Health Information and Quality Authority
Regulation Directorate

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

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0005145
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:	Kieran Murphy
Support inspector(s):	Noelle Neville
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 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:
01 March 2016 10:00	01 March 2016 17:30
02 March 2016 09:00	02 March 2016 16:00

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 a centre that had made an application to register as a designated centre with the Health Information and Quality Authority (HIQA). The centre was managed by the Brothers of Charity Services that provided a range of day, residential and respite services in Cork. The Brothers of Charity Services was a not-for-profit organisation and was run by a board of directors and delivered services as part of a service agreement with the Health Services Executive (HSE).

The centre provided a home to five residents and was based in a community setting in a large town outside Cork city. The residents all had high support needs, some of whom also had complex healthcare needs. All residents had communication support plans in place including input from an intensive support worker/behaviour therapist in the development of communication strategies. A Marte Meo consultation had also been provided for all residents. This was a video based interaction programmes that provided concrete and practical information to parents and the staff team on supporting the social, emotional and communication development of individuals.

As part of the inspection, inspectors met with the residents and staff members. Families were very involved in the lives of residents with regular contact and trips home. A number of residents went home every week. Feedback sheets were received from four families before the inspection. In general the feedback about the centre was positive with one family commenting that they were their loved one "was very happy and content". Another family said that "staff were very kind and helpful".

The nominee on behalf of the Brothers of Charity was the director of services for the Cork area. The nominated person in charge was the area manager for the service. Inspectors were satisfied that the person in charge was suitably qualified and experienced to discharge her role. However, he was appointed as person in charge for seven centres in total. In addition to being the person in charge of these seven designated centres, he was the manager of three Day Services which provided a range of activities and work placements for people with a disability. The inspectors outlined concerns that these management arrangements across a wide type and variety of services could not ensure effective governance, operational management and administration of the designated centre concerned. The nominee on behalf of Brothers of Charity outlined that a review of the remit of the person in charge was to take place. However, the governance arrangements may be reviewed by HIQA if at any time the Chief Inspector is not satisfied that the person in charge is ensuring the effective governance, operational management and administration of each designated centre.

There were some staff who did not have up-to-date mandatory training as required by the regulations, including fire prevention training, prevention of abuse training and training on support of residents to manage their behaviour.

Of the 18 outcomes inspected one was at the level of major non-compliance:
Outcome 10: General welfare and development
A comprehensive assessment of residents' educational, employment and training goals was not available for all residents in order to ensure that their skills development, education and training was suited to individual residents' abilities.

Other areas for improvement included:
- rights, dignity and privacy
- social care needs
- contracts of care
- premises
- fire safety

- medication management
- records management.

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 centre provided a home to five residents all of whom had high support needs. There was a "wet room" which was next to the utility room. This room had a shower, toilet and wash hand basin. To access the "wet room" residents had to walk through the kitchen and then the utility room. The person in charge outlined due to the dependency needs of two residents in particular they only used the "wet room" for showers. Inspectors were not satisfied that each resident's privacy and dignity was respected in relation to intimate and personal care by having to walk through the utility room and kitchen both prior to and following a shower.

The organisation had a complaints policy and easy-to-read versions were visibly displayed throughout the centre. The complaints policy identified a nominated person to manage complaints in the organisation. However, it did not identify a second person to oversee how complaints were managed, as required by the Regulations and as a result, the appeals process was not clear.

Inspectors reviewed the complaints log and there were three recorded complaints; one related to staffing levels, one related to equipment and the third complaint related to a resident with swallowing difficulties. While some complaints were completed in accordance with the regulations, others were not. For example, two entries did not detail whether complainants were satisfied with the outcome of the complaint and one log was incomplete in relation to summary of actions, complainant satisfaction and review by complaints officer and area manager.

There was no evidence of consultation and participation by residents in the organisation of the centre. The team leader for the centre said that residents' meetings do not take place but that staff "key workers" advocated on behalf of residents at staff meetings. Inspectors reviewed the minutes of staff meetings and there was evidence that issues for each resident were discussed at these meetings.

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:
There was a policy on communication and each resident's care plan clearly outlined how the resident communicated and what assistance and support they required to communicate. Some residents had input from an intensive support worker/behaviour therapist in the development of communication strategies. For example, it was recommended for one resident that staff were to use reduced language in conjunction with gestures to communicate. In addition, it was recommended that visual supports or objects of reference would be used to help the person communicate. These recommendations were observed to be followed throughout the inspection. In the feedback received from one family it was said about their loved one that "even though her communication is limited she is encouraged to make choices particularly around day to day things with items (objects of reference) like a book for reading or a keyboard for music".

The intensive support worker/behaviour therapist had also provided a Marte Meo consultation for all residents. This was a video based interaction programmes that provided concrete and practical information to parents/carers on supporting the social, emotional and communication development of individuals. Information relating to elements of supportive communication relevant to the person was transferred to the staff team through video analysis and written recommendations available in the resident's healthcare plan.

For one resident with autism a Picture Exchange Communication System (PECS) was in place to give her a means of communicating non-verbally. Throughout the inspection this resident gave staff a picture of a desired item in exchange for that item, for example a music CD. A picture board was also in place which was used as a visual

schedule of the day for one resident with autism so she knew what activity she was going to do next. Each activity was removed from the schedule as it was completed.

Inspectors observed a communication board in the kitchen areas which contained pictures of what was for dinner that night and also there was a picture rota of which staff were on duty.

Music systems and television was provided in the main living room and a number of residents had televisions in their own room. Throughout the two days of the inspection residents chose what they wanted to listen to on compact disk or what they wanted to watch on television. One resident had an i-Pad computer tablet.

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:
All of the residents had regular contact with their families and a number of residents went home every week. In the feedback received from families one said that "staff are in contact with us at all times".

The service had undertaken a survey of families in July 2015 on "the quality and safety of care and support provided". The response rate was 40% and the comments related to staffing levels and healthcare needs. Since July there had been a review of staffing levels and there was evidence that the specific healthcare needs identified by the families had been reviewed.

There was a policy on visiting and in the feedback families said they were welcome and were free to visit. A log was maintained of all visitors. There was adequate communal space to receive visitors with a number of separate living rooms.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
The person in charge outlined that not all residents had a written contract of care. Each family as representatives of the resident had been asked to sign a contract of care but these had not yet been returned.

Inspectors reviewed a sample draft of the contract of care. In relation to cost of care the contract outlined that:
"If you live in a house that does not have nursing cover you are expected to make a contribution towards the running of the house. A booklet explaining the detail of these costs and contributions will be made available to you".

Inspectors reviewed the booklet explaining the detail of these costs and contributions. This booklet was entitled "voluntary contributions towards the community residential programme". The booklet outlined that the "Health Service Executive (HSE) funded support staff and the basic costs of running the house but does not however fund any extra items towards the cost of recreational and social outings". This booklet further outlined that: "the HSE have advised us that it is alright to ask for contributions towards the extra running costs of the house provide the person concerned has their own income available to do this (for example, from you Disability Allowance)". The booklet continued: "we are now asking you to organise to contribute €80 per week (pro-rata if not fulltime resident) towards the running costs of your community based support programme."

The director of services confirmed that three of the five residents were paying voluntary contributions of varying amounts based on their occupancy based on a maximum voluntary contribution of €80 for full time residents. However, regarding this voluntary contribution it was not stated what particular costs the contribution covered, for example did it include electricity, food or water. It also was not clearly articulated in the contract or in the booklet that residents could refuse to pay this contribution.

The director of services outlined that a new appendix was being added to the contracts of care which contained a detailed "explanation of charges and voluntary contributions for residential service users".

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
As part of the audit of quality of care for residents described in more detail in Outcome 14: Governance, the Brothers of Charity service had identified that personal plans for residents were not up to date and that there was a lack of multidisciplinary input into residents personal priorities. Inspectors also found that the review of the personal plan, and in particular the assessment of health, personal and social care needs was not multi-disciplinary. In one example a resident had been referred for an assessment of her activities of daily living by an occupational therapist. This assessment identified some healthcare needs of the resident. However, it did not address the supports required from other healthcare professionals that would best meet the resident's needs in these areas using combined strategies of behaviour support, visual support and sensory strategies.

There were two sets of resident records; the person centred planning folder and a separate file for medical records. In the person centred planning folders reviewed by the inspectors there was a summary profile of the resident which outlined things that staff and carers must know about the resident; a summary of multidisciplinary healthcare issues; and it included issues that were important to the person like medication, communication and eating.

There were separate assessments of residents' healthcare needs and social care needs in the personal planning process. One family outlined in feedback that they "had been involved in the plan of care at all times".

In relation to social care needs there was evidence that each resident was supported to develop an individual lifestyle plan each year. The lifestyle plan supported the person to establish a circle of support made up of family members, friends, neighbours and any others who the resident was close to and from whom they wished to receive support. In the plans seen priority goals or outcomes were developed for the resident. In one example the resident's personal plan was reviewed in August 2015 and one of the priorities was for the resident "to join the library by September 2016". Another priority was for the resident "to send a card home".

In relation to healthcare needs there care plans had been developed for identified healthcare needs. These care plans were in the person centred planning folder.The supplementary information in relation to these healthcare needs was in the separate file for medical records.

Inspectors were told that one resident had recently been admitted to an acute general hospital. However, there was no information on file in relation to this hospital admission. In particular an assessment of their health needs had not been completed and their care plan had not been updated to reflect the instructions of the discharging hospital team.

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 was a detached bungalow based on the outskirts of a large town in South East Cork. It provided a home to five young adult women all with high support needs. The Brothers of Charity service outlined that "the individuals may have multiple/complex support needs and may require support with behaviours that challenge".

The house was nicely decorated and had a large kitchen/dining room, a large sitting room and a smaller television room. A number of residents had their own music systems, compact disks and DVDs in the television room. Residents played their own favourite music and shows when they came home from their day service.

There were five single resident bedrooms, all of which were fully furnished and decorated in conjunction with the individual resident's personal choice and taste. Each resident was encouraged and supported to personalise their bedrooms with pictures, ornaments or any items they chose. Inspectors noted that the emergency lighting in one resident's bedroom was taped over with duct tape as the resident could not sleep with the glare from this light. It was noted that, if activated, the emergency lighting still worked.

As discussed in more detail in Outcome 1: Rights, Dignity and Consultation, there was a "wet room" which could only be accessed via the kitchen and then the utility room. There was a second bathroom with a bath, toilet and wash hand basin. Residents could get into the bath via a portable step. Inspectors observed some gaps around the light fittings in this bathroom and asked the provider to ensure that these lights were in good working order.

The house was on its own large well maintained grounds. There was a patio area to the front of the house and a south facing rear garden. One of the families outlined in feedback that they "and another parent have fundraised to improve the outside facilities more area i.e. patio to use especially in wet weather". The person in charge outlined that it was planned to put decking in the rear garden.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Inspectors reviewed the incident reporting system from January 2015 to February 2016. A new reporting system had recently been introduced and in total there had been 31 incidents reported including 15 incidents of residents striking staff and nine incidents of residents engaging in self injurious behaviour. There was evidence that all incidents had been followed up by the person in charge and were reported to senior management of the service at a regional level to review for trends.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. The centre had recently been upgraded to take account of fire safety precautions including the availability of emergency lighting and fire doors.

Five fire evacuation drills involving the residents had taken place since April 2015 and the records of these drills were available. One of the drills had taken place at night time and evacuation time recorded as ten minutes. Records for the other drills indicated that it had taken between one minute and two minutes to evacuate the premises. Each resident had a personal emergency evacuation plan in place which indicated what supports, if any, residents needed to leave the building in the event of a fire. There was an easy read fire evacuation procedure on display. However, records indicated that 14

of 20 staff had not received fire prevention training and 12 staff had not received training on fire evacuation procedures.

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:
There was an up to date policy on, and procedures in place for, the prevention, detection and response to abuse. The senior social worker was the designated liaison person if there was any issue relating to protection of residents; and his contact details were available throughout the centre. The person in charge stated that there had not been any allegation of abuse of residents since the commencement of the regulations in November 2013. Training records indicated that four staff out of a complement of 20 had not received training on the protection of vulnerable adults and eight staff were due refresher training.

The Brothers of Charity service had an adult behaviour support services department and a number of residents had received support from an intensive support worker from this department. Comprehensive behaviour assessment reports and support plans were available for these residents Inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. Records seen by inspectors indicated that the implementation of these support plans was being reviewed on a regular basis by the intensive support worker. However, inspectors did note that in addition to these support plans separate protocols had been developed without any specialist input from the behaviour support services department. For example, one resident had protocols for "changing incontinence wear", "responsive strategy on transport" and a "bus protocol".

There was a policy on challenging behaviour. Training records indicated that three staff had not received training on dealing with positive approaches to behaviours that challenge and one staff member was due refresher training.

There was a service wide behaviour standards committee chaired by a clinical psychologist. This committee was available to review any restrictions that limited a resident’s life with the introduction of a behaviour consultancy clinic. This committee reviewed what restriction was in place (for example if the restriction was an environmental restraint, chemical restraint or physical restraint) and discussed why the restrictive procedure was in place. The committee issued recommendations regarding the use of the restrictive procedure. The person in charge confirmed that there had been three referrals to this committee in relation to restrictions on residents’ lives. The first was in relation to locked external doors and the committee decided that this restriction was medically indicated. The second restriction was supervised access to smaller items of clothing and a locked wardrobe at night; and the committee decided that this was medically indicated. The third restriction referred to the committee was in relation to an adapted transport move. The referral had only been made in January 2016 and a decision had yet to be made.

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:
It is a requirement that all serious adverse incidents are reported to the Authority. A record of all incidents occurring had been maintained and all notifications had been sent to the Authority as required.

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 educational and training opportunities for residents had been included in the annual review of the quality and safety of care of the service dated June 2015. This recorded that "no formal assessments for education, training and employment needs had been completed due to the profile of service user". The person centred planning folder for each resident also had a section entitled "academic, work and development information". From a review of resident records inspectors found similar information in this section for each resident, namely that each resident attended a day service programme which was accessed via transport provided by the service. In addition, it recorded that residents went on social activities on a weekly basis.

However, elsewhere in the person centred planning folder an intensive support worker from the Brothers of Charity service adult behaviour support service had identified education and training needs for a number of residents including:
- personal care skills training
- functional skills learning, for example daily activities like putting the bowl into the dishwasher
- functional communication training, for example consistent use of visual supports
- functionally equivalent skills development, for example building waiting skills.

This education needs analysis was not reflected in either the annual review of quality and safety of care of the service or in the resident specific "academic, work and development information". Therefore, a comprehensive assessment of residents' educational, employment and training goals was not available to ensure that their skills development, education and training was suited to individual residents' abilities.

Judgment:
Non Compliant - Major

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 person in charge outlined that residents attended a general practitioner (GP) of their own choice. In the records seen by inspectors each resident had an up to date

annual medical health check undertaken by their GP. There was a note on a number of resident healthcare records that following GP visits "current medical notes are kept at the GP office. Parents bring her to GP or specialist appointments, staff do not attend. Staff receive information on the visit afterwards from her parents". This was discussed in more detail in Outcome 18: records management. There was evidence that residents were referred for review by consultant specialists as required. For example one resident had been seen by a consultant specialist to review the narrowing or tightening of the throat in July 2015 following a choking episode. The hospital discharge letter following this review was available in the person centred planning folder.

For identified healthcare needs, a care plan had been developed to direct the care and support to be provided to residents. A record was maintained of all referrals to and treatment by allied health professionals. As referenced elsewhere in this report there was good access to the behaviour therapy department. One resident had a review on file from an occupational therapist (the date of review was not recorded). This gave clear recommendations in relation to alternatives to this resident's tendency to put non-food items in her mouth.

One family outlined in feedback that one resident's "weight has increased in past few years. Her diet should be tailored to her needs." Inspectors noted that there was a policy on nutrition and hydration. There was evidence that residents were referred for review as required to allied health professionals including speech and language therapy and dietetics. A number of residents had up to date swallow care plans. One resident had an observational assessment of dysphagia (swallowing difficulties) in February 2015.

All meals were prepared by staff in the kitchen on site. A copy of the menu in picture format was available on the notice board. Staff were knowledgeable about residents likes and dislikes and also knew which residents were on special diets. Dietary recommendations for residents were available on the counter top. Residents and staff had their meals together and mealtimes were observed to be relaxed with residents and staff engaging in a relaxed way.

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:
There was a medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard and there was a robust key holding procedure. Medicines requiring refrigeration could also be stored securely. However, the temperature of the refrigerator was not monitored on a daily basis. Therefore, the stability of the stored medication could not be guaranteed. Staff confirmed that medicines requiring additional controls were not in use at the time of inspection.

An inspector observed that compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.

In the sample prescription sheets reviewed it was not clear that a record of each drug and medication was signed and dated by the GP. The date was not in place for each drug prescribed in the sample of drug charts examined.

Inspectors saw a protocol in place for one resident in relation to the management of epilepsy in the event of an emergency. The protocol had been signed by the resident's doctor. However, the route for administration of emergency medication to manage epilepsy was ambiguous. This could lead to staff misinterpreting the protocol and incorrectly administering medication, in particular as records indicated that six staff had not been trained in the management of epilepsy and four staff were due for updated training on the management of epilepsy.

An inspector reviewed a sample of medication incident forms and saw that four errors were identified from April 2015 to February 2016. Two incidents related to medication not being given in error; one where a resident refused medication; and one reported incident occurred when medication accidentally fell on the ground. All reported incidents had been followed up.

The person in charge had completed an audit of medication practice in November 2016. Items audited included storage, contents of the medication cabinet and medication administration records. No issues had been identified on this audit. An external audit of medication practice had taken place in February 2016. This identified as an issue that the medication press was in the staff office, which was also used as the staff bedroom. The person in charge outlined that this was being reviewed.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose was a document intended to describe the service and facilities provided to residents, the management and staffing and the arrangements for residents' wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The stated aim of the centre was "to meet the individual needs of each person living here by creating as homely an environment as possible. Individuals are encouraged to reach their fullest potential by participating in leisure, social and household activities".

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 nominee on behalf of the Brothers of Charity was the director of services for the Cork area. The person in charge was the area manager for the service and had been in this role since 2000. He had a degree in applied social sciences from Cork Institute of Technology in addition to other relevant qualifications. Inspectors were satisfied that the person in charge was suitably qualified and experienced to discharge the role. However, he was appointed as person in charge for seven centres in total. In addition to being the person in charge of these seven designated centres, he was the manager of three Day

Services which provided a range of activities and work placements for people with a disability. The inspectors outlined concerns that these management arrangements across a wide type and variety of services could not ensure effective governance, operational management and administration of the designated centres. The nominee on behalf of Brothers of Charity outlined that a review of the remit of the person in charge was to take place.

The team leader was a qualified nurse in intellectual disability with over 10 years post qualification experience. She was not employed as a nurse but as a social care leader. She worked 39 hours per week including weekends.

An annual review of the quality and safety of care of the service dated June 2015 had been completed. This review looked at a limited number of issues namely:
• residents' rights
• personal care planning
• risk management (including fire safety)
• safeguarding/safety
• education/training opportunities for residents.
Not all issues relevant to quality and safety in the audit tool were reviewed. In addition, this review did not reflect consultation with residents and their representatives in relation to their needs.

The provider had ensured that an unannounced visit had been completed that reviewed the quality and safety of care and support in the centre. However, there had only been one in the previous 12 months and not two as required by the regulations. As with the annual review not all issues relevant to quality and safety in the audit tool were reviewed. Th six monthly review only focused on social care, risk, medication and safeguarding. In addition, there were examples of issues that had been identified in this quality and safety review that had not been remedied. For example, it had been identified that there was limited input from members of the multidisciplinary team into the personal care planning process. However, this had not been remedied.
The person in charge had regular meetings with the team leader. In addition, there were minutes of meetings between the person in charge and all of the team leaders in the region to discuss relevant management issues. The service had recently introduced a system of staff appraisal to support staff to deliver a quality and safe service. However, it was not yet implemented.

Judgment:
Substantially 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 found that adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The provider was aware of the need to notify the Authority in the event of the person in charge being absent.

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:
The inspectors formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The centre was maintained to a good standard inside and out. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly.

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:
Feedback to HIQA via questionnaires from relatives was in general positive about the staff. However, some feedback included that "we feel the number of staff should be at least 1:1".

The team leader was a professionally qualified nurse. However, she was not employed as a nurse and there was no nursing post in the designated centre.

The staff rota was made available to inspectors. The team leader explained that a number of residents went home every week and staffing levels were adjusted accordingly. From a review of the rota if there were five residents in the house at one time there would be four staff on duty. At night time there was one staff member on "awake night duty" from 10pm until 10am. There was a second staff on "sleepover duty" where she worked from 2pm until 10pm, had the "sleepover" and was back on duty at 7am the next morning. There was an additional staff member who came on duty to assist residents in the morning from 7am to 10am.

The person in charge outlined that the service was aware that the residents had high support needs some of whom also had complex healthcare needs. He said that the number, qualifications and skill mix of staff was reviewed to ensure that the assessed needs of residents were being met. The team leader outlined that in response to a complaint staffing levels had been increased from September 2015. She also explained that some additional staff hours had been allocated to facilitate residents to undertake weekend activities.

Inspectors met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to support residents in a respectful and dignified manner. As recorded elsewhere in this report here were some staff who did not have up-to-date mandatory training as required by the regulations.

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

Findings:
In some cases residents were accompanied by their parents to doctor or specialist appointments, with staff receiving information on the visit afterwards from the parents. Inspectors noted that records of referrals to consultant specialists and subsequent results were not maintained for all residents. For example, in one resident's annual health check by their doctor it was recorded that the resident had been seen by a consultant in October 2015. However, there was no information in the resident's healthcare file in the centre in relation to this review. In another example one resident's medication had been changed and blood test results had been given by the GP over the telephone to the parents. However, there was no further information available on file in relation to these issues. This practice meant that staff did not have all information relevant to the resident's healthcare needs and any treatment or other intervention.

There was a copy of the residents' guide available.

A directory of residents was maintained in the centre and was made available to the inspectors.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0005145
Date of Inspection:	01 March 2016
Date of response:	11 May 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:** There was no evidence of consultation and participation by residents in the organisation of the centre. The team leader for the centre said that residents' meetings do not take place.

[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) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

Please state the actions you have taken or are planning to take:
We will ensure that evidence of consultation and participation by the residents in the organisation of the centre is more explicitly recorded in the Centre.

Proposed Timescale: 23/05/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not satisfied that each resident's privacy and dignity was respected in relation to intimate and personal care by having to walk through the utility room and kitchen both prior to and following a shower.

2. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
A schedule of works has been agreed to provide access to the bathroom without having to walk through the kitchen.

Proposed Timescale: 31/08/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure did not identify a second person to oversee how complaints were managed, as required by the Regulations and as a result, the appeals process was not clear.

3. Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
The Complaints procedure will be reviewed to ensure it incorporates the detail included in the policy dated August 2015 regarding the internal management of complaints nad the appeals process.

Proposed Timescale: 31/05/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While some complaints were completed in accordance with the Regulations, others were not. For example, two entries did not detail whether complainants were satisfied with the outcome of the complaint and one log was incomplete in relation to summary of actions, complainant satisfaction and review by complaints officer and area manager.

4. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
A new Local Concerns, Complaints and Compliments log has recently been issued and allows for complainant's satisfaction to be recorded.

Proposed Timescale: 01/05/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents had a contract of care. The contracts did not outline the fees to be charged to residents for care, support, welfare and services to be provided.

5. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The Registered Provider is currently reissuing contracts to service user representatives where these are not already in place.

Proposed Timescale: 31/05/2016

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:** The review of the personal plan, and in particular the assessment of health, personal and social care needs was not multi-disciplinary. **6. 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:** All plans will be reviewed involving the relevant multidisciplinary inputs i.e. the assessment and goals will be reviewed by the relevant discipline and any amendments will be incorporated in the plan.
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:** One resident had recently been admitted to an acute general hospital. However, there was no information on file in relation to this hospital admission. **7. Action Required:** Under Regulation 25 (2) you are required to: On the return of a resident from another designated centre, hospital or other place, take all reasonable actions to obtain all relevant information about the resident from the other designated centre, hospital or other place. **Please state the actions you have taken or are planning to take:** All relevant medical information on residents on their discharge from hospital has now been received [22 Apr 2016]. Healthcare recording systems are being reviewed to ensure that the system prompts staff to request this from the family if the person is discharged to their family home. We have agreed with families the processes by which this information will be made available to the Services in future.
Proposed Timescale: 30/06/2016

Outcome 06: Safe and suitable premises
Theme: Effective Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** Inspectors observed some gaps around the light fittings in this bathroom and asked the provider to ensure that these lights were in good working order. **8. Action Required:** Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents. **Please state the actions you have taken or are planning to take:** The light fitting has been inspected, the gaps have been repaired and are in good working order.
Proposed Timescale: 07/03/2016

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:** 14 of 20 staff had not received fire prevention training and 12 staff had not received training on fire evacuation procedures. **9. Action Required:** Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents. **Please state the actions you have taken or are planning to take:** All staff are now trained on fire evacuation. [9 May]. All Staff due fire prevention training are now scheduled to receive this no later than 4 July 2016.
Proposed Timescale: 04/07/2016

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:
Training records indicated that three staff had not received training on dealing with positive approaches to behaviours that challenge and one staff member was due refresher training.

10. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
Training will be provided to all staff who have not yet received such training. In the interim local training has been provided to the staff members on the implementation of behaviour support plans.

Proposed Timescale: 31/08/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Training records indicated that from 20 staff in total four had not received training on the protection of vulnerable adults and eight staff were due refresher training.

11. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
All staff who have not already done so will receive welfare and protection training.

Proposed Timescale: 31/05/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A comprehensive assessment of residents' educational, employment and training goals was not available for all residents in order to ensure that their skills development, education and training was suited to individual residents' abilities.

12. Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
The assessment and planning of residents' educational and employment needs will be reviewed and we will ensure that they are incorporated into the care planning for each resident.

Proposed Timescale: 31/08/2016

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:
Medicines requiring refrigeration could also be stored securely. However, the temperature of the refrigerator was not monitored on a daily basis.

13. Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
The temperature of the fridge is now being monitored and recorded on a daily basis.

Proposed Timescale: 18/04/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In the sample prescription sheets reviewed it was not clear that a record of each drug and medication was signed and dated by the GP. The date was not in place for each drug prescribed in the sample of drug charts examined.

14. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
All medication administration documents will be reviewed and where signatures or dates have been omitted we will ensure that the prescriber correctly dates and signs same. Staff will be reminded to check records for such errors as prescriptions are issued.

Proposed Timescale: 27/05/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The route for administration of emergency medication to manage epilepsy was ambiguous. This could lead to staff misinterpreting the protocol and incorrectly administering medication, in particular as records indicated that six staff had not been trained in the management of epilepsy.

15. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
[a] The method of administration of emergency medication to manage epilepsy has been be clarified for all staff immediately
[b] Training will be provided to all staff in the management of epilepsy and the administration of emergency medication.

Proposed Timescale: 26/08/2016

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:
The management arrangements across a wide type and variety of services could not ensure effective governance, operational management and administration of the designated centres concerned.

16. 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:
A review has taken place in relation to management arrangements of all designated centres. The Provider Nominee and the Person in Charge will agreed a timetable whereby the PIC has dedicated time in the Centre sufficient to ensure discharge of PIC responsibilities under the Health Act. The number of service locations has been reduced to facilitate this.

Proposed Timescale: 01/06/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There had only been one unannounced visit in the previous 12 months in relation to quality and safety of care and not two as required by the regulations. As with the annual review not all issues relevant to quality and safety in the audit tool were reviewed. In addition, there were examples of issues that had been identified in this quality and safety review that had not been remedied.

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

Please state the actions you have taken or are planning to take:
The register provider has scheduled unannounced inspections for 2016 and these are in progress.

Proposed Timescale: 31/08/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All healthcare information in relation to residents’ condition and any treatment or other intervention was not available in the centre.

18. 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:
All health care information in relation to residents is now available in the centre.

Proposed Timescale: 22/04/2016