

**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 Galway |
| Centre ID: | OSV-0003976 |
| Centre county: | Galway |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Services Galway |
| Provider Nominee: | Anne Geraghty |
| Lead inspector: | Ann-Marie O'Neill |
| Support inspector(s): | Florence Farrelly |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 6 |
| 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

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|-------------------|-------------------|
| From: | To: |
| 25 May 2015 20:20 | 25 May 2015 21:45 |
| 26 May 2015 09:15 | 26 May 2015 13:50 |

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

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| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |

Summary of findings from this inspection

This inspection was carried out by the Authority in response to receipt of unsolicited information pertaining to restrictive practices in use within the designated centre. Inspectors visited the centre in the evening time in order to see practices in place for residents and to ascertain if there were robust evacuation procedures at night time for residents living in the centre.

Inspectors reviewed care practices in three specific Outcomes on this inspection, Outcome 1; Rights, Dignity and Consultation, Outcome 7; Health and Safety and Risk Management and Outcome 8; Safeguarding and Safety. Inspectors found high levels of compliance across all three Outcomes with Outcome 1 deemed to be substantially compliant and Outcome 7 and 8 fully compliant.

Residents living in the centre presented with complex needs and behaviours that challenge. Inspectors found that while there were restrictive practices in place in the centre, they were assessed as being in the best interest of the resident and were the least restrictive option in all cases reviewed. There was evidence to show that restrictive practices used were reviewed by the Human Rights Committee and regularly reviewed through a multi-disciplinary process.

Some of the restraints in use enabled residents to live fulfilled lives and ensured participation in their community. Some examples included harnesses which ensured residents' safety in transit as some residents opened seat belts when using transport. Other restraints used were modified doors which allowed residents to maintain their privacy and dignity but also provide them with opportunity to communicate with staff

and other residents without compromising either them, visitors or staff.

The provider had ensured resources were available in order to make environmental accommodations within the centre. Those accommodations ensured residents living environments met their specific complex needs and reduced the likelihood of behaviours that challenge occurring. A behaviour support specialist worked in close collaboration with residents, staff and families to ensure positive behaviour support assessment and best practice intervention were in place for residents.

An inspector conducted a number of interviews with staff working in the centre throughout both days of inspection. All staff interviewed demonstrated a comprehensive knowledge of what constituted abuse and procedures to be implemented should the suspect or witness abuse. All staff spoken with had received training in client protection, management of aggression and violence and management of behaviours that challenge which ensured they were skilled to meet the needs of the cohort of residents living in the centre.

There was one action for this inspection relating to complaints policies and procedures which were in draft at the time of the inspection. This is detailed at the end of the report with action plan response from the provider.

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:

Overall inspectors found good practices within this Outcome. Residents' rights and dignity were upheld comprehensively through multi-disciplinary review and respectful staff practices.

During the course of the inspection, inspectors observed staff working in a respectful manner. They carried out care practices in a way that maintained residents' dignity. For example, doors to a resident's apartment had been adjusted to make provisions for the resident's dignity but also ensured they could communicate with staff or other residents when they wished to. Staff spoken with answered inspectors' questions about residents in a respectful way. This was important as staff were talking on behalf of residents that could not speak for themselves. It conveyed the respect staff had for residents.

Discussions relating to residents were conducted in private with inspectors.

No CCTV was used within the centre.

Residents had their own bank accounts with bank cards and individual PIN number. They had supported inclusion and autonomy in accessing banking services as they needed. There were robust auditing procedures for the management of residents' finances to ensure safeguarding. An example of the auditing procedures included, balance checks by staff, maintenance of receipts and audits each month.

Each resident had their own bedrooms which were decorated to their individual preferences with personal possessions. Each residential unit had space for residents to meet with visitors in privacy and comfort. For example, in one residential unit each

resident had a living room space where they could meet visitors. Residents could retain personal possessions within the designated centre. Residents' bedrooms had ample storage space which could ensure residents had control over their personal belongings.

Residents had opportunities to participate in activities that were meaningful and purposeful to them and suited their needs, interests and capabilities. Some examples of activities available to residents were cycling, gardening, rebound therapy, equine therapy, swimming and learning life skills. One of the resident's living in the centre had a full time teacher who carried out an education programme Monday to Friday following a curriculum to meet the needs and capabilities of the resident.

Residents had access to an independent advocate who visited the centre often. An inspector observed documentation which indicated a referral to the local advocacy service was made in November 2013 for a resident that lived in the centre indicating residents had long standing established links with the advocacy service.

A complaints policy and procedures was available in the centre. At the time of this inspection the complaints procedure and policy was under review to ensure it met with the matters as set out in the care and welfare regulations. Inspectors found that the complaints procedure was not centre specific and pertained to the organisation. It did not identify the nominated person to deal with complaints by or on behalf of the residents.

The procedure did not outline a nominated person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints were appropriately responded to and a record of all complaints were maintained. The organisational policy for the management of complaints was dated 2008 and made reference to the Health Act 2004 it required updating and review to reflect the matters as set out in the Care and Welfare Regulations 2013.

Since an inspection in another part of the organisation, the complaints policy and associate procedures had been reviewed and changes made to ensure it met with the requirements of the regulations. As the policy and procedures for the management of complaints was under review and in the process of meeting compliance inspectors were satisfied that systems for addressing complaints met with substantial compliance.

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:

Not all aspects of this outcome were reviewed on this inspection. Inspectors reviewed issues in this outcome that related to fire evacuation and risk assessment of restraints used in the centre.

On a previous monitoring inspection in a designated centre located in the same congregated setting an action was given by inspectors which related to fire evacuation procedures at night time and improvement of same throughout the campus. On this inspection, inspectors followed up on this action to assess if evacuation procedures had improved throughout the campus.

Day and night time drills had been carried out. Staff spoken with demonstrated knowledge of how they would contain a fire within the centre and also how they would evacuate residents from the centre. All residents had personal emergency evacuation plans in place which detailed the specific supports each resident would require in the event of an emergency evacuation of the centre. The person in charge of the centre outlined to the inspector that there had been a number of drills carried out at night time from which adaptations had been made to the evacuation procedure to make it more robust. There had been a lot of learning and residents' personal evacuation plans had been updated to reflect the learning from the drills. Inspectors were assured that evacuation procedures were now safer, more efficient and effective.

Inspectors reviewed a sample of risk assessments for restrictive practices in the centre. They were up to date, and reviewed regularly to ensure they were contemporaneous to practices carried out in the centre. Risk assessments were also carried out for residents at risk of absconding. Associated control measures were in place to ensure residents' safety. Residents had been assessed as being at risk of serious injury while using transport due to opening of their seat belts during transit. Specifically designed harnesses had been fitted which could not be opened by residents during transit, this ensured residents could attend activities and visits out of the centre safely. Each of these measures had an associated risk assessment.

Other risks associated with residents' behaviours that challenge had proactive strategies and risk control measures which lessened the likelihood for residents to be seriously injured should they engage in them. A resident identified at risk of ingesting inedible items in the environment had access to a garden space which had been adapted to meet their needs for example; all plants in the garden were edible. Equally risk of self injury from over consumption of water was well managed with control measures which allowed a resident access to water from the tap in their apartment every 45mins. This ensured the resident could access drinking fluids but in such a manner as to meet their physical needs and not cause injury to them.

Judgment:

Compliant

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:

Inspectors reviewed all aspects of this Outcome on this inspection and found practices in place which ensured safeguarding and safety of residents in the centre.

An inspector reviewed a sample of behaviour support plans for residents living in the centre. They followed a multi-element model of positive behaviour support. There was evidence to show environmental adaptations had been implemented to reduce triggers which may elicit behaviours that challenge. Environmental adaptations in the centre also ensured a reduction in restrictive practices used to manage behaviours that challenge.

Staff spoken with throughout the inspection were knowledgeable of the triggers which caused residents to display behaviours that challenge. They implemented de-escalation strategies during the course of the inspection and directed inspectors to move to other parts of the centre if their presence was upsetting residents, which demonstrated competent management of a potential volatile situation.

The behaviour support specialist provided consistent support and direction to staff working in the centre and was present in the centre on the second day of inspection. Through consistent review and close collaboration with staff, management and residents' families, behaviour support plans had been developed to meet the specific needs of each resident.

The provider had ensured there were adequate resources available in order to make environmental accommodations within the centre which would provide an environment catered to residents' needs. Therefore reducing the likelihood of behaviours that challenge from occurring. Inspectors saw evidence of specifically designed living room spaces, modified doors and garden spaces that were safe and promoted independence.

Chemical restraint was used in the centre, it was regularly reviewed by residents' psychiatry team and there was evidence to show attempts had been made to reduce chemical restraint medications which were prescribed to be administered on a consistent basis as opposed to PRN (as required). PRN chemical restraint was prescribed to be administered prior to procedures or appointments which might cause distress or anxiety for the resident, for example, blood tests or dental appointments. Medical and medication administration charts confirmed this had been the case for residents' recent medical appointments or interventions.

An inspector conducted a number of interviews with staff working in the centre

throughout both days of inspection. All staff interviewed demonstrated a comprehensive knowledge of what constituted abuse and procedures to be implemented should they suspect or witness abuse. All staff spoken with had received training in client protection, management of aggression and violence and management of behaviours that challenge which ensured they were skilled to meet the needs of the cohort of residents living in the centre.

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:

Ann-Marie O'Neill
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 Galway |
| Centre ID: | OSV-0003976 |
| Date of Inspection: | 25 May 2015 |
| Date of response: | 06 July 2015 |

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

At the time of inspection the complaints procedure in the centre was not centre specific and pertained to the organisation.

It did not identify the nominated person to deal with complaints by or on behalf of the residents.

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

The procedure did not outline a nominated person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

The organisational policy for the management of complaints was dated 2008 and made reference to the Health Act 2004 it required updating and review to reflect the matters as set out in the Care and Welfare Regulations 2013.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

On the 26th of June 2015, the registered provider disseminated the revised Policy and Procedure for the Management of Complaints. The revised policy names a nominated person, other than the person nominated in Regulation 34(2)(a) to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained. The revised policy and procedure names the Complaints Officer with specific responsibility for the designated centre which will be displayed in the designated centre. The complaints procedure is available for residents in an easy read version and a DVD which demonstrates the complaints procedure in a simple dramatised way is also available in the designated centre. The revised policy and procedure includes an easy read complaints form to support residents who may wish to make a complaint or raise an issue.

Proposed Timescale: 26/06/2015