

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sky Services
Centre ID:	OSV-0003970
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Galway
Provider Nominee:	
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
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:
27 November 2017 09:45	27 November 2017 17:00
29 November 2017 09:30	29 November 2017 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

Background to the inspection:

This was an 18 outcome inspection to monitor compliance with the regulations and standards and to inform a registration decision. This centre had previously been part of another designated centre. This was the first inspection of the centre in its current configuration.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, staff files and

health and safety documentation. The inspector met with six residents who lived in the centre. Residents were not able to communicate verbally with the inspector; however, the inspector observed residents to be relaxed and comfortable in the centre and in the company of staff. They appeared to be enjoying the daily activities and mealtimes. The inspector also met with and observed several staff at work and spoke at length with two staff members, the team leader, person in charge, service coordinator and sector manager. The inspector also met with the provider at the feedback meeting. The inspector did not have the opportunity to meet with any residents' families. The content of satisfaction questionnaires returned to HIQA by residents' families was taken into account during the inspection.

Description of the service:

The centre comprised two houses, one in a town, and the other nearby in a rural area. This centre provided residential accommodation to ten male and female adults who had an intellectual disability with moderate to high support needs and who may also present with complex, physical, medical, mental health, mobility, sensory or communication, needs. The buildings generally met the needs of residents with suitable assistive equipment, single bedrooms, gardens and comfortably furnished rooms.

Overall judgment of findings:

The inspector found a high level of compliance with some of the regulations, with ten of the outcomes being found compliant and three substantially compliant. The remaining five outcomes were moderately non-compliant and there were no major non-compliances.

Residents received a good level of health and social care, had access to healthcare professionals and they appeared happy in the centre. In addition there were safe medication management practices being implemented. There were measures in place to safeguard residents and good communication plans had been developed.

The areas found to be in moderate non-compliance were fire safety and risk management, governance and management, privacy and dignity, complaints management, use of resources, and staffing. Minor improvement was required to premises, the statement of purpose and the directory of residents.

Findings from the inspection are explained in the body of the report and actions required are found 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):

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

Findings:

This was the first inspection of this centre in its current configuration.

The inspector found that residents' rights, dignity, and consultation needs were generally well met but some improvement was required to the management of complaints, residents' privacy, and visiting arrangements.

Due to the communication needs of some residents formal meetings did not take place with all residents in the centre. Key workers were assigned to some residents to represent these residents' views and preferences and to advocate on their behalf. In one part of the centre weekly residents' meetings were being held, during which, residents could make plans and discuss issues of importance to them. A resident from the centre was a member of a larger service user council in the organisation. Overall, residents' views were explored and respected. However, there had been a recent incident where a resident had been denied community access and options around this had not been suitably advocated on behalf of the resident at the time of inspection.

There was a system for recording and reviewing complaints. The inspector reviewed the complaints recording system and found that most complaints had been suitably resolved, although one complaint that had been in progress for a long time and while under investigation, had not been finalised. The complaints procedure was displayed and identified the person nominated to manage and record complaints. There was a complaints policy, which included an appeals process available to staff.

In general, the privacy and dignity of each resident was respected, although some

improvement was required to ensure that residents' privacy was ensured at all times. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms, which were comfortably furnished, were decorated with photographs, pictures, and personal belongings and had ample wardrobe space. Personal plans for intimate care had been developed for all residents to ensure privacy and dignity was being respected during the delivery of intimate care and that maximum independence was promoted.

Residents' could receive visitors in the centre at any time, including late at night and during meal times, which could impact negatively on the privacy of residents. Consideration had not been given to how these arrangements could impact on the privacy, and comfort of all residents living in the centre. The risks associated with these arrangements had not been assessed, or suitable control measures identified as necessary. The inspector also learned during the inspection that there had been instances where external parties had entered the grounds of the centre and looked through windows at residents. Measures had not been introduced to protect residents from this breach of privacy.

The inspector reviewed a sample of residents' finances and found that they were managed in a safe and transparent manner. Residents' money was securely stored, transactions were clearly recorded and residents could access their own money when required. There were frequent checks and audits of financial transaction being carried out by staff and senior managers.

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 were good systems to assist and support residents to communicate, based their individual capacity.

Each resident had a communication profile that identified the most appropriate communication techniques for him or her. Objects of reference and pictures were in use to communicate with some residents. For example, a coloured pictorial activity booklet had been developed for a resident to clearly identify this resident's daily activities of choice, and objects of reference were used to assist communication with residents.

A hospital profile had been developed for each resident which contained relevant information about the resident. In the event of a hospital admission these would be used to communicate important information about residents to hospital staff.

There was a range of information displayed in accessible format in both houses, including notices about local events, daily food options and health and safety and safeguarding information. There were picture boards which were updated daily in each house, with names and pictures of the staff on duty each day and night. Furthermore, staff and the management team had been working to increase the amount of information available to residents in accessible format. For example, information on residents' personal goals, the human rights charter, the complaints process, and guidance on the management of money, were available in easy-read versions.

All residents had access to televisions, radio, postal service, telephone, books and magazines.

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:

Residents were supported to maintain relationships with their families and were supported to interact in the local community.

Family and friends could visit residents in the centre at any time and there was plenty of comfortable space where residents could meet with visitors in private. Some residents also visited and regularly stayed with family members.

Families were invited to attend and participate in residents' annual planning meetings and reviews of residents' personal plans. Records indicated that families were kept informed and updated of relevant issues. Residents attended day services on weekdays where they had the opportunity to meet and socialise with their peers.

There was recorded evidence that staff arranged for residents to go on outings, attend entertainment events, dine in local restaurants and visit shops and amenities in the town.

<p>Judgment: Compliant</p>

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 confirmed that agreements for the provision of services had been made with, or on behalf of, all residents. The inspector viewed some agreements and found that they were informative, stated the service provided and the fee to be charged, and were signed by residents or their representatives.

There was a policy to guide the admission process and the person in charge was aware of the importance of suitable assessment prior to admission.

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

Findings:

Residents' social wellbeing was maintained by a high standard of care and support. There were records of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre, at day centres and in the community.

Each resident had a personal plan which contained personal information about their backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals. Personal outcome information were also compiled for residents in a new pictorial format, that was colourful and more easily understood by them.

There was an annual meeting for each resident to discuss and plan around issues relevant to their life and wellbeing. These meetings were attended by residents - if they chose to attend, their families and their support workers. Throughout the year, progress on achieving goals was reviewed by staff. In a sample of files viewed, the inspector found that current goals were being progressed.

There were a range of activities taking place in day services and residents' involvement was supported by staff. These included art, music sessions, hydrotherapy, cookery and meditation.

Staff also supported residents' access to the amenities in the local community such as shopping, eating out, meeting their families, and leisure outings. There was a vehicle available to transport residents to activities they wished to take part in.

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):

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

Findings:

The design and layout of the centre generally suited the needs of residents, although improvement to an aspect of the sanitary facilities was required in one house.

The centre was made up of two houses, one of which was situated in a town and the other in a rural area. The two houses were well-maintained both internally and

externally and were clean, warm, suitably furnished and comfortable.

There was a variety of communal day spaces including sitting rooms, dining rooms and large kitchens.

All bedrooms were for single occupancy. The bedrooms were bright and well-furnished. Residents had adequate personal storage space and wardrobes. Most bedrooms had ensuite toilet and shower facilities and there were sufficient additional bathrooms and showers - including assisted facilities. However, in one house, the ensuite bathroom and toilet were not suitably segregated from the bedroom. There was no door on the ensuite bathroom and this area was divided from the bedroom with a plastic curtain. This reduced the dignity of any resident using this room.

There was separate bedroom accommodation for staff in one house, while this was not required in the other house.

The inspector found the kitchens to be well equipped and clean. In each house, there were utility rooms with laundry facilities, where residents could participate in their own laundry if they wished.

There were suitable arrangements for the disposal of general waste and there was no clinical waste being generated.

Residents had good access to outdoors areas. There were well-maintained gardens adjoining the houses.

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:

There were measures in place to protect the health and safety of residents, visitors and staff. However, improvement was required to the fire drill procedure and the identification of risk.

There was a health and safety statement, a risk management policy and a risk register which stated measures to control identified risks. In addition to environmental risks, risks specific to each resident were identified and control measures documented in

residents' personal plans. However, while a range of risks were recorded, risks associated with the use of a behaviour management intervention had not been assessed.

The inspector reviewed fire safety procedures and found that the provider had measures in place to protect residents and staff from the risk of fire. There were up-to-date servicing records for fire extinguishers, emergency lighting, the central heating boiler and the fire alarm system. Staff also carried out health and safety checks, such as checks of escape routes, emergency lights and fire alarms.

The fire procedure was displayed in the centre and staff had received formal fire safety training. Personal emergency evacuation plans had been developed for each resident. These plans provided guidance about the level of support required by each resident.

Fire evacuation drills involving residents and staff had taken place three times in 2017, one of which was carried out while residents were sleeping. Records indicated that drills carried out in daytime had been completed in a timely manner. At the time of inspection, several staff working in the centre had not attended a fire drill. Records confirmed that less than half of the staff working in the centre had taken part in a fire drill. However, a new team leader had recently been appointed to the centre and she had identified this as an area for improvement. She explained to the inspector that she had a plan to ensure that all staff would take part in a fire drill.

The inspector viewed the records of the three fire drills that had been completed, and found that the information recorded for the night drill was not sufficient. There were insufficient records to demonstrate that staff could evacuate residents at night in a timely manner. In addition, fire drill records did not include details of the evacuation for learning.

All staff had received training in moving and handling.

There was an emergency plan which gave guidance to staff in the event of any emergency or evacuation of the centre.

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 were measures in place to protect residents from being harmed or abused.

There was a policy on the safeguarding of adults from abuse and there was a training schedule that ensured that each staff member attended training in safeguarding. There were no on-going allegations or suspicions of abuse in the centre and there were no safeguarding plans in place.

Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers, displayed behaviour, support strategies and reactive strategies. All staff had attended training on managing behaviours that are challenging. There was also a policy on responding to behaviours that challenge to guide staff. Staff interacted with residents in a respectful and friendly manner.

Some residents used bed rails while in bed for safety and the person in charge and staff confirmed that this was because these residents were at risk of falling out of bed. Assessments of the safety of using bed rails had been carried out for this practice, although the rationale for the use of bed rails had not been assessed. In addition, there were no records of any other interventions that had been considered before the introduction of bed rails and why these had not been successful. However, this had been addressed and further assessments were completed and recorded during the course of the inspection.

Judgment:

Compliant

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:

The person in charge was aware of the legal requirement to notify HIQA regarding incidents, accidents and required. All required incidents and quarterly returns had been notified to HIQA.

<p>Judgment: Compliant</p>

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:
Residents had opportunities for new experiences and to develop further skills.

Staff supported and encouraged residents to be involved in household chores, such as food preparation and laundry at a level suited to their capacity. Residents were also supported to become involved in meaningful activities outside the centre. For example, some residents were involved in membership of an advocacy group, attending the service users' council and rehearsing for a Christmas drama show.

There were a range of developmental opportunities available to residents, which mainly took place during the day, at the resource centres that residents attended. For example, residents took part in training in art, cookery, music, independent living skills and drama. Other activities, independent of the centre, also took place. As the centre was centrally located, residents could visit some shops, restaurants and the church with staff support.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:

Residents' health care needs were well-met and they had access to appropriate general practitioner (GP) and other health care services as required.

All residents had access to GP services. Records showed that residents went for consultation with their GPs as required and all residents had an annual health check carried out by the GP. Referrals to other medical consultants were also made, when required, for residents.

Residents had access to the services of health professionals within the organisation, including physiotherapy, speech and language therapy and occupational therapy. Referrals to these professions were being made as the need arose. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice. In addition, other external health care services were arranged, such as visits with the optician, chiropodist, dentist and dental hygienist - in addition to reviews by consultants.

Individualised support plans were developed for all residents' assessed health care needs, such as epilepsy care and mobility. These plans were clear and provided detailed guidance to direct staff.

Residents' nutritional needs and weights were kept under review and any identified issues were addressed. For example, referrals to the speech and language therapist were made as required, recommendations were recorded and these were being implemented. Residents were supported and encouraged to eat healthy balanced diets and participate in exercise. During the inspection the inspector saw residents eating healthy meals. Some residents took part in exercise plans in the day centre as a form of light exercise.

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 were safe medication management practices in place to safeguard residents.

The inspector reviewed a sample of prescription and administration charts and noted that the information required to guide staff on safe medication administration was present. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of 'as required' medications was prescribed with clear guidance on administration. All medication on prescription sheets, including discontinued medication, had been reviewed and signed by a GP. Personal administration protocols had been developed for each resident. There were colour photographs of each resident available to verify their identity if required.

There were suitable arrangements for the ordering, storage and return of unused and out-of-date medications.

Training records indicated that all staff involved in the administration of medication had received medication management training.

Various audits were carried out to review the quality and safety of the medication management in the centre. These included separate annual audits by a pharmacist, a clinical nurse manager in the service and by the organisation's best practice committee. In addition, staff carried out monthly checks of medication.

At the time of inspection, none of the residents required medication to be administered crushed or medication requiring strict controls.

Judgment:

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:

There was a statement of purpose that described the service provided in the designated centre and met most of the requirements of the regulations. However, some required information was not clearly presented. For example, the age range of residents to whom the service is provided and arrangements for the supervision of therapeutic services were not clear

Judgment:

Substantially 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 provider had established a clear management structure, supports were available to staff and there were systems in place to review and improve the quality of service. However, due to a number of issues identified during this inspection, the inspector found that improvements were required to the provider's overall governance and assurance systems.

While the person in charge had responsibility for the overall management of the service, the day to day management of the service and oversight of the quality of care delivered to residents was the responsibility of a team leader who was based in the centre. The role of team leader had been vacant for several months, but a new team leader had recently been recruited. She had familiarised herself with the running of the centre, the care needs of residents and demonstrated a commitment to improving the quality of care delivered to residents.

The role of person in charge was full-time and the person who filled the post was suitably qualified and experienced. She was the manager of some other services and was not based in the centre. There were arrangements to cover the absence of the person in charge and there was an on call out-of-hours rota system in place to support staff. Staff confirmed that this arrangement was effective and that either the person in charge or another senior manager was always contactable.

There were systems for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and kept under review within the centre for the purpose of identifying trends. Members of the organisations management team carried out unannounced visits to the centre every six months, on behalf of the provider, to review the quality of service and compliance with legislation. Findings from all audits and reviews were communicated to the person in charge for attention and were also reported to the provider. Annual reviews of the service were also being carried out.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had ensured that staff attended relevant training.

However, during the inspection, the inspector found a number of areas where the provider's governance systems had not adequately ensured compliance with the regulations, the organisation's own policies and that best outcomes were being achieved for residents.

These included deficits in:

- complaints management
- privacy and dignity
- implementation of behaviour support measures
- maintaining suitable bathroom facilities
- fire evacuation drills
- staffing resources

Judgment:

Non Compliant - Moderate

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:

The person in charge and management team were aware of the requirement to notify HIQA of the absence of the person in charge.

Arrangements were in place to cover the absence of the person in charge when required.

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:

There were adequate resources to ensure effective delivery of care and support at most times, although assessment was required to establish if weekend staffing levels were sufficient.

There were sufficient resources to ensure that the centre was well furnished, comfortable, warm and well-maintained. There was equipment provided to meet residents' needs and there were resources, including transport to facilitate residents' occupational and social requirements. The centre had been extended in recent years to increase the comfort of residents and the person in charge stated that there would be further improvements to one of the houses in the coming year to meet residents' changing needs.

There appeared to be suitable numbers of staff rostered for duty on weekdays to ensure that residents could take part in things that they enjoyed both in the centre and elsewhere. However, the inspector was told - and staffing rosters confirmed, that there were insufficient numbers of staff on duty at weekends to bring residents to things happening in the community such as shopping, outings, or to eat out. At weekends, leisure activities generally took place in the centre. Furthermore, assessments of residents' dependency levels had not been carried out to inform staff allocation.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection, although sufficient staff numbers were not available

to meet all residents' social needs at weekends. Staff had been suitably recruited and had received training appropriate to their roles.

Feedback from a returned questionnaire to HIQA indicated satisfaction with the care provided to residents by staff, but stated that some forces external to the centre impacted negatively on the delivery of care to residents. These issues were reviewed during the inspection and findings were discussed with the management team and the provider.

There was a planned and actual staff roster which the inspector viewed and found to be accurate. Staff were in the centre to support residents at all times when residents were present, including during the night. Additional staff were allocated, by arrangement, to accompany residents for outings, such as concerts and trips away. Records viewed by the inspector showed that there were enough staff on duty to ensure that residents health care needs were met and that personal care was delivered.

However, there were not always sufficient staff to support residents to do things spontaneously in the local community, such as going for a walk, to a local shop or to the hairdresser. This was particularly evident at weekends.

There were separate staff to support residents who attended day services.

The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the regulations such as vetting disclosures, suitable references, photographic identification and employment histories.

Staff confirmed and training records indicated that staff had received training in fire safety, safeguarding, behaviour management and manual handling, all of which were mandatory in the organisation. In addition, staff had received other training, such as training in safe administration of medication.

Judgment:

Non Compliant - Moderate

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:

During the course of the inspection, a sample of documents, such as records relating to staff training, health and safety, medication management and health care, were viewed and were generally found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were orderly and suitably filed.

However, some improvement was required to the directory of resident. Although the directory contained most of the required information, it did not include the name and address of any authority, organisation, or other body, which arranged each resident's admission to the centre.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jackie Warren
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-0003970
Date of Inspection:	27 November 2017
Date of response:	12 January 2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Suitable arrangements had not been explored to advocate for the rights of all residents.

1. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

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

Following the inspection the Team Leader made further enquiries and advocated on behalf of the resident to find a suitable social voluntary role which will commence in early 2018.

Proposed Timescale: 28/02/2018

Theme: Individualised Supports and Care

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

Assessment had not been carried out as to how unlimited visiting arrangements could impact on the privacy, safety, and comfort of residents living in the centre.

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:

We have revised our procedures for Visiting Arrangements which is reflected in our Statement of Purpose.

Proposed Timescale: 12/01/2018

Theme: Individualised Supports and Care

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

Control measures had not been introduced to address instances where external parties had entered the grounds of the centre and caused a breach of residents' privacy.

3. 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:

We have reviewed our security arrangements and our control measures to alert staff of any potential third parties entering the grounds. This will include an external sensor light and external CCTV system. Staff have been advised to take appropriate actions and contact relevant authorities when an unknown intruder is observed.

Proposed Timescale: 31/01/2018

Theme: Individualised Supports and Care

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

A complaint had not been finalised in a timely manner.

4. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

This complaint has been investigated and is now finalised.

Proposed Timescale: 31/12/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

In one house, the en suite bathroom was not suitably segregated from the bedroom.

5. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

A new door to the en-suite in the bedroom in one house will be fitted to ensure that the en-suite is suitably segregated from the bedroom.

Proposed Timescale: 31/01/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

All risks had not been assessed.

6. 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:

The Centre has a risk register which is regularly reviewed and updated. We will review and re-evaluate the register of risks with our Health and Safety Officer, identify any risks not already listed on the register and amend register when this is completed.

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

There was insufficient evidence to demonstrate that staff could evacuate residents at night in a timely manner.

7. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

We will review and evaluate our night time fire drills with our Health and Safety Officer to ensure that we are meeting the regulations and acceptable evacuation timeframes. We will adjust and amend PEEPS and emergency plans as necessary.

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

Some staff working in the centre had not attended a fire evacuation drill.

8. 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:

All staff working in the centre will carry out at least one fire drill each per year which will ensure that all staff are familiar with the procedures and evacuation protocol in case of a fire. All new staff will attend a fire drill as part of their local induction to the centre.

Proposed Timescale: 31/03/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include all the information required by schedule 1 of the regulations.

9. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose has been amended to include reference to the age range, needs and compatibility of the any person who would be offered a service in Sky Services. It is now clear on the Statement of Purpose that anyone carrying out therapeutic services within the centre will be supervised by staff members.

Proposed Timescale: 31/12/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider's governance systems were not being effectively implemented to ensure the quality and safety of the service delivered to residents.

10. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Following this inspection we will address a number of areas that have been identified as requiring improvements.

Since the inspection the following improvements have been outlined.

Implementing a process and system to track individual personal plans and profiles to ensure these are continuously and regularly reviewed and updated throughout the year. A system set up to record and monitor that all staff have participated in fire drills as outlined previously.

The Person in Charge and the Team Leaders have set up dates for formal supervision for all the staff team within Sky Services.

A time table for Team meetings, including a team based performance planning day throughout the year has been put in place.

All Health and Safety, maintenance issues, accident and incident reports will be on the agenda of every team meeting to be discussed, reviewed and action plans put in place where necessary.

Proposed Timescale: 31/03/2018

Outcome 16: Use of Resources

Theme: Use of Resources

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

There were insufficient staff on duty at weekends to address the social care needs of residents. Assessments of residents' dependency levels had not been carried out to inform staff allocation.

11. Action Required:

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

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

We will carry out a review of the Dependency Levels and Needs Assessment of the residents and we will increase staffing levels at weekends where required.

Proposed Timescale: 31/03/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were not always sufficient staff to support residents to do things spontaneously in the local community.

12. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

We will increase staffing levels at weekends and seek to recruit volunteers to assist residents to meet their goals and become more involved in their local community.

Proposed Timescale: 31/03/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

The directory of residents did not include the name and address of any authority, organisation, or other body, which arranged each resident's admission to the centre.

13. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Directory of Residents now has the name of the authority, organisation or body who admitted the residents to the centre.

Proposed Timescale: 18/12/2017