

**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 Galway
Centre ID:	ORG-0011427
Centre county:	Galway
Email address:	aoifeodonohue@galway.brothersofcharity.ie
Registered provider:	Brothers of Charity Services Galway
Provider Nominee:	Anne Geraghty
Person in charge:	Aoife O'Donohue
Lead inspector:	Marian Delaney Hynes
Support inspector(s):	Jackie Warren
Type of inspection	Announced
Number of residents on the date of inspection:	6
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 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 following notification of a significant incident or event. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 January 2014 10:10 To: 22 January 2014 15:50

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

Outcome 12. Medication Management
Outcome 17: Workforce
Outcome 07: Health and Safety and Risk Management
Outcome 11. Healthcare Needs

Summary of findings from this inspection

This inspection was carried out following receipt of a notification to the Authority regarding an incident in the centre and focused specifically on the care of residents with specialised care needs.

Overall, inspectors found that residents received a high quality service and were cared for in a clean warm, comfortable, and well decorated and scenic environment.

Each resident's assessed healthcare needs were reviewed and met on an ongoing basis in consultation with the resident.

There were appropriate systems in place to identify, assess, and manage centre-specific risks relating to the care of residents with specialised needs.

Staffing levels adequately met the assessed needs of residents and there was a commitment to developing staff to ensure that they were competent to meet the changing needs of the residents.

Areas for improvement included aspects of medication management and healthcare.

The inspectors' findings are discussed further in the body of the report and the required actions are specified in the Action Plan at the end of this 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Minor

Findings:

Inspectors were satisfied that the provider and person in charge had appropriate medication management arrangements in place to support staff to care for residents including the administration and safe storage of medication.

The provider had developed a detailed and informative policy on the management of medication. The policy required all staff to undertake a medication management training programme before engaging in the administration of medication.

The general practitioner (GP) used a medication booklet to prescribe medication and the prescription included clear directions to staff on the dose, route and times that medication should be administered. As required medication (PRN) was recorded in the medication booklet and these included the maximum dose to be administered in a 24-hour period.

Staff interviewed were knowledgeable about the procedure for the administration of medication and about checking the prescription, the drug description and that the correct medication was being administered. Staff knew about the procedures for reporting medication errors. Inspectors were satisfied that there were suitable and sufficient protocols in place to care for residents who may develop status epilepticus (a continuous seizure lasting more than 30 minutes, or two or more seizures without full recovery of consciousness between any of them).

Inspectors noted, however, the actual administration times were unclear because the 24-hour clock was not used in recording administration times of medicines.

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

Judgement:

Compliant

Findings:

Inspectors reviewed the staff roster and found that there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents with seizure activity, and which reflect the layout and size of the centre.

There was evidence that staff performance and competencies were reviewed on a regular basis and no less frequently than every 12 months.

The person in charge told inspectors that there was a contingency plan in place in the event of a shortfall in staffing levels and at night-time should additional support be required. This was also stated by staff.

There was documented evidence of on-call arrangement in place over 24 hours.

Staff interviewed had a clear understanding of their roles and responsibilities regarding the specific care of residents with seizure activity.

There was evidence that the provider and person in charge had ensured that all staff had attended mandatory training and training in the management and care of residents with epilepsy.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Compliant

Findings:

Inspectors were satisfied that the provider and person in charge took a proactive role in the management of risk in the centre and had put risk management systems in place to care for residents with specialised needs.

Inspectors noted that a full environmental assessment had been completed to ensure that residents with specialised needs could live as safely as possible in the centre while respecting the personal choice of individuals, which was well documented.

The person in charge and staff undertook responsibility for the identification of risks and ensuring that there were control measures in place to mitigate against identified risk as far as practicable. For example, residents with seizure activity were provided with downstairs bedrooms and had access to appropriate ground floor indoor and outdoor communal spaces. Inspectors saw that stairwells in the centre had control measures in place to reduce the risk of falls and supporting independent mobility.

Each resident had individual risk assessments specific to their needs and a personal plan was in place with safety measures specified where required. For example, residents were provided with 'low low' beds and crash mats to reduce the risk of falls should a seizure occur at night-time. Anti-suffocation pillows and voice monitors were also used at night-time. Further measures were being explored such as the installation of a passenger lift.

There was evidence that all accidents, incidents and near misses were being recorded in detail and discussed at team meetings with a view to identifying trends and learning from them and reducing the risk of recurrence.

In a discussion with the person in charge and provider at the feedback session they suggested the possibility of fitting a passenger lift in the centre so that residents' individual rights to access all areas of the house could be provided for more safely.

There was evidence that residents with seizure activity had a protocol in place to keep them safe while using the service's transport.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

Inspectors were satisfied that there were appropriate arrangements in place to support residents' healthcare needs, including those with epilepsy as they arose. Staff confirmed that residents had good access to a GP, including an out-of-hours service.

Each resident had a personal plan which outlined the services and supports to be provided to achieve a good quality of life and to realise their individual personal goals. Personal plans were in an accessible format and each resident's plan of care was reviewed frequently and if there was a change in their needs or circumstances.

Inspectors reviewed two personal plans for residents with epilepsy and found that they were comprehensive and guided practice. The personal plans identified the first aid and advanced care required by a resident when a seizure occurred. Residents with a diagnosis of epilepsy had a 'seizure diary' which recorded the date, time, type, duration and comments regarding the seizure. Staff discussed the importance of maintaining this diary as it was used at medical and staff reviews. There was evidence that residents with seizure activity had regular medical reviews by their GP and frequent monitoring by specialist services such as a clinical nurse specialist (CNS) in epilepsy care. Monitoring included blood screening and review of anti-epileptic drugs.

Risk assessments had been carried out and safety measures such as close supervision at all times and anti-suffocation pillows were specified. However, there was no assessment for the risk of choking in residents who may experience a seizure at mealtimes. The person in charge told inspectors that she would review this issue following inspection.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Marian Delaney Hynes
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Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	ORG-0011427
Date of Inspection:	22 January 2014
Date of response:	21 February 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 12. Medication Management

Theme: Health and Development

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

The 24 hour clock was not in used for recording the administration of medicines.

Action Required:

Under Regulation 29 (4) you are required to: Ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

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

1. At the time of the inspection the new medication chart had been developed which has the 24 hour clock included.
2. This medication chart is currently being printed.
3. The new medication chart will be in use with the 24 hour clock from the 1st of April 2014.

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

Proposed Timescale: 01/04/2014

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:

Although there were individual risk management procedures in place there was no centre-specific risk management policy.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The Brothers of Charity Services has a Risk Management Policy for the organisation as a whole and there are risk assessments and risk management protocols in place for identified risks for individual service users.

1. The Health and Safety Committee of the organisation is currently developing a template for use in the Designated Centres to support the identification of hazard and risks of each area. The organisation's Risk Management Policy will be used as a framework for centre-specific risk management guideline.
2. Based on the above a centre-specific risk management guideline will be developed which will include a risk register of hazards and risks by 1st May 2014.

Proposed Timescale: 01/05/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was no assessment or care plan in place for the risk of choking in residents who may experience a seizure at mealtimes.

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:

1. The care plans for each individual with epilepsy are being reviewed to include the risk of choking if a resident were to experience a seizure during mealtime.

Proposed Timescale: 10/03/2014