

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0005074
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Caroline Connelly
Support inspector(s):	Paul Dunbar and Shane Grogan
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 June 2015 09:30	16 June 2015 18:00
17 June 2015 09:00	17 June 2015 15:00

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

This was a registration inspection of Cairdeas Waterford which is one of a number of designated centers that come under the auspices of the Brothers of Charity Services South East. The Brothers of Charity South East provides a range of day, residential, and respite services in Waterford and South Tipperary. It is a not-for-profit organisation and is run by a board of directors and delivers services as part of a service agreement with the Health Service Executive (HSE).

The centre comprises of two houses which are in the community, one in the city of Waterford and the second house on the outskirts of Waterford. One house is home

to four male residents who have been living in the community for a number of years. The second house is a part time residential service catering for up to six adults, of both genders, the six adults are divided into two groups of three – each group uses the service for three consecutive days on alternative weeks. Therefore the residential house is open three nights per week and accommodates three residents per week. As part of the inspection the inspectors met with residents, the person in charge, the regional services manager, Clinical Nurse Manager (CNM2), administration staff and numerous other staff members.

Throughout the inspection inspectors observed practices and reviewed documentation which included residents' records, policies and procedures in relation to the centre, medication management, accidents and incidents, complaints, health and safety documentation and staff files. There were a number of completed questionnaires received by the Authority in relation to the centre from residents and relatives and inspectors spoke to the residents during the inspection. There was a good level of satisfaction expressed by all with the care, the staff and the overall service received.

The person in charge works full time and was seen to be very involved in the day-to-day running of the overall service. Staff and residents informed inspectors that the person in charge was accessible to residents, relatives and staff. The houses were overseen by a CNM2 team leader who took responsibility for the day-to-day organisation and management of the houses which included staffing and budgetary management. There was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible. Community and family involvement was evident and encouraged as observed by inspectors.

There was a good range of social activities available to the residents and they were seen to positively engage in the social and community life which was reflected in their personal plans. The inspectors observed evidence of good practice during the inspection and were satisfied that residents received a good standard of social care with appropriate access to their own general practitioner (GP), psychiatry, psychology, social worker and allied health professional services as required. However the inspectors noted that as the residents in the part time residential service lived mainly at home the centre did not have access to all their medical records which are required to provide care. Personal plans were viewed by the inspectors and were found to be comprehensive, appropriate to the needs of the residents and up to date. The inspectors found that learning from previous inspections of the service had been transferred to this centre and improvements were seen throughout. The inspectors found that fire preventative measures required improvement in the provision of emergency lighting, fire doors and alarm systems. The inspectors also identified that there were improvements required in relation to ensuring residents' privacy and dignity was maintained, staff records and training and further protections to be put in place in relation to Guardianship arrangements

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centers for Persons (Children and Adults) With Disabilities)

Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

The provider had in place an accessible complaints system for residents. Each resident had a 'I'm Not Happy' card that they could place in an 'I'm Not Happy' box in their day service. This card notified the assigned social worker that they wished to have support in making a complaint. These cards were seen by the inspectors to be present in the centre. The complaints procedure was viewed by the inspectors and was found to meet the requirements of legislation. It was also displayed in an easy-to-read format in a prominent place in each house in the centre. The inspectors met the social worker during the inspection and she explained the process she followed in the event of any complaint from a resident and the inspectors saw evidence of follow through on a complaint made by one resident through the I'm not happy system which resulted in a very positive outcome for the resident.

In the Brothers of Charity Waterford and Tipperary there was a regional advocacy council. This was a forum for residents to air their views to senior management about how services were delivered to them and to advocate both for individuals and groups of individuals about the services they receive. The service also employed a quality, training, development and advocacy manager who coordinated the advocacy services for the residents.

The centre generally catered for residents with moderate to severe/profound intellectual disability needs and many of the residents had additional needs due to their physical disability, sensory impairment, behaviours that challenge and medical conditions and needed more support and assistance from staff. One house provided part time residential services so residents spent only three nights per fortnight in the house. Residents with whom the inspectors spoke stated that they felt safe and spoke positively

about their care and about staff. The inspectors observed staff interaction with residents and noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance. The staff and residents informed inspectors that residents were actively involved where possible in the house with residents' meetings held weekly. Minutes of these meetings were seen by the inspectors and they were found to be comprehensive. The minutes demonstrated that residents had plenty of choice in that they chose what meals they wanted, when they wanted to eat out, what social activities they wished to take part in and what trips out they wanted to go on.

The person in charge informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care was provided. Inspectors observed staff endeavouring to provide residents with as much choice and control as possible by facilitating residents' individual preferences for example in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents generally had their own bedrooms which promoted their privacy and dignity, however it was noted that one residents privacy was being compromised by the use of a monitoring system in her bedroom which was used to detect any swallowing or choking episodes and alert staff immediately to same during the night. However during the inspection it was agreed that a lesser intrusive system would be put in place to ensure the residents safety but also to protect her privacy and dignity.

Inspectors noted that, where possible, residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions.

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:

The inspectors noted that residents had access to appropriate media, such as television, and radio. Some residents had televisions in their rooms and inspectors noted that there were large flat screen televisions in communal rooms. There was a computer in the house and residents had access to the internet as required. Residents used video calling to keep in contact with their family.

There was an up-to-date communication policy available on the day of inspection and

staff who spoke to the inspectors demonstrated awareness of individual communication needs of residents in their care and could outline the systems that were in place to meet the diverse communication needs of residents. In addition, inspectors noted that individual communication requirements including residents with complex communication needs had been highlighted in personal plans and were also reflected in practice. The inspectors noted that staff used communication approaches such as gestures, signals, facial expressions and vocalisations to communicate. Some residents and staff informed the inspectors they were trained in LAMH a sign language system which they used to communicate with some residents. In addition, staff used a variety of picture charts, communication passports and communication symbols with some residents. One resident was seen to have a communication application on his Ipad which he used to ensure his communication needs were met.

Inspectors noted from residents' personal plans that there had been input from multi-disciplinary professionals including speech and language therapists and occupational therapists to assist residents meet their range of communication needs. Staff to whom inspectors spoke outlined how residents were facilitated access, where required, to assistive technology and aids.

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:

The inspectors were informed that there was an open visiting policy where visitors were welcome to visit at different times and contact was also kept with families via the telephone, this was confirmed by residents and relatives.

The inspectors saw that residents were supported to develop and maintain personal relationships and links with the wider community. Some of the residents went out to their families for visits during the week and also were seen to go on holidays with their families at different times in the year.

One of the houses was only in operation three nights per week so residents were at home for the rest of the time, therefore families were fully involved in the lives of these residents. There was evidence that regular social outings took place to areas of local interest and residents enjoyed trips to local restaurants and other amenities.

The inspectors saw and relatives confirmed that relatives were updated as required in relation to residents' progress. The inspectors saw in residents' personal plans that families were involved in meetings and had signed off on their relatives personal plans.

The inspectors saw that these meetings were held on a regular basis. There was evidence that relatives could bring any issue directly to staff and the person in charge and these were documented in residents personal plans.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

Inspectors reviewed the statement of purpose and noted that all residents were afforded respect, choice and dignity at all times through a holistic and person-centred approach to care and a welcoming and home-like environment was provided. It was noted that staff were aware of the challenges which surrounded the admission of any new resident to a centre. Inspectors were informed that there was a process whereby a new resident could visit the centre on numerous occasions before admission. This process encouraged the new resident to become familiar with their surroundings in a controlled environment. It also afforded current residents the opportunity to get to know the new resident. The providers did not accept emergency admissions. All applications for admission to services were made to the director of services who passed them on to the enrolment team for assessment. The offer of any place was made in consultation with the HSE based on prioritisation. One of the houses was a part time residential service which proved very popular with families and allowed residents maintain a balance between living at home and in a residential setting

The criteria for admission was clearly stipulated in the statement of purpose and the person in charge informed inspectors that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre.

Inspectors reviewed copies of the current written agreements in relation to the terms and conditions of residing in the centre. These agreements provided details of the services provided and the fees to be charged in relation to the provision of care and welfare support for the residents. The agreements also outlined any additional charges which may be incurred through the provision of extra services.

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:

There were a number of centre-specific policies in relation to the social care and welfare of residents. The two houses in the centre were in the community and residents were generally out and about during the day and at weekends.

The inspectors saw that each resident's personal plan reflected their individual wishes regarding social activities. The activities offered each week were also reflective of the wishes of the residents. Evidence of this was seen in the residents' meeting book. Staff encouraged residents to engage in activities of their choice within their local community and transport was provided to facilitate same. The costs of social outings such as visits to the cinema or theatre were covered by the residents' personal funds. Residents to whom inspectors spoke described the many and varied activities they enjoyed.

The inspectors reviewed a selection of personal plans which were personalised, detailed and reflected residents' specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of ongoing monitoring of residents' needs including residents' interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. Inspectors were informed that nurses and care assistants who worked with the residents fulfilled the role of individual residents' key workers in relation to individual residents' care and support. These key workers were responsible for pursuing objectives in conjunction with individual residents in each resident's personal plan. They agreed time scales and set dates in relation to further identified goals and objectives. There were also user-friendly pictorial versions of the personal plans which were found to be very comprehensive, easy to follow and well organised giving all essential information required.

There was evidence of interdisciplinary team involvement in residents' care including, medical and General Practitioner (GP), speech and language, dentist and chiropody services. These will be discussed further in Outcome 11 healthcare needs.

The inspectors noted that there was a circle of support identified in each resident's person-centred plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. As previously outlined there was evidence in residents' personal plans that the resident and their family members, where appropriate, were involved in the assessment and review process and attended review meetings.

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 centre comprises of two houses which were in the community one in the city of Waterford and the second house on the outskirts of Waterford city. One house was home to four male residents who have been living in the community for a number of years and who had a moderate to profound intellectual disability. The second house was a part-time residential service catering for up to six adults, of both genders, with severe to profound intellectual disability.

The inspectors visited both houses which were detached bungalows and saw that each resident had their own bedroom with some bedrooms having their own en-suite facilities. The houses were found to be bright, well ventilated, had central heating and were decorated to a good standard. There was adequate sitting and dining space separate to the residents' private accommodation which allowed for a separation of functions.

Both houses were set in large grounds with car parking facilities. The gardens had outdoor patio areas to accommodate suitable garden seating and tables provided for residents' use. Laundry facilities were provided within the premises and were adequate. Staff said that laundry was generally completed by staff but residents were encouraged to be involved in doing their own laundry. Residents to whom inspectors spoke were happy with the current laundry system and confirmed that their own clothes were returned to them in good condition.

Equipment for use by residents or people who worked in the centre included wheelchairs, specialised chairs, hoists and other specialist equipment. They were generally in good working order and records seen by the inspectors showed that they were up-to-date for servicing of such equipment with records dated May 2015. Overall the accommodation provided in both houses was of a good standard and the décor in

the long term residential house was particularly homely and residents bedrooms were much personalised.

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:

Each house within the centre had a safety statement and an emergency plan. The safety statement identified particular risks relevant to the house within the centre. The emergency plan detailed the procedure to be followed should an adverse event occur such as fire, loss of power/water, adverse weather. Each house also had an individualised residential information pack. This contained all relevant safety and evacuation procedures for staff. Evacuation notices were in prominent places throughout the centre and were available in an easy-to-read format. In addition, each resident had a personal emergency evacuation plan (PEEP) which described their particular needs in the event of a need for evacuation. Staff who spoke with inspectors demonstrated knowledge of the evacuation procedures and were familiar with the needs of individual residents according to their PEEP.

All houses within the centre maintained a fire register. The register contained documentation on daily/weekly/monthly checks carried out by staff e.g. fire exits, fire extinguishers. All fire equipment such as fire blankets and extinguishers had been regularly serviced and certificates were made available for inspectors to review. All staff had up-to-date fire and manual handling training. Fire drills were carried out regularly within the centre. Inspectors reviewed the documentation on the fire drills and found that they were meaningful and used as a learning mechanism. There was evidence to demonstrate that staff and management took steps to implement learning from the fire drills and there was evidence that they could successfully evacuate the residents within minutes.. However, there were a number of failings in terms of fire safety which required addressing. There were no fire doors in either unit within the centre. In addition, there was no emergency lighting and fire alarm in place.

The centre had a recently reviewed risk management policy in place. Inspectors were satisfied that the policy met the requirements of the Regulations. The policy contained guidance on identifying risks, assessing risks and putting control measures in place. It also specified the measures and actions in place to control the following four specified risks: self harm; accidental injury to residents, staff and visitors; aggression and violence; unexpected absence. The risk register in both houses identified common risks such as travelling by bus, chemicals, lone working and sharp equipment. There were

also risk assessments in place for individual residents, for example: mobilising, use of bed rails, use of equipment for provision of personal/intimate care. Staff and management in the centre demonstrated a good understanding of infection control procedures. Mops and buckets were individually colour-coded to identify their specific use. The environment of the houses was generally homely and visually clean and well maintained. The person in charge and staff informed inspectors that the cleaning of the centre was undertaken by the care staff once their caring duties were undertaken. It was recommended that this was kept under review particularly in relation to best practice with infection control and the requirement for routine deep cleaning. There were measures in place to control and prevent infection, hand gels, aprons and gloves were available. The inspectors recommended the increased availability of hand gels at the entrance to the houses. Staff and residents had received training in hand hygiene. Observation of hand washing by the inspectors indicated best practice was adhered to as staff took opportunities to wash their hands and use hand gels.

All vehicles in use in the centre were insured and tested with regular maintenance carried out.

Judgment:

Non Compliant - Major

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:

Policies and procedures were in place for the prevention, detection and response to abuse. Inspectors were satisfied that there were robust measures in place to ensure that residents were protected from abuse. All staff had up-to-date training in positive behaviour support and abuse and demonstrated to the inspectors their awareness of what to do if there was ever an allegation of abuse. The person in charge informed inspectors they have in place a designated person to deal with any allegations of abuse. The designated person was a social worker practitioner who also provided training for staff on all aspects of recognising and responding to abuse.

The inspectors viewed the policy on finances and personal property and saw that where possible, residents were supported to manage their own finances. Staff had carried out a money management competency assessment with the resident. The assessment gave

a judgement on the level of support required by the resident in order to manage their money safely. Most residents had a personal wallet which was kept in a safe. All cash and bank transactions were recorded and entered into a log on a month-by-month basis and all transactions were signed by staff. Records reviewed by the inspectors demonstrated that the provider had measures in place whereby a staff member from outside of the centre would check the residents transactions' and ensure the balance in their account reflected what was in their wallet. The inspectors met with the head of finance and the accountant during the inspection and were satisfied that all residents had their own bank accounts and systems were in place to safeguard same. However, inspectors viewed the informal arrangements for residents who have no relatives for whom the Director of Services acts as nominal "next of kin", this guardianship responsibility governed care consent and treatment and the inspectors found that this required review. There was no documentation or procedural system in place for this and the social work service had not been involved in this arrangement. The inspectors fully acknowledge that these historical decisions were taken to protect residents and ensure they had access to both care and monies available to them. There was no evidence that there was anything untoward in the actions taken in relation to these matters. However, the system was not documented, implemented and monitored robustly with due regard to the safeguarding of the residents. The provider agreed to undertake a full review of these arrangements in conjunction with the social work and other relevant services.

There was a policy on challenging behaviour and the inspectors saw that staff had received training on dealing with behaviours that challenge. From a selection of personal plans viewed by the inspectors it was noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviours that challenge. There was evidence of regular review and involvement of the psychologist. Staff generally had all received up to date training in behaviours that challenge except for one staff member.

There were a number of residents using bed rails and lap belts. Some of these were used as enablers and residents were able to open the lap belts when they wished. However, others were used as a restraining devices and there were risk assessments completed in relation to same. There was evidence of regular checks on the resident when restraints were in place and of the option for release and movement on a two-hourly basis as recommended by best practice guidelines.

Judgment:

Non Compliant - Moderate

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 inspectors saw that there was a process for recording any incidents that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. All incidents and accidents were recorded in a comprehensive incident log and a copy was sent to the person in charge for checking and for countersigning all incidents/accidents. The team leader also outlined the arrangements to ensure that a written report was provided to the Authority following any notifiable incident and at the end of each quarter period of any occurrence in the centre of any incident as required.

The authority received all notifications to date in a timely manner as required by legislation.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Inspectors were satisfied that residents had opportunities to pursue their interests and for new experiences. There was a policy on access to education, training and development. Residents who communicated with inspectors described recent or upcoming activities. Staff who spoke with inspectors were knowledgeable about each residents' personal tastes and wishes. Each resident was supported to meet the goals which were set in their personal plans. Most residents attended day services at different locations. Some residents expressed a wish to attend a different day service on certain identified days and this wish was supported by staff. A number of residents were linked with volunteers and this offered regular social outings outside of the centre.

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 inspectors saw that the residents living in the full time residential house were assisted to access community-based medical services such as their own GP and were supported to do so by staff who would accompany them to appointments and assisted in collecting the prescription as required. Out-of-hours services were provided by the local Caredoc service who attended the resident at home if necessary. The inspectors saw records that confirmed residents receive an annual medical health check which is signed by the GP and medications were reviewed on a regular basis. Psychiatry, social work, speech and language therapy and psychology services were available through the Brothers of Charity services and regular multidisciplinary team meetings are held where all residents' care is discussed and reviewed. The inspectors saw evidence of these in residents' files. This contrasted with the residents who lived in the part time residential house as these residents all lived at home with their families' access to interdisciplinary team involvement in residents' care including, medical and General Practitioner (GP), speech and language, dentist and chiropody services was generally done by their families. Inspectors viewed the files of the residents. Personal plans were written on admission with information from parents on and prior to admission. Following admission assessments were carried out and personal plans were put in place. However, the inspectors found that these were not comprehensive personal plans for medical needs as staff did not have evidence of any referrals or recommendations of specialist assessments carried out by other professionals only what was reported to them by parents. Copies of these assessments, medical reviews, annual medical checks were not maintained on the resident's files and therefore improvements were required in the records maintained and in the ongoing medical reviews.

The inspectors saw that residents were fully involved in the menu planning. Weekly meetings were held with the residents to plan out the meals for the week. The staff demonstrated an in-depth knowledge of the residents likes and dislikes. Meal times were seen to be person-centred with assistance given as required. Staff demonstrated an in-depth knowledge of residents likes and dislikes and there was evidence of input from the speech and language therapist as required.

The food was seen to be nutritious with adequate portions. The inspectors observed that residents had access to fresh drinking water at all times.

Judgment:

Non Compliant - Moderate

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 centre-specific medication management policies and procedures in place which were viewed by the inspectors and found to be generally comprehensive. Inspectors were informed and saw that the GP generally prescribed residents' medication and that medications were obtained from the residents' local pharmacist for each resident. The houses had medication supplied in a version of monitored dosage system. The inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement. The residents in the part time residential service had their medications delivered by the residents' family these medications were counted and signed in on admission to the house. They were again counted and signed out when the resident went home and records kept of same.

The centre's policy was that non-nursing staff were to have undergone two day training on safe medication administration and be assessed as competent by a nursing staff prior to any administration of medications to residents. Inspectors saw evidence of this medication training in staff files. The staff told the inspectors that the pharmacist gives advice to the staff in relation to the medications and had undertaken a recent audit in the centre. However, the results of this audit were not available at the time of the inspection. The staff and team leader also undertook ongoing medication audits which were seen by the inspectors.

Staff who spoke to the inspectors were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medications were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. Crushed medications were prescribed and signed as crushed on the medication prescription charts. There were no residents that required scheduled controlled drugs at the time of the inspection. The inspectors observed staff administering medications in both houses and this was completed in line with best practice guidelines.

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:

A recently updated statement of purpose was available which reflected the day-to-day operation of the centre. The statement of purpose also clearly outlined the services and facilities provided by Cairdeas Waterford in this centre. It was presented in a clear, concise and easy to follow format and contained all of the relevant information necessary to meet the requirements of legislation.

The statement of purpose outlined the aim of the service which is to provide a "homely environment that is tailored to individual needs and preferences". Inspectors observed that service staff displayed knowledge of the residents needs and preference and tailored the services outlined in the statement of purpose based on that knowledge.

Judgment:

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 centre was one of a number of designated centres that come under the auspices of the Brothers of Charity Services South East. The Brothers of Charity South East provides a range of day, residential, and respite services in Waterford and South Tipperary. It is a not-for-profit organisation and is run by a board of directors and delivers services as part of a service agreement with the HSE. There was a director of services who reports

to the board of directors. The Brothers of Charity south east was managed by the Director of Services supported by a senior management team which comprises of two regional services managers, head of social work, head of psychology, consultant psychiatrist, heads of human resources, finance, advocacy, training and development and service managers, one service manager has additional responsibility for health, safety and risk. The Brothers of Charity services in Waterford was managed by a senior management team which comprises of a regional services manager, service managers, a speech and language therapist and recreation manager.

Cairdeas Services management team comprises the Cairdeas Services Manager and Team Leaders (CMN2) who have responsibility for specific centres and services within the service area.

The service manager was the person in charge for the service. The person in charge works full-time and has managed the service for fifteen years. There was evidence that the person in charge had a commitment to her own continued professional development. The person in charge was a qualified nurse intellectual disability; she had also completed a diploma in management and industrial relations, and a higher diploma in intellectual disabilities studies. In 2014 she completed a three year programme on Leadership and Community Empowerment. The inspectors formed the opinion that she had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre.

The regional services manager had responsibility in the absence of the person in charge. Additionally the person in charge was available on call and staff told inspectors that they have called her in the past.

The nominated provider, regional services manager, the person in charge and team leader were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had a good knowledge of 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.

Inspectors saw that there was a copy of the National Standards and Regulations which were available to staff in the houses along with other relevant documentation. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspectors were clear about whom to report to within the organisational line and of the management structures in the centre.

Inspectors noted that throughout the inspection the person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents. There was a health and safety "Annual HIQA audit". A six- monthly assessment report was completed which outlined findings from on-going audits of the service. Audits were completed in relation to safety, fire drills, documentation, medication management and other areas of the service to monitor the quality of care and experience of the residents. The person in charge had conducted unannounced visits to the houses to ensure effective systems were in place that supported and promoted the delivery of safe, quality services. the team leader for the centre was actively involved in all auditing of the services and was also involved in

auditing of other services. There was evidence of changes to the service as a result of the audit and quality assurance process.

An annual report was completed which was seen by the inspectors. It outlined the review of the quality and safety of the centre and identified action plans and improvements required. The inspectors were satisfied that the system implemented to monitor the quality of care and experience of the residents was adequate to ensure the delivery of safe, effective services.

Judgment:

Compliant

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:

There had been no periods where the person in charge was absent from the centre for 28 days and there had been no change to the person in charge. The provider was aware of the obligation to inform the chief inspector if there was to be any proposed absence.

Support and acting up arrangements were comprehensive; the regional manager was assigned to cover for the person in charge when she was away and was supported by the team leaders for the centre.

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:

Inspectors found that the centre was adequately resourced to meet the needs of the

residents and ensure the effective delivery of care and support. The facilities and services in place were reflective of the statement of purpose for the centre. All residents received support in terms of achieving their personal goals. There were no occasions where one resident's activities impacted on another. For example, if a resident's goal involved an overnight stay in a different location with staff support, another staff member was brought in to maintain a consistent level of support within the centre.

One of the houses in the centre was a respite house. Staff told inspectors that efforts were made to facilitate extra respite for residents in the event that a bed was vacant. This demonstrated an efficient use of resources in terms of bed space and staff numbers.

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:

Interactions between residents and staff were observed to be dignified, respectful and person-centred at all times. Staff demonstrated in-depth knowledge of all residents and their respective needs. There were sufficient numbers and skill mix of staff to meet the assessed needs of residents. In addition, staff and management informed inspectors that additional staff could be made available should the need arise.

There was a planned and actual rota. Staff had undertaken appraisals with management. The appraisals sought to identify any issues or training needs in the workplace. Staff meetings were held regularly and there were minutes available from each meeting. Staff who spoke to inspectors were aware of the Regulations and Standards.

The inspectors spoke to staff on duty during the inspection, all staff appeared to be competent and were aware of their roles and responsibilities. Staff that worked alone stated they felt well supported by the person in charge and team leader and could call on them for advice or assistance at any time. Minutes of team meetings were seen by the inspectors.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. Mandatory training

was provided as confirmed by staff and training records. Further education and training was also available to staff to ensure their knowledge base was current. However as outlined and actioned under Outcome 7, there was one staff member that did not have up-to-date training in positive behaviour support.

Inspectors reviewed a sample of staff files. While most of the documents required by Schedule 2 of the Regulations were present, there were some gaps. Two staff with professional qualifications did not have a copy of their qualifications on file. In addition, there were two staff in the sample that had large gaps in their employment history without an explanation. All relevant staff members had up-to-date registrations with their respective professional bodies.

A number of residents had connections to volunteers. All volunteers had received Garda vetting and had written terms and conditions which were regularly reviewed.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

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 were maintained. The centre was adequately insured against accidents or injury to residents, staff and visitors. The inspectors reviewed the centres policies and procedures and found that the centre had 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.

Staff to whom inspectors spoke demonstrated an understanding of specific polices such as medication policy and managing allegations of adult abuse in practice. In relation to residents' records such records were generally complete and up-to-date.

The inspectors reviewed the directory of residents and noted that the directory had

minor gaps in information. However, this was rectified before the close of inspection.

The inspector found that records were accurate and complete and were generally maintained in a manner that allowed them to be easily retrieved by staff.

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:

Caroline Connelly
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 South East
Centre ID:	OSV-0005074
Date of Inspection:	16 June 2015
Date of response:	29 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:

One residents privacy was being compromised by the use of a monitoring system.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

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:

The use of the monitoring system will be reviewed and risk assessed in line with best practise.

Proposed Timescale: 30/09/2015

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:

There was no emergency lighting in one house in the centre.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

We will commission a competent person in fire protection to assess and make recommendations in relation to appropriate additional fire protection measures including fire detection systems, means of escape, emergency lighting and fire doors.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

There were no fire doors and fire alarm system in one house in the centre.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

We will commission a competent person in fire protection to assess and make recommendations in relation to appropriate additional fire protection measures including fire detection systems, means of escape, emergency lighting and fire doors.

Proposed Timescale: 30/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

one staff had not received up to date training in the management of behaviours that challenge.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

This staff member, who had just returned from maternity leave and was scheduled for the next upcoming course, has now moved to another organisation.

Proposed Timescale: 29/07/2015

Theme: Safe Services

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

The arrangements for residents for whom staff in the centre took informal guardianship responsibility which governed care consent, treatment required review. There was no documentation or procedural system in place for this and the social work service had not been involved in this arrangement.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

We will draft a policy for situations where individuals are wards of court or where there is no known next of kin.

Proposed Timescale: 30/09/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Copies of all medical reviews and recommendations were not maintained in the centre therefore staff formulated treatment plans on information passed on by families which could lead to errors and some residents did not have access to annual medical reviews.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Copies of all medical reviews and recommendations will be requested from families and maintained in the centre.

Proposed Timescale: 30/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff files had the documentation as required by Schedule 2 of the Regulations.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

All required documentation will be requested from staff and placed on Human Resource files as required by Schedule 2.

Proposed Timescale: 30/09/2015