

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	No.3 Bilberry
Centre ID:	OSV-0005148
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:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 February 2017 08:30 To: 27 February 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was the second inspection of this centre carried out by HIQA and was carried out in response to an application by the provider to the Health Information and Quality Authority (HIQA) to register the centre. The first inspection took place on 5 and 6 April 2016 and at the time, the centre was unoccupied.

Since the first inspection, the centre had been occupied.

How we gather our evidence:

As part of the inspection, the inspector reviewed the premises and met with the person in charge and members of the staff team involved in the transition period. The inspector reviewed care and support plans for the three residents who were due to move into this centre, where they related to the transition process. With respect to other areas such as safety, care and support, the arrangements or systems in place that would be implemented once the centre was occupied these were assessed during the inspection.

Description of the service:

The centre comprised a two-storey detached house on a large private site, in a scenic rural area several kilometers from a village. There was a large garden to the front and a patio and garden to the rear, these provided pleasant bright spaces for residents to enjoy.

Residents had been involved in personalising and decorating their rooms and the house was bright, spacious and well-maintained.

Overall findings:

The inspector met with the three residents living in this centre, who indicated that they liked where they lived. While residents had communication needs, they appeared content and were supported to communicate their emotions and choices by staff.

The inspector observed that residents were supported to be independent in carrying out day to day tasks and skills.

The inspector spoke with staff and found that they knew residents' and their care and support needs, wishes and abilities well. The person in charge was suitably qualified and experienced to fulfill that role and a social care leader had been recruited since the previous inspection.

The inspector reviewed the transition process and found that residents had been supported to transition to this centre in a safe and planned manner supported by members of the multi-disciplinary team. Non-compliances identified at the previous inspection had been progressed, with actions relating to the health and safety of the premises having been completed.

Three outcomes were identified to be at the level of moderate non-compliance. The arrangements in place for evacuating residents in the event of a fire required review and a risk assessment had not been completed for all risks. Also, the availability of transport to support residents to participate in the community in accordance with their wishes and preferences was raised as an issue on the day of the inspection. Finally, it was not demonstrated how the appointment of the person in charge as person in charge of six centres ensured the effective governance, operational management and administration of the designated centres concerned - however, the provider's response did not clearly address this failing which has been identified over two successive inspections.

Findings are detailed in the body of the report and should be read in conjunction with the actions outlined in the action plan at the end of the report.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, arrangements were in place in relation to the management of complaints, residents' dignity and consultation. Further improvement was required to ensure that the organisation's processes in relation to protecting residents' rights were followed.

At the previous inspection it was not demonstrated that residents' right to choose who they wished to live with and where had been facilitated. At this inspection, the inspector found that the living arrangements in the centre had been planned in such a way as to mitigate against the risk of challenging behaviour and to ensure that residents would be happy in their new home. For example, the centre comprised sufficient private and communal space to allow residents to be alone or to relax or spend quiet time.

At this inspection, a listening device was in use at night in the centre. While a rationale was provided for its use and the resident was aware of the device and how it was used, its use had not been reviewed and approved by the organisation's rights committee. Other relevant issues had been identified and reviewed by the same committee.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

As residents had transitioned to this centre since the previous inspection, the process for managing such moves was inspected. Overall, the arrangements in place were demonstrated to be effective.

There was an organisational policy and procedures in place for admissions, transfers and discharges in the service. The Statement of Purpose outlined the criteria for admissions to the centre. An admissions and discharges committee was in place to oversee the process.

A transition plan had been developed to support three residents moving from another centre to this centre. The plan outlined specific actions, timeframes and persons responsible for those actions.

The transition plan outlined that individual assessments of need for each resident were completed by the person in charge and key worker, which in turn informed personal plans. Key supports were identified and put in place for each resident. Members of the multi-disciplinary team supported the transition process. A multi-disciplinary transition review meeting took place within 28 days of the move to this centre.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector reviewed the personal plans for the three residents who now lived in this centre. Overall, arrangements were in place to assess residents' key support requirements and develop and review personal plans.

Personal plans contained information about residents' likes and dislikes, weekly routine, people important in their lives. Assessments had been completed to identify any supports residents required in relation to their health, intimate and personal care, leisure activities, participation in the community, daily household tasks, money skills and in relation to any individual rights. Information was in an accessible format. Plans had been updated since residents' move to this centre and considered this new living arrangement, compatibility and how to support optimum health and community participation outcomes.

However, inconsistencies were found in personal plans. For one plan, it was clearly demonstrated that the personal plan reflected a resident's assessed abilities, healthcare needs, supports required both to maximise personal development and in relation to living and day service arrangements. However, information was not clearly outlined in other plans.

On the other hand, supports available to residents was demonstrated in practice through a review of meeting minutes and supports provided by day service staff, medical and allied health professionals. Also, assessments and personal plans were all currently being reviewed and streamlined. As a result, this will be addressed under outcome 18 as a documentation issue.

Personal planning meetings were scheduled where required. Personal goals were identified and tracked and reviewed on a quarterly basis or more frequently if there were changing needs or circumstances.

Judgment:

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the design and layout of the centre was suitable for its stated purpose.

The centre was located on a large site in a scenic rural area several kilometres from a village. There was a large garden to the front and a patio and garden to the rear, which provided a pleasant bright space for residents to enjoy.

The centre had been designed and laid out to accommodate a separate living and sleeping space, whilst preventing isolation through shared access to the house for certain activities or tasks. Rooms were of a suitable size and layout for the needs of residents. There was adequate communal space in the form of a large sitting room, a separate large dining room and a seating area in the kitchen, which provided ample space for residents to spend time alone or with on a one-to-one basis with staff or in the company of their peers. There were suitable storage facilities and residents were supported to be involved in managing their own laundry.

Residents had been involved in decorating their bedrooms and bedrooms were personalized with photos and other personal effects. Communal spaces were pleasantly decorated, well-maintained, bright and warm.

Ventilation, heating and lighting was provided and in working order. There were adequate facilities to facilitate laundering and washing of clothes. There was a separate kitchen area and a new kitchen had been fitted.

Since the previous inspection, an occupational therapist had completed an environmental assessment for each individual and actions had been implemented in line with the occupational therapists recommendations. The premises met the needs of residents in terms of accessibility.

There were no obvious hazards in the centre/ Where parts of the centre required restricted access, there was a rationale for this, a risk assessment was in place and approval had been sought from the relevant committee in the organisation.

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):

Findings:

There were organisational policies and procedures in place for risk management, health and safety and infection control.

The facilities manager had commenced a health and safety assessment of the centre and the person in charge said that this would be completed prior to residents moving into the house.

The inspector found that there were arrangements in place in relation to the identification of hazards and the completion of risk assessments. A risk register system was in place across the service, along with risk assessments for any specific risks to individual residents. Risk assessments had been completed for a number of identifiable hazards. However, a risk assessment had not been completed for all risks, including going swimming, which was particularly relevant as it had been a number of years since the resident had last been swimming.

There was a system in place in the organisation for the recording and review of incidents and significant events were also recorded in a report book on a weekly basis.

All staff had received training in relation to infection prevention and control and two staff were scheduled to be trained as hand hygiene assessors. There were facilities in place for the prevention and control of healthcare acquired infection, including adequate hand hygiene facilities.

Advice in relation to fire safety had been sought from a suitably qualified person. Fire equipment, emergency lighting and fire doors had been installed throughout the centre. The inspector viewed recent records for servicing of such equipment, including the fire panel. Regular fire drills took place. Daily and weekly checks were completed by staff as required. Personal emergency evacuation plans (PEEPs) had been completed and documented the supports that each resident would require in the event of a fire.

However, it was not demonstrated that the arrangements in place for evacuating residents in the event of a fire were adequate. Not all staff working in this centre had participated in a fire drill and it was not clear how residents who refused to leave in the event of a fire would be safely evacuated.

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:

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place in the organisation for the safeguarding of vulnerable adults, in relation to the protection of residents' finances and personal belongings, supporting residents' during intimate care, supporting behaviours that may challenge and restrictive practices.

The organisation had a committee in place that reviewed requests relating to the use of restrictive practices. The person in charge outlined ways in which alternatives had been considered and implemented to avoid the use of restrictive practices in the centre where at all possible.

The person in charge and staff members were aware of what to do in the event of an allegation, suspicion or allegation of abuse and demonstrated a positive approach to supporting residents with behaviours that may challenge.

The inspector reviewed a sample of residents' intimate care protocols and found that they outlined the supports each resident may require while also supporting and promoting independence.

Where residents had behaviours that may challenge supports structures and systems were in place. Residents had access to psychiatry and positive behaviour support services. Residents had a behaviour support plan where one was required. Proactive and reactive strategies were clearly outlined. The effectiveness of the behaviour support plan was reviewed through periodic service review meetings. A mental health care plan was in place and being actively reviewed to support any mental health needs. Other plans had been completed to support resident's individual needs, such as a protocol to support interactions and promote consistency and a 'stay well' plan. Monitoring records were completed as required, for example, to monitor symptoms such as poor sleep or mood changes that may be related to anxiety.

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):

No actions were required from the previous inspection.

Findings:

Overall, residents' healthcare needs were supported by staff through timely access to medical care and support by allied health professionals. Improvement was required to healthcare plans.

Residents had access to their own general practitioner and other medical consultants, such as psychiatry and orthopaedic surgeons.

Health assessments had been completed for many healthcare needs. Care plans that had been developed were informed by assessments from a speech and language therapist, physiotherapist, occupational therapist and on-going medical review. Residents also had access to dentistry, chiropody and podiatry. However, a care plan had not been completed to ensure that care and support would be provided in a consistent way for all identified healthcare needs. For example, healthcare plans had not been completed to reflect interventions to manage epilepsy, constipation or enuresis.

Since the previous inspection, reports were now on file for completed assessments by the multi-disciplinary team and an outstanding occupational therapy referral had been completed.

Residents had a 'hospital passport' to communicate healthcare needs in the event of an admission to the acute sector including any supports required during mealtimes or to take medication. Residents' allergies were reflected in their profile documentation.

An assessment had been completed for all residents by the speech and language therapist for any resident with swallowing difficulties and a folder outlining how to support residents during meal-times was available in the kitchen. The inspector observed that staff followed this guidance during breakfast time.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were written policies and procedures in place relating to the ordering, administration, storage and return of medication.

There was a procedure in place for the ordering of medications that included a check of medicines that arrive in the centre and a visual check prior to administration of any medications.

Medicines were stored safely in a locked cupboard within a locked room.

Staff had received training in relation to medication management. However, improvements were required to the recording of the administration of medicines. Administration records were maintained differently by different staff, with some staff following the instructions on the recording form and others recording changes using the comments box. Also, the administration of PRN "as required" medicines was not always recorded in a standard format. This made it difficult to audit or follow the administration of medicines and ensure that they were administered as prescribed. This will be addressed under outcome 18.

There was a system in place for the administration and oversight of PRN medicines. The administration of psychotropic medication was reviewed on a regular basis by each resident's psychiatrist and counting and checks of these medicines was in accordance with the local policy. The inspector observed that residents had an individual medication management plan in place and a PRN protocol, where PRN was prescribed. Protocols clearly outlined the maximum dose that could be administered, alternatives to be considered and how medicines should be administered e.g. at what intervals.

There were organisational procedures in place to approve the use of any chemical restraint, which appeared to be robust, based on a review of a sample referral to the relevant committee.

A staff member outlined the procedure in place for the withholding of any medicines that need to be withheld. The return of any medicines that were used or out-of-date were segregated separately from other medicines while awaiting return to the pharmacy.

There was a system in place for the reporting, recording and review of any medication errors. The person in charge had completed an audit of medication management in the centre and identified actions, which had been addressed. The organisation was in the process of introducing a new audit template as the current template did not consider all aspects of the medication management cycle.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a clearly defined management structure in place. However, an unannounced visit to the designated centre had not been carried out at least once every six months, as required by the regulations. Also and as identified on the previous inspection, it was not demonstrated how the appointment of the person in charge as person in charge of six centres ensured the effective governance, operational management and administration of the designated centres concerned.

There was a clearly defined management structure in place in the centre. Social care workers and care assistants reported to the social care leader. A social care leader had commenced in the centre since the previous inspection and was experienced in supporting residents with an intellectual disability. The social care leader reported to the person in charge, who reported to the sector manager, who in turn reported to the provider nominee. The person in charge and social care leader met formally approximately every eight weeks and the person in charge and sector manager met formally on a monthly basis.

The person in charge was suitably qualified and experienced to fulfil the role of person in charge. He had 10 years experience as a social care leader and almost two years in the role of person in charge. There were suitable deputising arrangements in place with the sector manager deputising in the event of the person in charge being absent from the centre for more than 28 days.

The person in charge was responsible for more than one designated centre. The person in charge was responsible for six centres, comprising eight houses across Cork city and surrounding suburbs and into East Cork. Based on the current remit and geographical spread of centres, the person in charge said that he would visit centres on a weekly or fortnightly basis. As previously mentioned in Outcome 5, inconsistencies in personal plans were found on this inspection. The person in charge attended staff meetings if requested (approximately two per year) and similarly, attended some review meetings concerning residents' progress and personal planning meetings if requested. However based on the current arrangements as outlined, it was not demonstrated how this arrangement met the requirements of the regulations and ensured the effective governance, operational management and administration of the designated centres concerned. No significant negative impacts on residents were identified as a result of this arrangement, although inconsistencies in care plans and person plans were found as

previously mentioned.

There were systems in place for the completion of an annual review and bi-annual visits of the quality and safety of care within the service. However, while an unannounced visit had been completed in July 2016, a second unannounced visit had not been completed in the previous six months. An annual review was scheduled for mid-2017, once this centre had been occupied for a year.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

One aspect of this outcome was added to include a failing identified on the day of the inspection.

As previously mentioned under outcome 6, this premises is located in a rural area. The centre is not served by public transport. Staff with whom the inspector spoke identified transport as being a difficulty at times for residents in this centre. A bus was shared between this centre and the day service and allocated to the day service during the day-time. Steps had been taken to try to ensure that residents were supported to participate in activities or interests of their choice with outings carefully planned around residents' routines and preferences.

However, due to the number of appointments that residents' attend, staff said that transport was at times an issue for this centre. There was a written record that this difficulty had been reported to the person in charge in November 2016. This matter was raised with the representative of the provider and the person in charge at the meeting at the close of the inspection.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Overall, residents were supported by a staff team with appropriate staff numbers and skill mix.

The inspector met with the person in charge and members of the staff team during the inspection. Staff knew residents and their needs and abilities well.

At the previous inspection, training records indicated that some staff required training in relation to fire safety and manual handling. At this inspection, core staff had received training and relief and new staff had either received or were scheduled for mandatory training and training to support residents' needs.

The proposed staffing levels and skill mix of staff was outlined in the Statement of Purpose. Staff with whom the inspector spoke said that the provision of three staff during weekday evenings and during afternoons and evenings at weekends met the three residents' needs for one-to-one time with staff and facilitated outings and activities.

The social care leader and person in charge had received training in relation to staff supervision and appraisal. Staff supervision had commenced with all supervision sessions due for completion by the end of the following month.

Staff meetings took place every two weeks with residents' progress, personal plans, any complaints, staffing issues, transport arrangements and housekeeping issues on the agenda. Staff could add to the agenda if they so wished.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Aspects of this outcome were added to reflect failings identified on the day of the inspection. Documentation required under Schedule 3 of the regulations was not maintained in a consistent or satisfactory way. Also, some organisational policies that required improvement were to be implemented.

As detailed under outcome 5, the information available in health and social care assessments and personal plans were inconsistent with some information being more reflective of residents' actual needs and supports than others.

As detailed under outcome 12, medication administration records were maintained differently by different staff, with some staff following the instructions on the recording form in a standard format while others were not.

Some policies that had required revision and review in accordance with best practice had yet to be implemented. The medicines management policy required review as it did not outline robust measures to ensure the safe administration of non-prescription and complementary medicines by staff. Also, the infection control policy was under revision to reflect national policy and evidenced-based practice.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Julie Hennessy
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 Ireland
Centre ID:	OSV-0005148
Date of Inspection:	27 February 2017
Date of response:	20 March 2017

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:

A listening device was in use at night in the centre but its use had not been reviewed and approved by the organisation's rights committee.

1. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise

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

his or her civil, political and legal rights.

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

The use of a listening device was reviewed at a Team meeting on 01/03/2017, with inputs from Behaviour Support Services.

Rights Committee referral will be submitted by Team Leader [20/03/2017]. The referral will be followed up by the Person in Charge to ensure it is decided on, on a timely basis. [30/06/2017]

Proposed Timescale: 30/06/2017

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:

A risk assessment had not been completed for all identifiable hazards.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Risk assessment has been completed for the new activity, swimming.
The Person in Charge has ensured that all other activities have been risk assessed.
Any other new activity will have a front line activity risk assessment completed and reviewed in line with policy.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

It was not demonstrated that the arrangements in place for evacuating residents in the event of a fire were adequate. Not all staff working in this centre had participated in a fire drill and it was not clear how residents who refused to leave in the event of a fire would be safely evacuated.

3. 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:

Personal egress plans for residents have been reviewed to manage the risk and regular fire drills are scheduled.

All staff will have local fire evacuation training completed.

Proposed Timescale: 15/03/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A care plan had not been completed to ensure that care and support would be provided in a consistent way for all identified healthcare needs.

4. 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:

The Person in Charge will review all plans to ensure that all have health care management plans for all identified health care issues. And that these are written up in a consistent manner.

Proposed Timescale: 31/03/2017

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:

As identified on the previous inspection, it was not demonstrated how the appointment of the person in charge as person in charge of six centres ensured the effective governance, operational management and administration of the designated centres concerned.

5. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

Changes in the Person in Charge workloads were made in June 2016 and these arrangements will be formally reviewed in Apr/May 2017 to ensure the nominated

Person in Charge can clearly demonstrate the effective governance, operational management and administration of the Centre.

Proposed Timescale: 31/05/2017

Theme: Leadership, Governance and Management

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

An unannounced visit to the designated centre had not been carried out at least once every six months, as required by the regulations.

6. 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:

The Provider has rescheduled the review due in January 2017 to be carried out on 21/03/2017 and will ensure that future reviews are timetable well in advance to ensure that they occur as per the Regulations.

Proposed Timescale: 31/03/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

It was not demonstrated that this centre was adequately resourced by transport to support residents to participate in the community in accordance with their wishes and preferences, given the location of the centre.

7. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The Person in Charge and the Sector Manager will

- a) link with the relevant day services to streamline arrangements for supporting residents to attend appointments. And
- b) review the transport issues in the centre to ensure that the transport resource is effectively managed to support the resident's personal plans.

All difficulties in this regard will be logged and appropriate remedial action will be taken. This log of significant issues will be kept in the Centre and form part of the PIC and Provider reviews of the centre.

Proposed Timescale: 30/04/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies in place needed to be revised in accordance with best practice.

8. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The 2016 updated Medication Management Policy which contains guidance on the safe administration of non-prescription and complementary medicines by staff will be circulated to the Centre.

The local Procedures for the Centre will also be reviewed to ensure the relevant extracts of the wider policy are included for easy reference for staff.

The Infection Control Policy & Procedures will be updated and circulated to the Centre Staff will be trained on all updates to these two key procedural documents. [30 April 2017]

The Provider will complete the update of all policies and procedures and ensure that these updates are circulated to the centre when the Person in Charge will arrange for staff to be updated on the key changes during the Team Meeting Forum [31 May 2017]

Proposed Timescale: 31/05/2017

Theme: Use of Information

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

As detailed in the findings, documentation required under Schedule 3 of the regulations was not maintained in a consistent or satisfactory way.

9. 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:

New medication administration records are commencing for each person on a phased basis. Other documents will be updated to comply with regulations.

All Person Centred Plans will be reviewed to ensure that they are written up and maintained in consistent manner.

The Provider will complete the update of all policies and procedures and ensure that these updates are circulated to the centre when the Person in Charge will arrange for staff to be updated on the key changes during the Team Meeting Forum [31 May 2017]

Proposed Timescale: 31/05/2017