

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Clare |
| Centre ID: | OSV-0003666 |
| Centre county: | Clare |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Services Clare |
| Provider Nominee: | Eamon Loughrey |
| Lead inspector: | Mary Costelloe |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 3 |
| 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 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 ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 September 2014 09:00 To: 16 September 2014 16:00

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

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| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre carried out by the Health Information and Quality Authority (the Authority), it was announced and took place over one day. As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

The inspector visited one house which accommodated two residents and the adjoining/interconnecting apartment which accommodated one resident. There were two more houses at separate locations which the organisation intends to apply to register as one designated centre.

The house and apartment were bright, comfortable, appropriately furnished and well maintained.

Overall, the inspector found that residents received a good quality service in the centre. Staff supported residents to participate in the running of the houses and in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to attend part time employment.

Staff were very knowledgeable regarding each resident's needs and the inspector was satisfied that individual needs were being met. Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the

company of staff.

Areas of non compliance related to some aspects of medication and risk management which are discussed further in the report and included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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:

The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Residents were supported to partake and attend a variety of activities. Each resident had a monthly planned activity timetable. Residents told the inspector that they enjoyed a variety of activities including walking, swimming, attending the gym and playing pool. Residents confirmed that their individual interests were also facilitated. Residents stated that had enjoyed a recent trip to a music concert and visited Fota wild life park.

All residents had a personal plan which had been developed in consultation with each resident and their families. There was evidence of regular review of plans including the involvement of families. Each review set out the services and supports to be provided to residents, to help them achieve a good quality of life and realise their goals including nutrition, health, work, finance, mobility, learning growth, transport, communication, spirituality, leisure and relationships. The plans clearly set out individual goals and the names of the persons responsible for pursuing them. Residents spoken with told the inspector that some of their goals had already been achieved while others were in the process of being implemented. Residents were also supported to attend part time employment.

Each resident had a personal plan folder in an accessible format that they kept in their bedrooms. The folder also contained information on the complaints procedure and the residents guide.

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):

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

Findings:

The inspector noted that generally there were robust systems in place to manage health and safety, the emergency plan required further updating.

There was a health and safety statement available. The inspector reviewed the recently updated risk register and noted that systems were in place for the regular review of risks. Environmental hazard check lists were now being completed on a six monthly basis and the person in charge told the inspector that risks/ incidents were discussed at all team meetings. The measures and actions in place to control the risks specifically mentioned in the Regulations were included. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place.

The inspector reviewed the emergency plan dated October 2013. The plan outlined guidance to staff in the event of fire however, it required further updating to include clear guidance for staff as to what their roles might be in the event of various other emergencies such as loss of heating, loss of water supply and flooding as well as arrangements in place for alternative accommodation including transport arrangements in the event of evacuation of the centre.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in July 2014 and the fire alarm was serviced on a quarterly basis, the last service took place in June 2014. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. Most staff had received up to date formal fire safety training and further training was scheduled for remaining staff in October 2014. A personal emergency and evacuation plan had been documented for each resident and staff were knowledgeable regarding the individual plans. The procedures to be followed in the event of fire were displayed. Regular fire drills took place involving all residents and staff. Records were maintained of all fire drills, the last drill took place in June 2014.

The inspector noted that the building was well maintained in a clean condition throughout. Infection control/hygiene protocols and recommended cleaning procedures were in place. Staff confirmed that they had received training on hand washing techniques and in food hygiene.

All staff had received up to date training in moving and handling and further training was scheduled for October 2014.

Judgment:

Non Compliant - Minor

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:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the policy on the welfare and protection of vulnerable adults dated 2009. The person in charge told the inspector that the policy was in the process of being updated at national level and was due to be signed off shortly. Staff were familiar with the name and contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area. Training records reviewed indicated that all staff had received recent training on adult protection.

The Inspector reviewed the policy on responding to adults who display behaviour that challenges dated July 2012. The policy outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged, it also contained guidance on restrictive practices. Behaviour support plans were in place for residents who displayed behaviours that challenged. There were no restrictive practices in place at the time of inspection. Staff had received recent training on management of actual potential aggression.

Residents spoken with told the inspector that they felt safe in the centre. The inspector observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

Residents were supported to manage their own money. Each resident had completed a money management assessment. Some money was kept for safe keeping on behalf of residents. Records of all transactions were maintained in a clear and transparent

manner.

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:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that residents were reviewed by their GP on a regular basis.

Residents had access to a range of allied health professionals. Records of referrals and appointments were observed in residents' files and recommendations were reflected in residents' personal plans.

The inspector was satisfied that residents' were supported to buy, prepare and cook the foods that they wished to eat. Residents told the inspector that they could plan their own menu, went shopping weekly and enjoyed preparing and cooking their own meals. The inspector observed residents preparing their own lunches. Residents said that they enjoyed eating out once a week and usually took turns at deciding where to go.

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:

The inspector noted that while medication management practices were generally safe some improvements were required in relation to updating the policy and medication prescription/administration sheets with additional information.

The inspector reviewed the medication policy which included guidance on areas such as prescribing, administration and safe keeping of medications but it contained no guidance in relation to disposal of medications. While there were systems in place for the safe return of medications to the pharmacy this was not reflected in the medication policy. The person in charge told the inspector that the medication management policy was currently in the process of being updated to reflect this. Staff spoken with were knowledgeable regarding medication management policies and practices.

The inspector reviewed a sample of prescription/administration charts and noted that they did not contain all the information required to enable staff to safely administer medications. The name of the residents GP and residents date of birth were not included. All medications were individually prescribed and regularly reviewed by the GP. There were no medications that were required to be crushed and no residents were prescribed PRN (as required) medications at the time of inspection.

There were no residents prescribed controlled medications and there were no medications that required special storage conditions at the time of inspection.

Residents were supported to collect and pay for their own medications at the local pharmacy. Robust systems were in place for checking medications on receipt from the pharmacy. Systems were in place to record medication errors and staff were familiar with them.

Staff spoken with had attended recent medication management training. Training records reviewed indicated that all staff had undertaken medication management training and all staff had completed a clinical assessment following training.

Recent medication management audits had been carried out, no major issues had been identified.

Judgment:

Non Compliant - Minor

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):**Findings:**

The person in charge worked full-time in the organisation, he was person in charge in the three houses and one apartment in this designated centre and also had other responsibilities coordinating day services. He had been working in the organisation for several years and had been appointed as the person in charge in 2013. He was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs of each resident. The inspector observed that he was well known to staff and residents. He was in regular contact with staff and visited the houses every other day. The person in charge was on call out of hours and at weekends. Arrangements were in place for the area manager to deputise in his absence.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist him to deliver a good quality service. These supports included an area manager, human resource manager, training officer, social worker and psychologist. There were established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The person in charge outlined how he regularly met with the area manager and other service coordinators. The person in charge told the inspector that he could contact any member of the management team at any time should he have a concern or issue in relation to any aspect of the service.

The person in charge showed the inspector the internal audit of compliance with Regulations which had been recently carried out by a member of the management team. The audit outlined the actions required; the person in charge told the inspector that these areas were being addressed. Audits had also been completed in areas such as medication management, fire safety and incident/accidents.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector noted adequate staffing levels to meet the needs of residents at the time of inspection. There were normally two staff members on duty throughout the day and evening up to 10pm and one staff member on sleepover at night time. Staff told the inspector that staffing arrangements were flexible in order to meet the needs of residents. The inspector reviewed the staffing roster which showed these staffing levels to be the norm.

The inspector was informed that staff were recruited centrally and that the recruitment policy and staffing files were held centrally in the administration office. The inspector did not review staffing files at this inspection as they had been reviewed previously in conjunction with a monitoring inspection in another centre in the organisation. The files reviewed at that time were found to contain all documents as required by the Regulations including references and Garda vetting. A Garda vetting system was in place for volunteers who attended the centre and their roles and responsibilities were clearly set out.

The management team were committed to providing ongoing training to staff. Annual performance reviews were completed with staff which included identifying areas for training and development. Training records reviewed indicated that staff had attended recent training on food safety, medication management, epilepsy awareness and recovery medication, hand hygiene, management of actual potential aggression and occupational first aid. Staff confirmed that they were offered ongoing training.

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:

Mary Costelloe
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

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Clare |
| Centre ID: | OSV-0003666 |
| Date of Inspection: | 16 September 2014 |
| Date of response: | 30 September 2014 |

Requirements

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

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 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 emergency plan did not include guidance for staff as to what their roles might be in the event of various emergencies such as loss of heating, loss of water supply and flooding as well as arrangements in place for alternative accommodation including transport arrangements in the event of evacuation of the centre.

Action Required:

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

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 Registered Provider's Risk Management Procedure is being reviewed, it will reference guidance in the assessment, management and ongoing review of risk, including a system for responding to emergencies. This Procedure will be in operation by the end of October 2014.

The local emergency plan will be updated to include the roles of staff as well as arrangements for transport and alternative accommodation in the event of various emergencies that may cause the evacuation of the centre.

Proposed Timescale: 31/10/2014

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 medication policy did not include contain guidance on the disposal of medications.

Action Required:

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

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

Review of Medication Management Policy to include guidance on the disposal of medication.

Proposed Timescale: 31/10/2014

Theme: Health and Development

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

The prescription/administration charts did not contain all the information required to enable staff to safely administer medications. The name of the residents GP and residents date of birth were not included.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and

administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Review of Medication Management Policy to include in the prescription/administration charts all the information needed to enable staff to safely administer medications. This information will include the name of the residents GP and residents date of birth.

Proposed Timescale: 31/10/2014