Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Cairdeas Services Waterford West
Centre ID:	OSV-0004139
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services South East
Provider Nominee:	Johanna Cooney
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	8

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 renewal 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 May 2017 09:30	16 May 2017 20:00
17 May 2017 08:30	17 May 2017 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

Background to inspection:
This was the first inspection of this centre in its current configuration but each of the individual units had previous inspections. The provider had applied for a variation to alter the composition and an application to renew the registration of the centre.

This was part of an overall strategy to ensure resident's needs were compatible and also to facilitate the appointment of a centre based person in charge. The role was previously held by the service manager which was not a feasible option in the long term due to the level of responsibility entailed.

The centre is part of an organisation which has a number of designated centres in the region and others nationwide.

How we gathered our evidence:
The inspection was announced and took place over two days. A full review of all eighteen outcomes was undertaken. As part of the inspection the inspector met with residents and staff members, the service manager and regional manager.

The inspector also spoke with the designated safeguarding officer.
Inspectors also reviewed questionnaires completed with staff support on behalf of residents and some from relatives.

These indicated satisfaction with the service and with the care shown to the residents and consultation regarding decisions. The inspector met with all residents and spoke with three. Other residents communicate in their own preferred manner and allowed the inspector to participate in and observe their routines.

They stated that they liked their activities and their work, they liked having all their possessions in their rooms, and that staff looked after them very well and helped them with all their work and any worries they had.

It was apparent to the inspector that the resident's staff communicated easily and were comfortable with each other. They said if they had a complaint, staff would help them to put the "I'm Not Happy Card" in he designated box.

The inspector also observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, and policies, procedures and personnel files and all information forwarded to HIQA prior to the inspection.

Description of the service:
This centre was designed to provide care for male and female adults with moderate to profound intellectual and physical disability and age related needs. The care practices and systems were congruent with the statement as outlined.

At the time of this inspection the centre was comprised of two detached bungalows close to a rural city and within easy reach of all amenities.

Overall judgement of our findings:
The inspector found that the provider was in significant compliance with the regulations and governance systems had been implemented to ensure the care was safe and suitable for the residents.

Actions identified at the previous inspection had been addressed with the exception of a small number of risk management procedures. This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified in areas such as:

• Residents were supported to make choices and they or their representatives were consulted in all aspect of their lives.(outcome 1)
• Positive and continued relationships with family and friends was promoted (outcome 3)
• There was good access to a range of allied health services which promoted residents wellbeing and quality of life (outcome 5 & 11 and 8)
• Staff were available to meet residents needs (outcome 7)
• The premises were suitable to meet the needs of all residents (Outcome 8)

Some improvements were required in the following areas:
• Ensuring that the goals and aims for residents social care needs were achieved (outcome 5)
• Systems for the review of accidents and incidents
• Oversight of safeguarding practices (outcome 8)
• Fire safety (outcome 7)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were supported to participate in the life of the centre and to make choices and decisions with the supports required by their assessed needs.

It was apparent that staff understood and responded to resident's needs and choices in their daily lives. They attended day services suitable to their needs and preferences. A number of residents were registered to vote and did so.

Residents' meetings were held weekly in each house. The records indicated that matters such as menus and activities, achievements and their contentment with issues in the unit were discussed. They were also used as mediums to inform residents of what their schedules' and chosen activities were.

The capacity of the residents to communicate differed. Where residents could not participate in such meetings there was evidence that staff individually and in consultation with relatives sought to ensure they were included and were happy with their routines and plans. The inspector observed staff using objects of reference to elicit preferences.

The complaints policy was in accordance with the regulations. The policy was available in pictorial and easy read format. Issues were seen to be managed transparently and satisfactorily.

Residents were being supported by staff to manage their finances and personal bank and savings accounts were opened for residents. A review of a sample of records

pertaining to residents finances showed that the systems were transparent, all transactions recorded with a regular oversight of such spending evident.

Where the provider acted as de facto guardian there were satisfactory systems for oversight of all decisions made in relation to this.

Privacy and dignity was seen to be respected with staff respectful and mindful of their privacy and supporting them to maintain their own dignity in all areas. Staff were seen to interact with the residents warmly and in a respectful manner at all times.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
The inspector found that where required residents were supported to communicate verbally with appropriate input from speech and language therapists with the development of personal plans to support their communication needs.

Staff were very familiar with the resident's verbal and non verbal communication styles and were seen to be attentive and responsive to this.

Pictorial images were seen to be used to help with the sequencing of events for some residents and they had access to technology as they wished to support this.

Staff had training in sign language and some residents were seen to use this to good effect. All had access to media and Skype was also used to facilitate communication with family members.

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):
No actions were required from the previous inspection.

Findings:
The inspector saw evidence from records reviewed and information received from relatives that family and other significant relationships were respected, maintained and supported.

There was evidence of regular communication with families who were involved in all decisions and planning with the residents.
There was room in the centre for visits to take place in private. Holidays and visits home were regularly facilitated and supported by staff where this was necessary.

There was evidence that families were quickly informed of any incidents or changes in health status.

Residents had regular access to the local community via activities, shopping, use of local facilities and attendance at local events or religious ceremonies. Some residents attended a local group for older persons.

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):
No actions were required from the previous inspection.

Findings:
The admission policy was detailed and outlined a formal assessment and decision making process. It was also informed by the need to ensure residents could be protected from abuse and were compatible to live together. No recent admissions had taken place.

There was very detailed documentation available in the event of residents being

admitted to acute care services.

The inspector reviewed the contract for the provision of services and all facilities and services were itemised including the provision of nursing oversight. It was noted that resident's bed linen was not included in the fees charged.

Such items could reasonably be expected to be included in fee payments made by residents or other agencies on their behalf.

This was currently under review by the provider however and the inspector was informed that this practice was being discontinued. The agreements were signed by a representative of the residents in this case.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
From a review of five residents personal planning files and other documentation the inspector found that all relevant clinical assessments had been sourced to inform the resident care needs and plans. These included physiotherapy, occupational therapy, dieticians, mental health and behaviour specialists on residents behalf.

All residents had weekly or fortnightly multidisciplinary reviews and an annual circle of support meeting was held. The support meeting included the resident if they wished and or their representative.

The review meetings were seen to be comprehensive with detailed reports prepared by staff to ensure all aspects of the residents life were considered, they were informed by the clinical assessments. Issues were then identified for achievement in the following year.

However, the nature and quality of some of the goals identified were limited in scope and in some instances they had not been achieved.

For example, a resident had not been facilitated to attend a local sporting event as was his request. There was no reasonable rational as to why this had not been achieved. In others cases health care needs were identified as the main goals. While very pertinent they did not necessarily add to the quality of the resident's social life and experience.

Each resident had a personal plan which outlined their individual wishes and preferences and these were completed with the participation of the resident and or relative.

These were very detailed on a range of domains including, health, nutrition, safety, communication, family supports and social inclusion. They included timeframes and named persons responsible for implementation but as indicated by the above findings systems for oversight of the plans were not robust.

However, this was not a consistent finding and most instances residents had interesting and varied social interactions which were planned and consistent. The capacity and preferences of the residents differed greatly for social activities and daily routines and support needs.

Some residents went to concerts, holidays, or shopping, for meals out walking, holidays and coffee in the locality. These activities were coordinated between the day and residential services and staff and transport was available to ensure these could take place.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Both premises were suitable for their stated purpose, very homely and well equipped to meet the needs of the residents.

The centre is comprised of two bungalows with large gardens located some miles from

each other near a large rural town.
They are both within easy access to the local community.

There are assisted en suites and bathroom facilities including a Jacuzzi bath . All bedrooms were single, suitable in size seen to contain many personal belongings and mementos.

One of the units contained ensuite toilets and showers and an additional wet room was available in one where this was necessary.

Both houses have suitable and large kitchen, dining and living areas which are comfortable and homely in decor. Each house also contained suitable domestic style equipment including cooking and laundry facilities.

There were accessible and safe gardens in each house which contained seating. Any specialised equipment required was available and maintained.

Transport used for residents was also serviced regularly with documentary evidence of road worthiness. The heating and ventilation was suitable and the standard of cleanliness in each unit was good.

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

Findings:
There were two actions required following the previous inspection and while progress had been made they had not been fully resolved.

These included the level of detail required in the evacuation plans for residents with mobility support needs and the systems for the analysis of data collated on accidents or incidents did not fully support ongoing management of risks.

A personal evacuation plan was amended during the inspection and from speaking with staff it was apparent that they were aware of the systems to be used for individual residents in such an event. This included night time procedures when only one staff is on duty.

Regular fire drills were undertaken at various times of the day and night. However, there was insufficient detail recorded following these drills to allow the effectiveness of the plans to be assessed. This was especially pertinent where residents required the use of a wheelchair to evacuate.

From review of the accident and incident records available the inspector found that in some instances the actions taken to prevent re-occurrences had not been timely. This was evidenced by the number of medicines incidents which had occurred in 2016 with a total of 7 in the month of August.

These errors or omissions were not addressed until October 2016 and the further updated medicines training recommended for staff did not take place until February 2017. The inspector acknowledges that local management systems in 2016 were not consistent during that period and this may have contributed to this lapse.

Any such incidents occurring in 2017 had been addressed adequately and promptly.Prior to the last inspection the provider had installed a fire door in the most crucial area and fire detection systems were available in each house with emergency lighting and fire fighting equipment available.

There was documentary evidence that these were serviced quarterly and annually as required. Staff also documented weekly and daily checks on the alarm systems and the exits.

The provider informed the inspector that they will review the fire door requirements once the final regulations for fire safety are issued from the relevant government department. However, the utility room did not have a fire door and in addition there was a significant amount of lint contained in the dryer which is a source of ignition.

Infection control systems were also satisfactory with guidelines for staff in specialist procedures and protective equipment available as necessary.

Each resident had a detailed individual risk assessment and management plan which were seen to be pertinent to their needs and vulnerabilities but which also promoted their continued independence. There were measures in place to manage identified risks such as falls, choking episodes or smoking.

The health and safety statement was current and regular audits of practice and the environment were undertaken. The risks register was also detailed in relation to both environmental and clinical risks for residents.

The emergency plan was satisfactory. Staff worked primarily alone and there was a suitable policy which supported this and additional supports available as needed. Staff confirmed this to the inspector.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The inspector was satisfied that there were systems in place and a willingness to protect residents from abuse and to respond effectively to any concerns. However, some improvements were required in two specific areas to ensure these were effective and monitored.

The organisation had developed a framework for differentiating between incidents of challenging behaviour and abusive interactions. This was based on a scale of impact or outcome for the resident who was the recipient of the behaviour. The purpose of the framework was to guide staff in both responding to and reporting such incidents to the designated officer and as such was a useful principal.

However, the inspector found that the framework was limited in scope and not in accordance with current safeguarding guidelines. It failed to take account of significant issues such as targeting of individual, intent to harm or the psychological impact or perception of a physical assault on the victim regardless of the level of injury.

A review of a number of such incidents showed that that some of them had not been reported and identified as potentially abusive in accordance with the policy. However, the inspector saw that safeguarding and behaviour support plans had been implemented in all instances.

A review of further documentation in relation to persistent allegations made by a resident was also of concern. In discussion with the safeguarding officer and the person in charge it was explained that the process used to manage these statements was part of a comprehensive multidisciplinary plan for the resident and these statements were also reviewed at multidisciplinary meetings.

However, this process, and the system for decision making and oversight of this was not defined in a plan which would ensure that the process was safe, understood by staff and carefully monitored by all departments involved.

The screening completed of the statement was not documented. In addition, it was noted that staff had on occasion requested to know if the resident wished to withdraw the statements. This lack of clarity regarding the process and its oversight may place the resident at risk.

Other safeguarding measures were evident and effective. Minimal restrictive practices were used in the centre. Those that were had been decided upon based on detailed and reasoned rational and were in accordance with national guidelines. They were also regularly reviewed.

There had been a significant reduction in the use of chemical restrictions with appropriate protocols and reviews of any such usage evident.

There was good access to psychology, behaviour supports and mental health specialist for residents which were integral to the organisation. Supportive behaviour plans were in place and these plans and the staff spoken with demonstrated an understanding of and empathy to the meaning of the behaviours for the residents.

Staff had training in the management of behaviour that challenged. The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse and the protection of vulnerable adults. The policy was in accordance with the revised Health Service Executive (HSE) policy.

The provider employed a dedicated social work service. There was a suitably qualified and experienced person nominated as the designated person to oversee any allegations of this nature. Records demonstrated that all current staff in the centre had received training in the prevention of and response to abuse although in some instances this was not current so as to ensure it was in line with the most recent guileless.

Each resident had a detailed intimate care plan in place which took account of preferences and gender issues and residents integrity. There were also pictorial and easy read versions of safeguarding systems for residents. Residents who could communicate informed the inspector that they felt safe in the centre.

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):
No actions were required from the previous inspection.

Findings:
A review of the accident and incident logs, resident's records and notifications forwarded to the Authority demonstrated that the person in charge was in compliance with the obligation to forward the required notifications to the Authority.

All incidents were found to be reviewed internally.

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):
No actions were required from the previous inspection.

Findings:
There was evidence from observation, conversation and review of records that the residents' daily activities and routines were driven by personal choices. A number attended day care services managed by the organisation. Residents had ,in accordance with their age been given opportunities to reduce the hours spent in these services if they wished.

They had jobs within the day services which they told the inspector they enjoyed doing and it was apparent from observation that they were happy to get ready and leave the centre for these day services. They had access to massage, hydrotherapy, music and there was a sign language choir which a number participated in. They also had responsibilities for small but fundamental tasks within the units and were seen to enjoy completing these with staff support. They could also travel independently in some instances with careful monitoring. In this way their independence and self care skills were encouraged and supported.

However, the process by which these day services and interventions was decided upon and assessed was not evident. The annual reviews did not include reports of how effective they were or any changes being made to the routines. This was discussed at feedback and the service manager agreed to review the arrangements.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that resident's healthcare needs were supported in a timely and proactive manner. There was access to nursing care and oversight in each unit pertinent to the different needs of the residents. There was good access to general practitioners (GPs) and out of hours service was also used where necessary.

There was evidence of regular referral and frequent access to allied services such as chiropody, dentistry, ophthalmic care, mental health specialists, neurologist's dieticians and physiotherapy and psychiatry. Evidenced based assessment tools were used to ascertain residents dependency levels and nutritional status

The inspector saw evidence of health promotion and monitoring with regular tests and interventions to manage specific healthcare needs and pertinent to the advancing age and gender of the residents. Detailed health care support plans were available for all needs identified and it was apparent to the inspector that these were known to staff, implemented and carefully monitored.

The inspector saw from records and speaking with staff that families were kept fully informed and involved in regards to healthcare issues and appointments. Inspectors were informed that if a resident was admitted to acute services in an emergency staff were made available to remain with them as soon as possible to ensure their needs were understood.

Residents' nutritional needs were addressed and monitored. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs.

They were also aware of resident's preferences and residents helped staff to do the grocery shopping. The meal times as observed were very social occasions.

There was a policy on end of life care and while this was not pertinent at the time of this inspection, there was documentary evidence of advanced discussions with relatives in regard to this. There was nursing care available in the event that such support was required to allow residents remain in their own home if that was their preference.

The inspector saw evidence of health promotion and monitoring with regular tests and

interventions to manage health issues including diabetes, seizures or medicines usage.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medicines were satisfactory.

There were appropriate documented procedures for the receipt of handling, disposal of and return of medicines. Weekly stock audits were also undertaken. No controlled medicines were being used at the time of the inspection but there was an appropriate systems in place should these be required.

There was good communication noted with the dispensing pharmacists who also undertook an audit of medicines administration and usage. Audits were also undertaken internally. The non nursing staff had training in medicines administration and competency was assessed following this training.

Medicines were reviewed regularly by both the residents GPs and the prescribing psychiatric service with evidence of careful monitoring by staff and prescribers in regard to any ill effects or contra-indications. No resident was assessed as having the capacity or wished to self-administer medicines.

Protocols for the use of pro-re-nata (as required) medicine were in place and staff was aware of and adhered to these.

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):
No actions were required from the previous inspection.

Findings:
The statement of purpose was forwarded and found to be in accordance with the regulations. It had been suitably revised to detail the changes to the configuration of the centre and changes to the governance structures. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with moderate to profound intellectual and physical disabilities and residents with age related and some nursing support needs.

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):
No actions were required from the previous inspection.

Findings:
There was clear and effective governance and reporting structure in place with evidence of systems to promote accountability.
A new person in charge had been appointed in May 2017. She was suitably qualified in intellectual disability nursing with the required management qualification and experience. All documents had been forwarded to the Authority and were in order.

The overarching management structure consisted of the services manager and regional services manager. It was further supported by the social work and psychology departments.

There was a clear and documented reporting structure. Regular and effective

communication systems including team and managements meetings were held. All persons involved in managing the service were found to be knowledgeable on their regulatory responsibilities and carrying out their various functions effectively.

The required unannounced visit on behalf of the provider had been undertaken and there were also person in charge "safeguarding visits" undertaken .The unannounced visits were focused on regulations and outcomes for residents such as safeguarding, quality of life, access to supports and communication systems.

A system of monitoring outcomes from previous HIQA inspections across the service had also been implemented as part of the ongoing quality review system. The inspector reviewed this report and found that it was comprehensive and focused with a detailed action plan issued.

The annual report for 2016 was available and while it was detailed it required further development of the framework to ensure a more robust evaluation of the service. The resident's and relatives views were included and very positive in regard to the service and care provided. It was designed to be suitable for resident's access.

There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive.

The inspector was satisfied that these systems provided effective oversight of the delivery of care.

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):
No actions were required from the previous inspection.

Findings:
The provider was aware of and had previously complied with the requirement to notify HIQA of any proposed absence of the person in charge for a period longer than 28 days.

The arrangements were satisfactory with the service manager identified to act on such an occasion.

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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the service was funded and resourced to provide the staffing, facilities and services necessary to meet the needs of the residents.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
There was one action required from the previous inspection and this was satisfactorily addressed. The inspector was satisfied that the numbers and skill mix of staff were suitable to meet the needs of the residents. They were assessed as not requiring fulltime nursing care but the team leader and the person in charge both provided nursing oversight in each of the units.

The non nursing staff also had training in first aid, emergency procedures and vital signs. Health care assistant staff had Fetac level five qualification as the minimum

requirement. The outcomes in healthcare demonstrate that effectiveness of this.

While some agency staff were used consistent personnel were identified and in the main any shortfalls were filled with internal personnel to support consistency of care for the residents.

However, while a staff supervision programme was in place the records seen demonstrated that this was not adequate. It was primarily a supportive mechanism and did not focus on staff development, key working responsibilities such as achievement of residents goals, and line management functions. However, team meetings were held monthly and the records indicated that these focused on care needs and planning for the residents.

From a review of the training records all mandatory training in manual handling, first aid, safeguarding and fire safety was up to date and further schedules were planned for 2017. A planned staff induction programme was implemented.

There were planned and current rosters available with staff deployed in a manner to ensure resident's activities took place and needs were met. A number of volunteers were available to provide additional social support for residents and others were being sought. Arrangements for the safe recruitment of these persons were satisfactory.

An examination of a sample of personnel files showed good practice in recruitment procedures for staff with the required documentation and registration information available as required. There was a procedure for the use of agency staff and sourcing of the required documentation was outlined.

Staff were responsible for all ancillary duties such as preparing meals, shopping and cleaning of the centre.
All staff spoken with demonstrated a very good knowledge of the residents and competency in their roles.

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):
No actions were required from the previous inspection.

Findings:
All documentation required for the purposes of registration were provided and in order and the required policies were available.

Record in relation to residents and staff were complete.

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:

Noelene Dowling
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004139
Date of Inspection:	16 and 17 May 2017
Date of response:	12 June 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plan reviews did not consistently assess the effectiveness of the plan ;
Goals were not always implemented or in some instances reflective of residents social care needs.

1. Action Required:

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

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
Review of existing documentation to take place, to incorporate specific dates/individuals responsible for follow up.

Proposed Timescale: 31/07/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Data collated on risks and incidents was not sufficiently analysed to promote the on-going assessment and management of risk and timely action to prevent recurrences.

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

Please state the actions you have taken or are planning to take:
To introduce a more robust system to analyse assessment/ management risk

A review of current practices will take place in relation to the management of risk/responding more promptly to emergencies in the absence of Team Leader.

Proposed Timescale: 31/07/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Areas of specific risk such as the utility room were not protected sufficiently to contain a fire and equipment within this area which was a potential source of ignition was not checked regularly.

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

Please state the actions you have taken or are planning to take:
Daily duties list revised to ensure safe practices are in place.

Fire extinguisher to be readily available in utility room.
Fire door to be put in place in utility.

Proposed Timescale: 30/09/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of fire drills were not sufficiently detailed to asses the effectiveness of the process.

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

Please state the actions you have taken or are planning to take:
Fire drills will provide more detail in the future.

Proposed Timescale: 30/09/2017

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:
Systems for the identification of and management of any abusive interactions required review to ensure they protected residents and were in accordance with national guidelines.

5. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
Review of Organisation protocol/threshold for reporting peer to peer abuse will take place, same will be amended in accordance with national guidelines.

Follow up will take place with relevant professionals to review current systems in relation to supporting individuals impacted by peer abuse.

Proposed Timescale: 30/09/2017

Outcome 17: Workforce
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** Systems for the supervision of staff were not sufficiently focussed on individual responsibility and resident care. **6. Action Required:** Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised. **Please state the actions you have taken or are planning to take:** The existing staff support document will be reviewed and amended accordingly. Team Leaders will be involved in this process.
Proposed Timescale: 31/07/2017