

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0005098
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Noelene Dowling
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	2

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:
16 February 2016 09:30	16 February 2016 19:30
17 February 2016 09:00	17 February 2016 14:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of this centre which forms part of an organisation which has a number of designated centres in the region and others nationwide. This centre is designed to provide care for adult residents of mild intellectual and physical disability. The service is defined as a low support, semi independent service which can accommodate nine residents in total. All documentation required for the purpose of registration was available and in order.

The inspection was announced and took place over two days. All 18 of the outcomes required demonstrating compliance with the legislation and regulations were inspected against. As part of the inspection the inspector met with residents and staff members and staff of the social work department.

The inspector observed practices and reviewed documentation including personal plans, medical records, accident and incident reports, policies, procedures and staff files. The authority received a number of completed questionnaires from relatives and some residents and the commentary in these were very positive in regard to the support available to them, the value they placed on their independence and how they were supported by staff in maintaining this independence and making decisions.

In support of their staff the residents said that they felt the staff had too much paperwork to do and this took away from the time available to spend with them. This inspection found that the provider was in substantial compliance with the regulations with some improvements required. There were effective and suitable governance arrangements in place.

There was evidence of good practice found in recruitment procedures and complaint management. Good practice in health care and access to allied health care service including mental health services was evident. There was effective and timely multidisciplinary involvement evident. Risk management strategies were balanced and proactive.

The premises consists of six apartments with three suitable to accommodate two residents and three accommodating one resident. There were seven residents living in the centre at the time of the inspection.

Residents and their representatives via questionnaires told the inspector that they had significant involvement in the development of personal plans as they wished themselves. They told of meaningful day time activities, work and recreation of their own choosing.

Some improvements were required in the following areas;

- personal planning which incorporates the assessed needs of the residents and systems for monitoring their implementation
- the provision of fire doors in the apartment
- more robust safeguarding procedures and a cohesive approach to the management of some behaviours.
- a review of the availability and deployment of staff.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that there was a commitment to promoting residents rights to self-determination while also protecting them within this ethos. Residents meetings were held and the records showed that these informed practice and ensured residents were consulted and informed of any changes in the centre. There was evidence that residents directed their own routines in relation to work, day services, and activities in accordance with the supported care model. Individually residents could communicate their own preferences and make decisions supported by the staff.

There was evidence that the residents' needs and expressed wishes informed changes to practice. The manner in which residents were addressed by staff was seen by the inspector to be respectful. They were seen to respect the resident's privacy. Each apartment was personalised with photos and mementoes, books, music systems, televisions and other equipment chosen and purchased by the residents themselves. All residents had their own keys to the apartments and understood that staff had keys in the event of emergencies.

There was evidence of negotiation with the residents in regard to the supports they required and this included support with finances, medication, housekeeping and decision making.

The inspector found from speaking with residents that they were well informed as to their health and medication and could decline medical or other interventions if they wished. Staff ensured that they were well informed in order to make such decisions. A number of residents were self medicating and an objective assessment had been

undertaken in regard to this. Some residents choose not to do so themselves. Resident's religious and spiritual needs were facilitated and a number of the residents attended mass in the local churches or were involved in other religious groups.

A review of a sample of the records pertaining to resident's finances showed that they all had their own bank accounts. Where additional support or some monitoring of the residents' finances was deemed necessary the inspector found that this was undertaken following negotiation and agreement with the residents. There were additional signatures, transparent records and overview of all such transactions evident.

The inspector was informed that no residents were subject to legal, financial or personal protection orders at this time. The inspector reviewed the complaint policy which contained all of the requirements of the regulations. A review of the complaint log indicated that the person in charge had responded appropriately to complaints and sought the views of the complainant on the outcome of any issues. The policy was available in pictorial and easy read format. In some instances where the issues pertained to other residents, negotiated resolutions were facilitated between the residents. The residents told the inspector who the complaints officer was. Relatives who forwarded questionnaires to the Authority stated that they knew how to make a complaint and were confident that it would be addressed.

There were a number of matters agreed as rights restrictions including the limiting of residents' access to personal monies. In the inspectors view this action was appropriate for the safety of the resident and the resident had agreed this procedure. The resident explained this process and the reasons for it to the inspector. The inspector noted however that in one instance a resident had stated on a number of occasions that they would prefer to live alone rather than in a shared apartment. It had been agreed at the resident annual review that this would be explored but within a twelve month period it had not been resolved. While the staff were able to outline the reasons for this to the inspector, there was no evidence that the issue had been further negotiated or reviewed. Residents had been offered the chance to meet the local national advocate and in the inspector's view this would be helpful in resolving the issue of the accommodation.

Judgment:

Non Compliant - Moderate

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 inspector observed details in personal plans outlining resident's communication needs and the residents could clearly articulate their views to staff.

The personal plans were not synthesised but other documents were synthesised in a suitable pictorial format for the residents, for example the complaint policy and guide were in this format. Residents had mobile phones and could access internet if they wished.

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:

The inspector saw evidence from records reviewed, speaking with residents and information received from family members that familial and other significant relationships were supported and the residents' wishes in relation to this were respected. There was evidence of regular communication with families by the staff and or social work service.

Supervision of contact was undertaken where necessary and again at the request /agreement with the resident. There was ample room in the apartments for visits to take in private. Families attended the annual reviews and any other meetings held where this was the wish of the residents. Residents could if they wished have friends to visit in the centre. They were an integral part of the community and used local shops, banks, restaurants, public transport and other facilities.

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:

There was a policy on admissions which outlined the assessment and decision making process and took account of how the admission procedure would ensure that residents were protected from abuse and their needs could be met within the service. An admission was being considered at the time of the inspection. From a review of the documents sourced and the process involved, the inspector was satisfied that a rigorous assessment process was used to inform the decision. There was an agreed transition plan. By virtue of assessments and the support levels required care practices were congruent with the statement of purpose and suitable to the residents' needs.

There was detailed information on health, medication and communication needs available in the event of transfer to acute care.

There were two documents used for contractual purposes, a "service undertaking" and a tenancy agreement. Rents and other costs relating to the premises were defined in the agreement. These were signed by the residents themselves. Local arrangements as to monies for spending on food or other sundries were in place although these were not clearly defined for the residents.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

The personal plans reviewed demonstrated that there was a significant level of consultation and participation by residents and their representatives in their aspirations and life planning. Residents with whom the inspectors spoke confirmed this. There was very good access to multidisciplinary services including occupational therapy, psychiatric and psychology services and medical services.

The plans were very person-centred and demonstrated a good understanding of the residents across a range of domains including health, social inclusion, work, recreation and personal supports.

They did not however sufficiently reflect the assessed needs of the residents. For example, there was no specific plan for a resident in relation to managing anxiety or having individual time with staff, both detailed in psychology records as being vital to overall well-being and positive outcomes. Goals were not always clearly defined in the plans and one resident had no goals identified.

The planning document which consists of 23 separate domains is primarily used by staff with the resident and does not lend itself to the inclusion of the assessment outcomes. The inspector was informed that there was an alternative documentary system being developed which it was hoped would address this issue. Some of the documentary issues may also be connected to the availability of staff which is outlined under outcome 17 Workforce.

There was evidence of regular internal multidisciplinary meetings taking place which representatives were invited to attend. However, the reviews for three residents had not been held annually as required.

Some of these findings are reflective of the type of documentation used as it was not cohesive despite the large volume and did not lend itself to guidance for staff, or as working tools for practice. This in turn created a disparity and risk of inaction where an intervention was dictated. For example, a resident was to receive a specific intervention and this did not occur for 10 months as it was not detailed in any of the planning documentation.

The residents social care needs were very well supported with a lot of meaningful activities of their own choosing taking place. They told the inspector of participating in yoga, taking part in local voluntary groups, going to dinner dances, the cinema, shopping, meeting family and friends.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centre is a small complex of six single story one and two bedded apartments. Each is fully self-contained and has a spacious combined sitting, kitchen and dining area. All bedrooms were spacious and all have a large assisted shower room and storage room. All were comfortably and suitably furnished with patio door access to the garden outside. Cooking and laundry equipment was supplied and domestic in style. They were well heated and very comfortable.

The residents were proud of their homes and told the inspector they enjoyed living there. Doorways and bathrooms were accessible in the event that a resident's mobility changed in the future if a resident was admitted who required such access.

The location was in close proximity to transport, shops and the local community.

A small staff office was located in one of the two bedroom houses and staff explained to the inspector that they do not allow this to interfere with the residents living there and in the main keep to this office.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

Systems for identifying and responding to risk were found to be proportionate and balanced between the rights of the residents to make choices and the need to protect them.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly. The risk management policy was current and complied with the regulations including the process for learning from and review of untoward events. The inspector found that the policy was implemented in practice.

There were policies in place including a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Each resident had made their preference known in the event of having to leave the centre for a period of time. Emergency phone numbers were readily available to the residents and staff. There were regular health and safety audits undertaken.

The policy on infection control and the disposal of sharps was detailed. This was not an issue for the residents in this centre. Each resident had a suitably equipped first aid kit.

The risk register was centre specific and updated as risks were identified. Risks identified were pertinent and included environmental issues such as residents smoking or electrical equipment and there were controls in place to mitigate against these. The risk of residents being alone at night was also identified. Systems were in place to manage this. These included the installation of an intruder alarm system in each of the apartments which along with the integrated fire alarm was monitored by a security company. The monitoring centre would respond to any alarm and call the appropriate service. They also did three nightly inspections of the outside of the premises. A staff member in another designated centre was assigned to respond to any alarms at night. Residents reported some incidents of local persons banging on the doors at night but also said they had a quick response to the calls made in relation to this.

Each resident had a comprehensive individual risk assessment and management plans implemented for risks identified as pertinent to them. In most instances the detail and control measures were satisfactory. However, some improvements were required as in one instance the control strategies were not consistently robust. This is further referenced and actioned under Outcome 8 Safeguarding and Safety. Incidents were also reviewed thoroughly as they occurred. There was evidence of learning from accidents or incidents.

Fire safety management systems were found to be good overall with equipment including the fire alarm, extinguishers and emergency lighting installed and serviced quarterly and annually as required. The provider had made a significant investment in installing these systems. However, there were no fire doors installed in any areas of the apartments to contain the spread of fire. Daily checks on the alarms and the exits were undertaken by staff. All front and patio doors had thumb locks to allow easy exit. Personal evacuation plans had been compiled for each resident.

The inspector reviewed the fire safety register and saw that fire drills had been carried out quarterly and residents told the inspector about these and what they had to do. Fire training for all of the staff involved had been undertaken at two yearly intervals which is the providers policy.

Judgment:

Non Compliant - Moderate

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 inspector reviewed the policies and procedures for the prevention, detection and response to allegations of adult abuse and the protection of vulnerable adults. The policy was in the process of revision to ensure it correlated with the revised Health Service Executive (HSE) policy on the protection of vulnerable adults and the processes to be used in the event of any concerns.

The provider had a dedicated social work service. There was a suitably qualified and experienced person nominated as the designated person to oversee any allegations of this nature. Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse. The inspector was informed that no such allegations were currently being investigated in the centre.

From a review of an incident notified to the Authority, the inspector was satisfied that the provider took appropriate action in safeguarding the resident and reviewing the incident in a timely manner. Such incidents are reviewed in conjunction with the social work and multidisciplinary team in a sensitive manner.

Information received from a relatives also stated that they had confidence in their relative being safe and that the manager would deal with any issues. Staff were able to articulate their understanding and responsibilities in relation to this. They also expressed confidence in the management team to respond promptly to any incidents. A resident explained to the inspector how they had experienced some difficulties in the local area and the staff had arrived to the rescue within minutes which made them feel very safe.

A significant challenge to this service was to keep residents safe while supporting their right to independence. To this end the provider had recognised safe guarding prevention and management systems in place.

These included helping the residents to recognise unsafe situations and take precautions to keep themselves safe including, always knowing which bus to take, having money and charged mobile phones and how to contact their significant adults. They had access to education and ongoing support in making relationships, personal safety and appropriate social interactions. There was a significant level of multidisciplinary involvement.

There was regular access to managers for oversight of their care and safety and good recruitment procedures.

However, while each resident had an individual safeguarding plan these were generic in some instances and did not reflect the specific pertinent areas of vulnerability or increased risk. The concerns, including previous serious at risk behaviours and potentially abusive incidents were clearly identified in the risk assessment. However, the inspector found that there was a lack of clarity as to the exact nature of some of the incidents, and how they had been managed and were now being managed of if they had continued.

The inspector also found that specific strategies to manage these significant risks were not clearly defined in the management plans. As outlined to the inspector they included subtle/additional staff supervision while in day care, diversionary strategies in the evening times and some management of the resident's monies. However, staff were unable to say what they would do in the event for instance, of an at risk resident not returning before staff had left for the evening, or the need to respond promptly should a resident be absent or in a known vulnerable situation outside of the centre.

The inspector was informed that no resident had behaviour support plans as there were no behaviours that challenge presented. There was a policy in place based on national guidelines. There was very regular access to psychology and therapeutic interventions. A three monthly or more frequent review of resident's mental health and psychotropic medication took place, attended by the resident and or relatives. Individual psychological support was available.

However, given some of the incidents recorded and other records seen by the inspector in this instance behaviour and safeguarding were closely interwoven. Some of the records seen by the inspector and the issues documented indicated that there were behaviours which required recognition as being challenging as they placed the resident at risk.

The inspector found that improvements were required in a cohesive and direct approach to the implementation of safeguarding plans and the behaviours presented in order to best equip the staff in supporting the residents.

No restrictive practices were used in the centre.

Judgment:
Non Compliant - Moderate

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:

A review of the accident and incident logs, resident's records and notifications forwarded to the Authority, demonstrated that the person in charge was in compliance with requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally.

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 inspector was satisfied that residents were supported and encouraged to develop meaningful day-to-day activities, skills and achieve long term aspirations according to their wishes and capacity. They told the inspector that they did computer skills, life skills such as road safety and money management, self care and cookery.

A number of residents did volunteer work, some worked in local shops and some worked in the horticulture section of the organisation. Training had been encouraged and one resident told the inspector of her achievement in development and independence, literacy and numeracy. Another resident worked in the offices of the organisation providing support for the reception staff and maintaining the library.

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:

The inspector found evidence that resident's healthcare needs were very well supported. A local general practitioner (GP) service or their own GP was responsible for the healthcare of residents and records and interviews indicated that there was frequent and prompt and timely access to this service.

The residents had a good understanding of their own health care needs and told the inspector of these. There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents' needs. These included occupational therapy, physiotherapy, psychiatric and psychological services most of which were available internally. Chiropody, dentistry and ophthalmic reviews were also attended regularly.

Healthcare related treatments and interventions were detailed and staff were aware of these. The inspector saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine health issues and specific issues such as diabetes. The documentation indicated that all aspects of the resident's healthcare and complexity of need was monitored and reviewed.

Nutrition and weights were monitored and they were encouraged with healthy eating plans and support from staff. They prepared their meals in the apartments with some assistance from staff if necessary. They also told the inspector of how they could order a nutritious meal from a local establishment very reasonably if they did not want to cook. There was documentary evidence of advice from dieticians where necessary.

Inspectors were informed that if a resident was admitted to acute services staff were made available to remain with them and this had occurred where a resident underwent a procedure.

There was a policy on end of life care which indicated that additional skill mix would be provided in order to ensure that if the residents wish was to remain in the service this would be facilitated. This was not a current issue.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

The policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were satisfactory if required. There were appropriate documented procedures for the handling, disposal of and return of medication.

Medication was dispensed in blister packs which helped the residents who self administered. There were systems for identifying the medication which a resident showed to the inspector. Staff did keep a watching brief on the medication to ensure the residents were taking it.

The inspector saw evidence that medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. Potential risks or side effects were carefully monitored and were known by staff.

Medication was safely stored and there were systems for checking in and receipt of medication. Regular audits of medication administration and usage were undertaken.

The inspector found that the system for self storage was not entirely satisfactory and could lead to another person inadvertently accessing this. The person in charge agreed to discuss a suitable alternative to this with the residents.

Judgment:

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 statement of purpose had been forwarded to the Authority as part of the application for registration. It was found to be compliant with the regulations. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with mild intellectual and physical disabilities and low support needs.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the governance arrangements were effective to ensure the safe delivery of care. There were clear governance and reporting structures in place. Staff and the residents were very familiar with the management structure.

The provider nominee was the chief executive of the organisation and was the director of services for the region. There were suitable systems in place to govern and promote accountability. Significant work had been undertaken to ensure compliance with the regulations and the registration process.

The local management team included the regional services manager, human resources, social work and psychology department, training and quality manager. The provider nominee had commissioned two unannounced visits to the centre to review specific issues and meet residents and staff.

Issues identified included any staff training deficits, updating of resident's assessments and any issues with the premises. They also included the views of the residents. All issues were found to have been actioned with evidence of learning and review also available from incident reporting and management systems. Aside from these visits the inspector was informed and residents confirmed that there was regular management

presence in the centre.

The residential team leader who is responsible for the day to day operational aspect of this centre explained how she worked outside of office hours to ensure that she had an opportunity to call to the centre, meet the residents and overview practice.

There was a detailed annual report of the quality and safety of care undertaken. This was based on core outcomes including medication, health and safety, residents assessments, personal plans. It was also informed by accident and incidents, complaints and as seen it provided a good analysis of the service. They were in the process of having this report compiled in a format which was accessible to the residents.

The inspector was satisfied that these systems provided an overview of the delivery of care and were an ongoing developmental process.

The person appointed to the position of person in charge of this centre had relevant qualifications and extensive experience as service manager and then as person in charge since 2013. He had continued professional development in health management and had also undergone all mandatory training.

As part of the registration process he demonstrated his knowledge of the regulatory responsibilities and could be seen to be fully involved in overseeing the delivery of care. He was very knowledgeable on the residents needs and proactive in planning to meet these. There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive. It was apparent to the inspector that residents were very familiar with the person in charge and the team leader.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider had made suitable arrangements for periods of absence of the person in charge.

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:

Sufficient resources for fundamental issues such as the premises, equipment maintenance upkeep and staffing were available and utilised for the residents benefit to ensure the delivery of the care required by the residents.

Judgment:

Compliant

Outcome 17: Workforce*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.***Theme:**

Responsive Workforce

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

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

Findings:

There was a centre-specific policy on recruitment and selection of staff. There was a detailed induction programme and a staff supervision/ appraisal system implemented by the person in charge and the residential team leader. Staff confirmed that this occurred and that they were supported and supervised to carry out their work effectively. From a review of the documentation in relation to this the inspector found that it focused on resident care, practice development for staff and improvements. Staff also confirmed that the team leader and the person in charge were easily available to staff outside of this formal process for support and guidance.

There was an actual and planned roster available. In accordance with the low support needs of the residents, one staff was available in the afternoons from 17:00hrs to 22:00hrs and at weekends in the afternoons and evenings. There were no overnight staff available but contact arrangements were clearly defined in the event of any emergency. The residents were familiar with these and explained how they had worked on the occasions they were used.

A total of four staff were assigned to the centre but there were two primary staff who were consistently available to the residents.

A review of the residents' personal plans, discussion with staff and the residents, indicated that a review of the deployment of staff was required. Issues identified were some residents requiring more individual supports, a high level of administration work and the lack of availability of sleep over staff at night. Some of the findings in outcome 5 Social Care may also be accounted for as staff do not have sufficient time to undertake planning, review and maintain the documentation.

The person in charge and the regional manager agreed to review this. The later issue may be resolved as a proposed admission would require sleep over staff due to a medical condition.

The service is a social care model and residents' assessments indicated that they did not require fulltime nursing care. If nursing support or advice was required this was available within the local region and would be accessed via the community services. Examination of a sample of personnel files showed good practice in recruitment procedures for staff with all the required documentation sourced and verified prior to taking up appointments. No volunteers were used in the centre.

Examination of the training matrix demonstrated a commitment to ensuring staff had the competencies to carry out their duties. All mandatory training was up-to-date for the staff including fire training, manual handling, the protection of vulnerable adults and medication management, MAPA (a system for the prevention and management of behaviour that is challenging). The training records also indicated that staff had appropriate social care training to degree level.

As detailed under Outcome 8 Safe Guarding and Safety some consideration should be given to the provision of training for staff in supporting residents with mental health issues and the provider agreed to review this.

There were weekly team and or multidisciplinary meetings and the records examined showed that the communication systems were effective to ensure consistency of care for the residents.

Staff were observed to be competent, knowledgeable of the residents' needs and personal plans, respectful, fully engaged with and supportive of the residents at all times during the process. Residents stated to the inspector that they were comfortable with and well supported by their staff.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector found that the records required by regulation in relation to residents, including medical records, assessment and personal plans were not easily retrievable and complete.

All of the required policies were in place. Documents such as the residents guide and directory of residents were available. The inspector saw that insurance was current. Reports of other statutory bodies were also available.

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0005098
Date of Inspection:	16 February 2016
Date of response:	29 March 2016

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:

Adequate review and access to external support for residents to resolve on-going issues regarding the accommodation was not demonstrated.

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 09 (2) (a) you are required to: 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

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

Additional resources will be available to the Designated Centre following to admission of another resident.

Proposed Timescale: 20/04/2016

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:

Residents personal plans were not reviewed annually as required.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All individual plans will be reviewed as soon as possible.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

The reviews of the personal plans held were not consistently multidisciplinary or informed by the multidisciplinary assessments.

3. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

A multidisciplinary team review of all Plans will be effected.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

Personal plans were not consistently comprehensive: One had no goals for achievement identified and another did not detail the support needed for specific needs.

4. Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- A review of all assessments and personal plans to identify gaps will be undertaken
- Amended personal plans will be completed with action plans.

Proposed Timescale: 30/06/2016

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 necessity for fire doors in the apartment had not been assessed.

5. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- An assessment of fire precautions will be addressed in conjunction with the publication of Fire Regulations for Designated Centres for people with Disabilities.
- An assessment of the doors at the centre will be carried out to ensure they are compliant with Fire Regulations.

Proposed Timescale: 31/07/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Behaviours which were evident were not consistently recognised as requiring planned interventions to support the residents.

6. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

- Staff training in recognising and managing challenging Behaviours will be undertaken.
- Up to date Behaviour Support Plans will be put in place to ensure the safety of residents.

Proposed Timescale: 31/07/2016**Theme:** Safe Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Safeguarding plans were not sufficiently developed or robust to take account of the risks identified and to manage them.

7. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- A robust safeguarding plan will be developed and implemented for all residents.
- With the increased staffing at the centre, this will support the implementation of robust safeguarding systems to ensure the safety of individuals.

Proposed Timescale: 20/04/2016**Theme:** Safe Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Records of some incidents did not demonstrate clarity of actions or outcomes or cessation.

8. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

- A review of Residents Risk Assessments will be carried out
- For those Residents assessed to be more at Risk, they will have a more robust Safeguarding plan designed and implemented for them.
- Staff training and understanding of these plans will be carried out

Proposed Timescale: 30/04/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The deployment and working hours of staff require a review to ensure staff have sufficient to spend with residents, to undertake administration tasks and to be available to residents in emergency.

9. 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:

- A review of how staff supports are used will be undertaken.
- Re-evaluation of how supports are implemented will be undertaken
- Additional Staff to support this Service as a whole is hoped to address the above.

Proposed Timescale: 01/05/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Records required by regulation in relation to residents, including medical records, assessment and personal plans were not easily retrievable and complete.

10. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

- A rationalising of the information contained in the files will be undertaken
- All staff to be familiar with the contents of files and how to make information easily retrievable.

Proposed Timescale: 01/06/2016