

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Fuchsia Services
Centre ID:	OSV-0004471
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Ivan Cormican
Support inspector(s):	Jackie Warren
Type of inspection	Unannounced
Number of residents on the date of inspection:	13
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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 February 2017 09:00 To: 16 February 2017 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 19 and 20 May 2015. As part of this inspection, the inspector reviewed the 13 actions the provider had undertaken since the previous inspection. Inspectors found that 12 these actions had been addressed in line with the provider's response and that one action had been partially addressed.

How we gathered our evidence:

As part of the inspection, inspectors met with seven residents. Inspectors observed that residents interacted warmly with staff and appeared to enjoy their surroundings. The residents' bedrooms were individually decorated with items of personal interest, photographs of family and friends and certificates of personal achievements. Inspectors also spoke with six staff members, including the person in charge and

also observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised three, single story houses, that accommodated up to 13 residents who have intellectual disabilities. Each resident had their own bedroom which was decorated to reflect their interests. One of the houses in the centre offered a respite service to one individual who accessed this four nights per week. This house had a specific bedroom for the respite user. Each house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents, with some of the residents having en-suite facilities. Each house also had adequate communal rooms available for residents to have visitors such as family and friends. Two of the houses were located within walking distance of a large town, where transport links such as buses and taxis were available. The remaining house was located in the countryside within a short drive of local amenities. Suitable transport was also made available to residents who wished to access the community.

Overall judgement of our findings:

The findings of this inspection included compliance with the regulations under several outcomes including admissions, governance and management, social care needs, premises, welfare and development, healthcare, resources, workforce and records. However, the inspector also found that improvements were required in relation to health and safety, residents rights dignity and consultation and medication management.

The reasons for these findings are explained under each 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 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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that the rights and dignity of residents was maintained within the designated centre. However, improvements were required in relation to a contract which had supported residents to purchase a vehicle.

Residents attended weekly meetings in which topics such as activities, meal choice, fire safety and personal safety were discussed. Information on rights and advocacy was readily available and on display throughout the centre. Residents who could articulate, stated that they felt happy in the centre and staff treated them very well. Inspectors also observed staff interacting with residents in a warm and caring manner.

The centre had a log of complaints maintained. Staff who were interviewed, could identify the nominated people to manage complaints and had a good understanding of localised complaints procedures. Residents stated that they could complain, if they so wished, to any member of staff. One staff member indicated that an "I'm not happy" booklet was being formulated to further support residents in making a complaint.

The centre had procedures in place to support residents who required assistance in managing their finances. A log of money spent and receipts was maintained, which was regularly audited by members of the staff team. However, improvements were required in relation to contracts for the purchasing of a vehicle as mentioned in the previous inspection report. Three residents who had purchased a vehicle did not have a completed contract in place in regards to ownership and maintenance of that vehicle. However, the person in charge stated that these contracts were nearing completion, and showed inspectors a copy of the proposed contracts which were currently with a legal

representative.

Judgment:

Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

On the day of inspection, inspectors found that residents had written agreements in place which included the services to be provided, the fees which would be charged and any additional costs which the resident may incur. However, the action from the previous inspection in relation residents purchasing a vehicle had not been addressed within the agreed timelines.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that the social care needs of residents were being met.

All residents, in the designated centre, had a personal plan in place. The inspector reviewed a sample of personal plans and found they reflected the assessed needs of residents. Each plan contained details such as, family and friends, social interests, intimate care needs, healthcare needs and risk assessment plans.

The inspector reviewed the documented personal goals for residents. These goals had been formulated through a consultation process with the resident, families, key workers and link workers. Each goal had an associated action plan and person responsible for supporting the residents to achieve their chosen goal. Each goal reviewed had been progressed in line with the action plan and resulted in residents' achieving goals, such as meeting friends, having a pet and visiting stables.

The inspector found that residents had various photographs of attending activities in the community and staff maintained a log of residents' activities, some of which included attending local restaurants, parades, bowling and public houses.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

On the day of inspection, inspectors found that the premises met the assessed needs of residents. The actions from the previous inspection had been addressed with alterations made to ensure that residents had adequate storage and access to bathing facilities.

The centre comprised three separate houses, each of which was warm, bright, clean and suitable furnished. Each of the three houses had open plan kitchen and dining room and reception rooms which appeared spacious and cosy. Each resident had their own bedroom which was warm and furnished to meet their individual preferences and needs.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

On the day of inspection, inspectors found that the health and safety of residents, staff and visitors was supported in the designated centre. The action from the previous inspection had been addressed with previous unidentified risks now part of the centre's risk management procedures. However, further improvements were required in relation to the identification of risk and fire management procedures within the centre.

Inspectors observed that the centre had precautions against the risk of fire. There was fire fighting and detection equipment in place such as fire extinguishers, fire alarms, emergency lighting and smoke detectors all of which were serviced regularly. Staff within the centre were carrying out regular documented fire drills and fire safety checks. Inspectors also noted that the fire alarms were serviced as required; however, one house did not have clearly identifiable fire zones listed on the fire panel.

Inspectors noted that one house in the designated centre did not have fire doors in place throughout the house. Inspectors also found that some fire doors were being held open by door wedges and door latches. This was brought to the attention of the person in charge on the day of inspection.

Each resident had a personal emergency evacuation plan and a missing person plan in place which was regularly reviewed. The procedures to be followed in the event of a fire were displayed in the centre.

The centre had procedures in place for the identification and management of risk. The inspector reviewed a risk register which identified all perceived risks within the centre. Each risk identified was rated and had control measures listed to negate the listed risk. However, inspectors found that all risks within the centre had not been included on the risk register such as infection control and the use of open fires. Inspectors also noted that not all control measures to negate the risk of fire had been included on the risk management plan and that carbon monoxide alarms were not in use.

The centre maintained a log of adverse events, all of which were responded to in a prompt manner by the person in charge. The centre also had a policy on infection control and colour coded mops were in use.

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):

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

Findings:

On the day of inspection, inspectors found that the centre had policies and procedures in place to safeguard residents from potential abuse. The actions from the previous inspection had been addressed with residents having received personal development training.

Inspectors met with seven residents who all stated that they felt safe in their home. Residents were observed to openly interact with staff and appeared comfortable in their presence. Staff who were interviewed could clearly identify potential abuse and could detail the organisational procedures in responding to abuse, including the role of the designated officer.

Inspectors reviewed two positive behavioural support plans which were in place. Both plans had been recently reviewed and staff had a good understanding of the plans. Staff had also implemented all aspects of the plans including chat time, star charts and a rewards contract.

The centre had a policy on restrictive practice and there was one restrictive practice in place on the day of inspection which was supported by an appropriate risk assessment.

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.

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: On the day of inspection, inspectors found that residents had opportunities for education, training and further employment.</p> <p>Inspectors met with several residents who stated that they were supported to attend training and further education. Residents were happy to show inspectors certificates of further education and achievements. Residents also stated that they would be supported by the organisation if they wished to seek employment.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: On the day of inspection, inspectors found that residents were supported to have the best possible health.</p> <p>Inspectors reviewed a sample of personal plans and found that residents were regularly reviewed by their general practitioner and had access to specialists such as neurology and cardiology. Residents were also reviewed by allied health professionals such as occupational therapists, physiotherapists and speech and language therapists. Inspectors noted that all prescribed recommendations from allied health professionals had been implemented by staff.</p> <p>Personal plans had a detailed medical history for each resident in place and an information sheet of care, if required, in respect of each medical condition. Each resident had a hospital passport in place which supported the care of the resident when attending hospital. Each passport detailed the resident's past medical history, relevant clinicians and support needs in areas such as communication, eating and drinking and personal care.</p>

Residents had access to adequate quantities of food which inspectors observed to appear nutritious on the day of inspection.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that there were systems in place for the safe receipt, storage, administration and recording of medications. However, improvements were required in relation to supporting residents in the self administration of medications.

Inspectors found that staff had been trained to administer medications, had good knowledge of the safe administration of medications and could detail the procedures in respect of a medication error occurring. Medications were observed to be appropriately stored and the keys for the medication storage were held by the senior staff on duty. The centre also maintained accurate prescription and administration sheets.

The centre maintained a log of received and returned medications and medication audits were regularly occurring. However, residents had not been assessed in regards to managing their own medications.

Judgment:
Non Compliant - Moderate

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):

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

Findings:

On the day of inspection, inspectors found that the centre had appropriate governance and management arrangements in place. The actions from the previous inspection had been addressed with a full-time person in charge now in place.

The provider had carried out an annual review which highlighted quality initiatives and actions which had been achieved since the centre had been registered. The review had been completed following consultation with residents and families and had looked at areas such as complaints and adverse events. The annual review also incorporated the planned improvements that the service required and any challenges that could arise as a result.

The provider had also conducted a six monthly audit of the quality and care provider in the designated centre in the days prior to the inspection. An action plan had been generated from this audit which incorporated areas for improvement such as future planning to meet the needs of residents, social goals and risk assessments.

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):

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

Findings:

On the day of inspection, inspectors found that the designated centre was adequately resourced to meet the assessed needs of residents. The actions from the previous inspection had been addressed with extra staffing resources now available for one house in the designated centre.

Inspectors found that the centre had adequate staffing and residents had been supported to remain at home and not attend the day service in times of illness. Residents were supported to access the local community and attend further personal

development and education.

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):

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

Findings:

The actions from the last inspection were addressed with adequate staff numbers now employed to meet the assessed needs of residents.

Inspectors found that staff had been trained in areas such as positive behavioural support, fire safety and manual handling. Staff reported that they felt supported by the organisation and they received regular support and supervision. There centre had no volunteers in place on the day of inspection.

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):

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

Findings:

On the day of inspection, inspectors found that records were maintained to a good standard within the designated centre. The provider had addressed the action from the previous inspection with appropriate financial records now in place. The provider had also made available all policies as required under Schedule 5 of the regulations.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004471
Date of Inspection:	16 February 2017
Date of response:	15 March 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider failed to ensure that residents' contracts for the ownership and maintenance of a vehicle were completed within agreed timelines.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The agreement for ownership and maintenance of vehicles has now been finalised by solicitors and will be signed off at the next management meeting.

Proposed Timescale: 28/03/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider failed to ensure that:

- all risks were identified in the designated centre
- all controls measures were listed in the risk management plan for fire
- carbon monoxide alarms were in place

2. Action Required:

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

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

1. The person in charge is reviewing the assessment and management of risk. All risks have now been identified and all control measures and are fully listed on the risk register.
2. Carbon monoxide alarms have been sourced and are now in place.

Proposed Timescale: 1. Completed 10/03/2017; 2. Completed 10/03/2017

Proposed Timescale: 10/03/2017

Theme: Effective Services

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

The provider failed to ensure that fire doors were available throughout the designated centre. Some fire doors were also held open with door wedges and door latches.

3. Action Required:

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

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

Fire doors are no longer held open with door wedges and door latches.
2. Additional capital funding will be required from our external funders to upgrade one house to the new draft fire standards. An application will be made to our external funders for these additional monies and work will be carried out on receipt of additional funding.
3. An application will be made to the landlord for two houses to install fire doors throughout.

Proposed Timescale: 1. Completed 16/02/2017; 2. On receipt of funding 30/06/2017; 3. 23/03/2017

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

The provider failed to ensure that fire zones were clearly identified.

4. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Additional signs have been placed at entrances into each of the two zones.

Proposed Timescale: Completed 17/02/2017

Proposed Timescale: 17/02/2017

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 provider failed to ensure that residents' wishes had been sought in regards to the self administration of medications.

5. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

All people supported will be asked their preference around self-administration of medications. The Health Psychologist is currently reviewing and updating an assessment tool in this regard. Risk assessments and protocols will be completed as necessary.

Proposed Timescale: 19/05/2017