

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	No.1 Brooklime
Centre ID:	OSV-0003573
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Southern Services
Provider Nominee:	Una Nagle
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
25 May 2017 11:00	25 May 2017 16:00

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

Outcome 05: Social Care Needs

Summary of findings from this inspection

Background to the inspection:

This report sets out the findings of an announced inspection by the Health Information and Quality Authority (HIQA) of a centre managed by Brothers of Charity Services following an application by the provider to register the centre. The Brothers of Charity Services provided a range of day, residential and respite services in Cork. This was a follow up to the previous inspection in August 2016.

Description of the service:

The centre provided a home to eight residents with varying support needs and consisted of two houses next door to each other in the suburbs of Cork.

How we gathered our evidence:

The inspector visited only one of the two houses and met with one of the residents who currently lived in this centre. The inspector also met with staff, the person in charge and the director of services for Brothers of Charity Services. The inspector reviewed documentation such as care plans, accident logs, policies and procedures.

Overall judgment of findings:

Despite a multidisciplinary case review meeting in relation to a resident's placement and a review of the placement by the Admission, Discharge and Transfer Committee of Brothers of Charity Services since the last inspection, there was no definitive plan place to resolve a residential placement that was not meeting the resident's needs.

The reasons for this finding is explained under the outcome in the report and the regulations that are not being met are included in the action plan at the end.

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 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):

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

Findings:

As on the previous inspection, it was again found that the designated centre did not meet the assessed needs of all residents as there was an unsuitable mix of residents in the centre. In particular, the centre was failing to meet adequately one individual resident's emotional, social or developmental needs.

Since the last inspection, a report had been prepared in relation to the transfer of one resident from the service. Minutes of a case review meeting dated 13 December 2016 in relation to the placement were made available to the inspector. This meeting involved members of the multidisciplinary team including the area manager of the service, the social care leader from the centre, the day service manager, care staff from the residential service and day service, the intensive support worker from the adult behaviour support services department and the speech and language therapist. It was identified that the resident's needs were not being met in either the current residential or day service placement. An application was made to the Brothers of Charity Services' Admission, Discharge and Transfer Committee with a recommendation that a new residential and day service be provided for one resident. However, the committee confirmed that it was 'not in a position to process the transfer as an alternative residential placement had not been identified'. Following this decision by the Admission, Discharge and Transfer Committee there was no definitive plan place to resolve this inappropriate placement.

As was found on the previous inspection, as a result of the unsuitable mix of residents in the centre, it was not demonstrated that residents were being adequately protected

from injury and harm by their peers. It is a requirement of the regulations that all serious adverse incidents, including allegations of abuse are reported to HIQA. There were five such issues submitted to the Chief Inspector since August 2016. However, it was noted that there had been a reduction in the overall number of incidents occurring in the centre since the last inspection. From January 2016 to August 2016 there had been 31 incidents recorded of violence and aggression. From August 2016 to May 2017 there had been 10 such incidents. The transfer report from 13 December 2016 identified that, due to the design and layout of the centre, the risk of an incident increased when residents were together in the main house and kitchen.

The Brothers of Charity Services 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. These behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. The implementation of these support plans was being reviewed on a monthly basis by a multidisciplinary team including the intensive support worker.

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. There had been approval by the behaviour standards committee in November 2016 of the use of a 'seclusion protocol'. Since the last inspection there had been one incident, in May 2017, when seclusion had to be used. Changes had been made to the design of the doors in the house so that when seclusion was being implemented it was possible for a senior member of staff to continuously observe the resident, as required by the seclusion protocol.

Judgment:

Non Compliant - Major

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:

Kieran Murphy
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 Southern Services
Centre ID:	OSV-0003573
Date of Inspection:	25 May 2017
Date of response:	21 June 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 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 designated centre was not suitable for the purposes of meeting the needs of each resident.

1. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is

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

suitable for the purposes of meeting the assessed needs of each resident.

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

1. The apparent inappropriate day and residential placement of one resident identified a review meeting on 13th December 2016 is under ongoing review. The placement was registered on the Service wise inappropriate placement listing for monitoring by a Service wide grouping of PICs and Senior Management.
2. The resident has been supported to change day service and is availing of an outreach community programme and will sample an alternative more individualised day service in July 2017.
3. The residents change in day services has reduced the incidents of challenging behaviour in his home.
4. The PIC is arranging for an updated assessment of the resident support needs to determine if these needs can be met in the Centre. The assessment tools being utilised in this regard will include a Risk Assessment designed to identify the most probable risks, consequences for the resident and co residents, risk rating and recommended interventions and other action. This Risk Assessment together with an updated scoring of the residents personal outcomes and service support outcomes will inform management of the updated position in relation to the placement. [30 June 2017]
5. Management will consider if the recommendations can be implemented in the residents current setting. [14 July 2017] If it is viewed that the residents is inappropriately placed based on the risk and Personal Outcomes assessments the residents listing on the inappropriate placement listing will be reactivated i.e. Management will work to identify a suitable alternative placement and a relocation timeframe will be notified to the Authority. [30 September 2017]
6. In carrying out the review at 4 above it was agreed that a similar review of another resident in the centre should also be carried out at that time to inform management by 14 July 2017 again to inform the Inappropriate placement forum, if appropriate.
 - The review of the remaining 2 residents will be completed by 30/09/2017 as part of their Comprehensive Assessment of Needs

Following review of recommendations, the Services will identify the most appropriate placement for the residents.

Proposed Timescale: 30/09/2017