspection, the provider had made improvements to the social care, healthcare and medication management arrangements in this centre.

Residents living in this centre were supported by staff to participate in activities of interest to them. Some residents who spoke directly with the inspectors said that they took part in special Olympic games, enjoyed gardening, attended a nearby men's shed, went shopping, dined out as they wished, attended sports games and enjoyed socialising in their local areas. Residents were supported to have regular overnight stays and holidays with their families. Some residents who spoke with the inspectors told of how they were self-employed, while other residents were observed to avail of day services on the day of inspection. Where residents expressed an interest in education courses, a system was in place for staff to support residents to explore training courses of interest to them.

Assessments and personal plans were regularly reviewed and personal goals were developed and planned for with residents and their families. Where residents had assessed communication and healthcare needs, plans were in place to guide staff on how to support these residents. Staff also spoke confidently with the

inspectors about how they were required to care for these residents each day.

There were three houses in this centre and each house was found to provide residents with a clean and comfortable environment to live in. Residents had access to their own bedroom, shared bathrooms, dining and kitchen areas and sitting rooms. Residents also had access to front and back garden areas. Residents were involved in the design and lay out of their homes, with two residents speaking to the inspectors about how they were facilitated to have a covered area in their back garden to grow their own vegetables. Each house was found to be in a good state of repair and staff had a system available to them to report any maintenance works required.

The provider had a risk management system in place to identify, assess and respond to risks in this centre. Some residents were taking part in positive risk-taking and the provider had put measures in place to keep these residents safe. Areas of good practice were also observed in the safeguarding of residents who chose to smoke. A risk register was maintained and reviewed regularly by the person in charge and on the day of inspection. Inspectors observed some organisational risks to be rated as high. However, there was no evidence available to suggest that these high-rated risks were being responded to by the provider.

Fire safety precautions were in place, including, regular fire safety checks, internal and external emergency lighting, maintained fire detection systems and fire exits were maintained clear from obstruction. Fire drills were regularly occurring with residents, which demonstrated that residents could be safely evacuated from the centre. Since the last inspection, the provider had improved the centre's fire containment measures, ensuring that fire could be effectively contained in the event of a fire in the centre. Some improvements were required to the displayed fire procedures in this centre and subsequent to the inspection, the person in charge provided written assurances to the inspectors that this had been rectified.

Regulation 10: Communication

Where residents had assessed communication needs, these residents were supported by staff to express their wishes. Plans were in place to guide staff on how to communicate with these residents and inspectors observed staff to interact well with these residents.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had provided each residents with appropriate care and support, having regard to the nature and extent of the resident's assessed needs and wishes.

Residents had opportunities for occupation and recreation and to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

There were three houses in this centre and each house was found to be clean, spacious and laid out to meet the needs of the residents living there. Each house was found to be in a good state of repair and staff had a system available to them to report any maintenance works required.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place to identify and assess risk in this centre. However, some improvements were required to ensure the provider had responded to high-rated risks as identified in the centre's risk register.

Although risk assessments were found to clearly identify the control measures in place to mitigate against risks in this centre, there was no clear fire risk assessment for the centre in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, regular fire drills, regular fire checks and maintenance and up-to-date staff training in fire safety. Systems were in place to detect and contain fire and fire drill records demonstrated that residents could be safely evacuated from the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had safe medication management practices in place in this centre.

Although no residents were taking responsibility for their own medicines, an assessment had been completed with all residents to assess their capacity to self-administer their own medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments and personal plans were found to be comprehensive, reviewed on a regular basis and were available to residents to access if they wished. Since the last inspection, improvements had been made to the end of life plans in place for residents, with residents' wishes now clearly documented.

Judgment: Compliant

Regulation 6: Health care

Where residents presented with assessed healthcare needs, plans were in place to guide staff on how to support these residents. Residents also had access to a variety of allied healthcare professionals, as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had systems in place to support residents with behaviour that challenges. Behaviour support plans clearly guided staff on how they were required to support these residents. All staff had received up-to-date training in behaviour support. The provider had ensured that where restrictive practices were in place, these were applied in line with the organisations' restrictive practice policy.

Judgment: Compliant

Regulation 8: Protection

The provider had a system in place to detect and respond to safeguarding concerns. Staff knew their roles and responsibilities in the reporting of safeguarding

concerns and all staff had received up-to-date training in safeguarding.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Elms OSV-0004877

Inspection ID: MON-0021564

Date of inspection: 04/09/2018

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
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

- The PIC shall liaise with the team to compile a further review of all risk assessment residual scoring and where the necessary control measures are currently in place, and the risk is being managed effectively a further review of scoring will take place.
- If a risk presents within the high scoring range the escalation process will be followed as outlined below.
- Where a risk's control measures have been evaluated and reviewed and further additional control measures implemented and the residual risk scoring is found to be within the high risk scoring bracket (High risks are scored between 15 and 25 and are coloured red on the Brothers of Charity Services Ireland – Clare Region risk matrix) – escalation to Regional management will be implemented as per Brothers of Charity Services Ireland – Clare Region Risk Management Procedure.
- If the escalation process is to be addressed, the PIC shall ensure that the name of the relevant manager to whom the risk is being escalated is identified on the risk assessment form and is escalated within 24 hours and a copy of the risk assessment form be provided also. The next level manager will review the risk and associated action plan and determine if they will accept the risk. On accepting the risk, the next level manager will either sign the risk assessment or confirm by email. If the risk is accepted on escalation the following may take place:
- Modify or add additional controls
- If the additional controls are beyond the scope of this manager, escalate the risk to the next level of management.
- All risks accepted must be place on the risk register for that manager.

- Risks escalated to and accepted by the service leader will become part of the organizational risk register.
- If a risk is not accepted on escalation, documentation to be transferred back to the PIC with feedback and clear guidance as appropriate. This could include a request for further information, amendments to the action plan and progress update.
- Where the next level manager is on leave, unavailable or does not respond as per procedure to the escalated risk, it is the responsibility of the PIC to notify the person who is covering, or in the absence of the same, the next level manager on duty.
- Escalated risks will remain on the local risk register and it is the responsibility of the PIC to liaise with the next level manager in order to complete the risk assessment monitoring/action review log on a quarterly basis or more frequently if indicated by the relevant next level of management.

The registered provider shall ensure that effective fire safety management systems are in place. The registered provider shall make adequate arrangements for reviewing fire precautions and evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.

- The PIC shall liaise with the team to complete a fire risk assessment for the centre and implement it immediately; this will be reviewed on a quarterly basis as per Brothers of Charity Services Ireland – Clare Region Risk Management Procedure.
- PIC and PPIM have conducted a fire drill for the centre on 06.09.2018.
- Both PIC and PPIM reviewed CEEP (central emergency evacuation plan) on 05.09.2018 and updated all three designated centres to clearly guide how staff are to respond to fire in the different centres and to include evacuation of residents in the upstairs accommodation.

15 October 18

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
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15 October 18