

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Comeragh Residential Services Kilmacow
Centre ID:	OSV-0004719
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services South East
Provider Nominee:	Johanna Cooney
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
06 December 2016 10:30	06 December 2016 18:00
07 December 2016 08:10	07 December 2016 15:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

The purpose of this inspection was to inform a registration decision, as the provider had submitted an application to register the centre for eight residents. This centre had been previously inspected in February 2016 which had identified nine actions in need of address across 11 outcomes inspected. The inspector followed up on these actions as part of the inspection and found that six had been satisfactorily addressed with three actions still in need of further improvement. No further actions were identified on this inspection.

Description of the service:

The written statement of purpose submitted by the provider described this centre as offering high support residential care to eight older adults. The centre was locally managed by a staff nurse who worked full time, along with a team of care staff. The centre was equipped to cater for residents with mobility difficulties.

How we gathered our evidence:

The inspector met seven residents and ten staff throughout the two days of inspection along with the person in charge and acting residential team leader. The inspector spoke with one family member and reviewed one family questionnaire. The inspector observed practice, spoke with residents and staff and reviewed documentation such as care plans, staff files, policies and procedures, complaints records, daily notes and audits and reviews.

Overall judgment:

This inspection looked at 18 outcomes, and found evidence of compliance in 16 of these. As mentioned above six actions had been satisfactorily addressed by the provider and person in charge since February. Two outcomes were identified in need of further improvement. These were:

- Health and safety and risk management. (In relation to the safe evacuation of residents and the practice of drills)
- Workforce (The numbers of staff on duty)

Overall, the inspector found that residents were comfortable in the designated centre which was clean, well maintained and suitably decorated. Residents seemed relaxed and at home in the centre, with their own personalised bedrooms, all of which were en suite. Interactions between staff and residents were familiar and warm and residents told the inspector that they were well cared for and treated well in the centre. Residents spoke highly of the staff and the person in charge, and knew who to talk to if they had a concern or complaint. Overall, the inspector found evidence that the centre was well managed, suitable to the needs of the residents and provided a safe and homely environment for resident of an older age group.

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 consulted with regarding their care and support and the day to day operations of the centre. For example, there were weekly house meetings for residents to attend to discuss the plan for the week, decide upon weekly menus and discuss any changes or events. Residents were involved in their meetings regarding their personal plans and care plans and this was evidenced in their records. Residents told inspectors that they were informed of what was happening in the centre on a daily basis.

The inspector found that there was an effective complaints process in place in the centre that was user friendly and empowered residents to speak up if they were unhappy or to voice concerns. Every resident had an "I'm not happy card" with their name and details on it. Should they wish to discuss something that they were not happy with, this card could be placed in a designated box and the complaint officer would contact them. As well as this process, residents spoke to the inspector about talking to staff and the person in charge directly, and outlined to the inspector that they felt they could raise issues locally as well as more formally through the process above.

On review of the complaints records, the inspector found that there was an appointed complaints officer who maintained records of all complaints raised along with documented followed on actions taken and the outcome to show if the resident or family member was now satisfied that it had been satisfactorily addressed. In 2015 there was 11 complaints raised about a particular issue. The person in charge had taken action and implemented change, as a result there was no recorded complaints regarding this issue in 2016.

Residents all had their own bedrooms, all of which had en suite facilities. Some residents were happy to show the inspector their bedrooms which were decorated with personal items such as photographs of family members and friends, certificates of achievement and other artefacts of interest. For example, items that residents' collected, or decorations that reminded them of their family home place. Residents could choose to lock their bedrooms if they so wished. There was a policy to guide staff in the safeguarding of residents' personal property, finances and possessions and each resident had a completed inventory list on their file.

Residents' finances were safeguarded by staff who supported residents in this regard. There was a ledger system in place to record and verify any incoming or outgoing expenses, and these were routinely checked and balanced. Transparent records were maintained of all money spent, and these were cross referenced against bank and financial statements. Rent taken from residents matched what was outlined in their written agreements.

There was a second small sitting room in the centre to allow residents to meet visitors in private if they so wished, or as a second space for residents to enjoy time alone if required. Residents' personal information was maintained securely in a locked office.

Observations and overheard conversations between staff and residents promoted dignity and respect, and were warm and familiar. Residents expressed satisfaction with the service on offer in the centre and how they were supported by staff.

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 residents were encouraged and supported to communicate effectively in the designated centre. Residents felt they could speak up to staff and the inspector observed this during the two days of inspection. Residents who had additional needs in relation to their communication had this clearly outlined in their personal plans. Personal plans had information on each individual, their likes and dislikes and how they like to be communicated with.

Some residents had behaviour support plans in place which outlined interventions and

strategies to support residents who may display their needs differently to others. There was evidence of referral for sensory assessments for residents who required this.

The designated centre was well equipped with televisions and radios. The inspector saw residents listening to the news in their rooms, and reading through the newspaper that was delivered daily to the centre.

Photographs and picture displays were used around the centre to support communication. For example, to show who was on duty for the day or what the meal was for dinner.

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 determined that families and representatives were actively encouraged to participate in residents' lives. On review of residents' records and through speaking with residents, the inspector found that residents' natural supports and friendships were known to staff. Personal plans outlined who was important to each resident, and how they were involved in their lives. Residents visited home as often as they wished and were supported to do this by the staff team. For example, by providing transport to bring a resident home for the day, or by assisting residents to send letters and post to family and friends abroad.

The inspector spoke with some family members and reviewed questionnaires and determined that families felt kept informed of what was happening for their relatives and encouraged to be a part of decisions around their care. The designated centre had a large living room as well as a second smaller sitting room to ensure residents could spend time with family or friends alone if they wished.

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 inspector found that residents had written agreements in place outlining the care and support that they were receiving in the designated centre. Any costings associated with this was clearly outlined and recorded. The inspector reviewed financial accounts and found that the amount paid by residents was consistent with what was outlined in the written agreements. Some residents had signed their own agreements, and others had family or representatives sign on their behalf.

The inspector found that there was a clear and transparent admissions criteria which was written in the statement of purpose and policy documentation. There was one vacancy on the day of inspection. The inspector found the admissions policy was guiding the transition for this resident.

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):

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

Findings:

The inspector found that residents had assessments in place regarding their social and personal needs which were informing personal plans.

Residents all had an integrated personal plan which included assessing and planning for residents' social and personal needs as well as any risks identified. Personal plans were comprehensive and included a large amount of information and offered a sense of the individual. For example, their likes and dislikes, their natural supports, their dreams and aspirations, their needs and risks. Residents took part in yearly circle of support meetings which set out a plan for the year including any multidisciplinary team inputs as well as residents' aspirational goals. Residents all had weekly timetables and weekly plans suitable to their interests.

The inspector reviewed documentation in relation to residents transferring to other settings. For example, for a stay in hospital. The inspector found good hand over of information when residents transferred, with pertinent information made available to the receiving centre or institute.

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):

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

Findings:

The designated centre was a single level building located on the grounds of a community residential setting for older adults.

The centre had a reception hall, large sitting room, second small sitting room, dining room, small kitchen and each resident had their own en suite bedrooms. There was a separate laundry room, a small storage room and a staff office.

The centre was accessible in that it was all on one level and had wide corridors and doorways to allow for easy access for wheelchair users. There was an accessible garden area to the back of the premises which had been tarmacked since the previous inspection and now had accessible wooden garden furniture for residents to use.

The centre was well maintained and decorated and was clean on the days of inspection. The provider had addressed some issues in relation to the en suite bathrooms since the previous inspection and had further plans to adapt two more bathrooms to promote accessibility. Some residents showed the inspector the view of the countryside from

their bedrooms which they enjoyed.

While suitable kitchen equipment was in place, the inspector found that the space available for staff and residents to prepare meals was small with limited counter space. This was something that the staff had brought up to the person in charge who outlined that options would be explored around this.

Overall the inspector found the design and layout of the designated centre to be suitable to the needs of residents and offered a warm and comfortable living environment. The premises were equipped with necessary aids to support residents. For example, hand rails around the corridors, recliner chairs, commodes, hoists and high/ low beds. The inspector found the requirements as set out in Schedule 6 of the Regulations to be met.

Residents told the inspector that they liked living in the centre and found it comfortable. Family members told the inspector that they were very happy with their relative's home.

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:

The documentation in relation to the promotion of health and safety was found to be in place in the designated centre. For example, a health and safety statement, risk management policy, environmental risk assessments, fire register and infection control guidelines. Practices in relation to risk management, accidents and incidents and infection control were evidenced as being in place in the designated centre to promote the safety of residents, staff and visitors. However, some improvements were required in relation to fire safety.

Fire doors were fitted throughout the building, with magnetic locks in place for two doors on the corridor which were released in the event of the alarm activating. This had been addressed since the previous inspection. Along with works carried out to a second exit which was now more accessible for residents to use.

The inspector found that fire doors were also fitted on residents' bedrooms. However, self closures devices had been removed. The inspector was informed that some residents wished their doors to be kept ajar or slightly opened at times of the day and

night. The doors also provided difficult for some residents to open, and created risks should they close behind a resident exiting. The person in charge outlined their need to balance the needs of residents in this regard with the need for the door to close.

The inspector found that both the kitchen and laundry room self closures had also been removed with these doors requiring staff to close them in the event of a fire. The laundry room door was to be kept locked at all times, with signage and a keypad lock in place. However, the kitchen area was frequented throughout the day by residents and staff and as such the door remained open for ease of access. Staff would need to close this door themselves on hearing the alarm sound as no magnetic release system was in place. This was an additional step not clearly outlined in the written procedure.

That being said, the inspector found that preventative measures were in place to reduce the likelihood of a fire. Staff had all been trained in fire safety and the use of fire fighting equipment. There were waking night staff on duty each night, with limited use of the kitchen and laundry facilities during the night to reduce the likelihood of a fire. No residents smoked and appropriate fire fighting equipment, fire detection and alarm systems and emergency lighting were all in place and routinely checked by a fire professional.

On review of the fire drills conducted during 2016, the inspector noted regular drills did take place. However, not all residents and staff had the opportunity to take part in drills as they tended to take place during the week mid day. This also meant that a drill to ensure the most residents in the centre with the least amount of staff had not taken place to ensure when only two staff were on duty, all residents could be safely evacuated in a timely manner. This was in need of address, and the person in charge was made aware of the need to seek assurances that safe evacuations could take place at these times of reduced staffing. The inspector found that all residents had personal evacuation plans outlining their support needs at day and night in the event of an evacuation.

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 found that there were measures in place to protect residents from abuse or harm in the designated centre.

There were adequate policies and procedures in place for the recording, reporting and investigating of any allegation, concern or suspicion of abuse. There was a named designated person to respond to and manage any safeguarding concerns or allegations. This designated person was known to staff who could outline to the inspector the process for dealing with a suspicion, concern or allegation.

The person in charge informed the inspector that there were no current safeguarding concerns and no notifications of such had been received by HIQA. The person in charge was clear on their role in relation to this. Staff had received training in the protection of vulnerable adults which was refreshed routinely. There was a policy on the provision of intimate care to residents, and the inspector saw that residents had information in their personal plans outlining their support needs and wishes in this regard.

The inspector found that residents who presented with behaviours that challenged had input from psychology in the creation of behaviour support plans. The psychology department visit the centre on a weekly basis to review any incidents and discuss the implementation of these plans. Residents with an identified mental health condition had specific care plans in place as guided by the consulting psychiatrist. Residents that required additional support had this put in place with the addition of one to one staffing for a resident.

The inspector found the person in charge was promoting a restraint free environment as much as possible. Restrictions that were in place were seen as being the least restrictive for the shortest duration of time. For example, a locked kitchen cupboard limiting access to risk foods for a resident who could still access the kitchen. Other physical restraints were in place to enable residents to be safe. For example, the use of bedrails and lap belts were reviewed using a risk based approach and on the advice of the multidisciplinary team. Some residents were written up for as required medicine (p.r.n) for the management of mental health conditions such as anxiety. On review of their usage the inspector found that they were administered in line with the advice of the psychiatrist after other alternative means had been explored by the staff team.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that a record was maintained of all accidents, incidents or adverse events in the designated centre. Any incident that required a notification to HIQA had been submitted by the person in charge in line with the regulatory requirement.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector spoke with residents and reviewed daily records and found that residents had activities and occupation suitable to their interests, ability and age.</p> <p>Most residents living in the centre were at the age of retirement or approaching that stage in their lives. Three residents had access to formal day services, with some having chosen to take days off midweek and spend at home. Some residents were based in the designated centre through the week and had weekly timetables to include the activities and community involvement that they desired. For example, to go to the pub or coffee shop, to go shopping or attend a music group. One resident had one to one support to allow for a personalised day programme across five days.</p> <p>Residents spoke with the inspector about how they like to spend their week, and expressed satisfaction with the activities, outings and social interaction that they currently had.</p>
<p>Judgment: Compliant</p>

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 determined that residents' health care needs were met in the designated centre.

Residents had their own General Practitioner (GP) along with access to a variety of allied health care professionals. Such as dentists, the community nursing team, psychiatry, psychology, occupational therapy and physiotherapy. Evidence of appointments was maintained, along with reviews. Follow up appointments were planned for and attended. The inspector found that there was both access to, and on-going support to maintain appointments with allied health care professionals and document progress or decline in condition. There was effective monitoring of any health risk or condition. For example, the use of fluid and food charts, sleep charts and blood sugar level checks.

There was a staff nurse in charge of the centre, who ensured that residents' health care needs or risks were assessed and planned for. Documentation was well maintained and reviewed and information from any health appointment or advice from multidisciplinary team members was incorporated into their care plans. Specific health care issues had clear plans in place to guide staff. For example, catheter care plans, mental health plans or nutrition plans.

Residents told the inspector that they were very satisfied with the food available in the designated centre and that they had choice and control over the menu plans. The inspector saw residents enjoying their meals and meal times were a social occasion. Residents had access to dietician services and speech and language therapy as required. There was evidence of assessments completed in relation to residents' swallow which were included in their care plans, and information on hand in the kitchen area to ensure modified diets were given as advised.

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 inspector found that residents were protected by safe medicine management in the designated centre.

There were policies and procedures in place to guide good practice in relation to the prescribing, ordering, administration and disposing of medicine. All staff had received training in the safe administration of medicine and there was a staff nurse on duty to oversee practice.

Documentation was well maintained, with uniform booklet records in place that held clear information. Such as details of the prescribing doctor, any allergies and the route of administration. Medicine was provided in a blister pack system to reduce the risk of error. Audits on medicine management were routinely conducted, and medicine securely stored as directed. For example, in a locked press or fridge.

Residents' medicine was routinely reviewed by their prescribing doctor, with an aim of reduction where possible and to ensure it was having the desired effect. Information on all medicines was available including details of potential side effects or contra indicators.

There was a system in place for the review and learning from error in relation to medicine. There were a number of errors noted over the course of 2016, which had been followed up on and action taken.

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 described the centre as offering high support residential care to eight older adults.

The inspector found that there was a written statement of purpose in place which was a clear reflection of the services and facilities on offer in the designated centre, and had the required information as set out in Schedule 1 of the Regulations.

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:

The inspector found that there was a clearly defined management structure in place in the designated centre and organisation, and this structure was known to staff and residents. Lines of reporting and accountability were clear. The centre was managed locally by the staff nurse on duty, who reported to the person in charge. There was an acting residential team leader to support in the management of the centre. The person in charge reported to the regional services manager, who in turn reported to the provider nominee. There was an established senior management team along with a quality team which was chaired by the regional services manager. This group met routinely and offered oversight for local issues. For example, risks that were deemed to be high were escalated to this team for review.

The inspector found there were effective management systems in place in the designated centre, with routine audits and reviews being carried out across areas such as medicine management and health and safety. There had been two unannounced visits on behalf of the provider along with an annual review of the service as required by the regulations. And action plans were put in place to address areas in need of this. These reviews highlighted the need for improvement in relation to staffing, which had been partially address and was a known issue to the person in charge.

Supervision and support of staff was evident, with yearly meetings held with staff to discuss their role. The staff nurse worked full time and provided supervision to the team on a daily basis. Three formal staff meetings were held in 2016, with plans to expand on their frequency in the coming year.

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 inspector found that there were adequate arrangements in place to manage the centre in the absence of the person in charge. The provider was aware of the requirement to notify HIQA for any absence of 28 days or more.

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 determined that the provider was adequately resourcing the centre to deliver care and support in line with the written statement of purpose. Additional staffing hours had been implemented following an identified need by the provider in the absence of any formal increase in funding from the Executive. This had improved the quality of life for residents. However, the sustainability of this required a more long term plan.

The centre was well maintained, and met the requirements of Schedule 6. There was wheelchair accessible transport available for the use of 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):

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

Findings:

While some action had been taken since the previous inspection, the inspector found that the numbers of staffing in the designated centre required further improvement to ensure adequate staffing supervision at all times.

Since the previous inspection the provider had put in place additional staffing support for periods of the day and this was having a positive impact on the lives of residents and the management of problematic behaviour. However, there remained times in the evenings and weekends when all residents were present and early morning when the staffing required further review. For example, some residents required the support of three staff for assistance using the bathroom and manual handling. There were times in the mornings, evenings and at weekends when there were only three staff on duty. This resulted in the other residents having limited supervision at this time. On review of the daily notes and incident forms the inspector found that prior to 9am proved to be busy time for staff, with some residents displaying behaviours that challenge and anxiety at this time. The person in charge told the inspector that additional funding was being sought from the Health Service Executive in relation to these issues.

The inspector reviewed training records and spoke with staff members and found that mandatory training had been offered and refreshed where necessary. For example, there was evidence that staff had received training in fire safety, the protection of vulnerable adults and the safe administration of medicine.

The inspector reviewed staff files and found that they met the requirement of Schedule 2 of the regulations. For example, they had proof of qualifications, evidence of Garda Vetting and an employment history.

Interactions observed and heard by the inspector between staff and residents were respectful and pleasant. Residents told the inspector that staff were helpful and treated

them nicely.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspectors found that the provider had organisational policies and procedures in place as required by Schedule 5 of the regulations. For example, medicines management, unexplained absence of residents and risk management.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations would be in place, based on the templates reviewed. The inspector was informed that a directory of residents would be maintained and kept up-to-date.

The inspector reviewed a sample of staff records for the designated centre and found that they were maintained in line with Schedule 2 of the Regulations. For example, had proof of qualifications and Garda Vetting.

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:

Louise Renwick
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-0004719
Date of Inspection:	06 and 07 December 2016
Date of response:	31 January 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 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider had not demonstrated through appropriate drills that the least amount of staff could safely evacuate the most amount of residents. A drill had not taken place or been simulated when there were only two staff on duty with 7 residents.

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 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:

A fire drill was carried out on 08/12/2016 where three staff on duty evacuated seven residents. Evacuation time was 4 minutes and 58 seconds. Significant delay was caused by one resident delaying moving to assembly point. The next fire drill will be carried out with two staff on duty and eight residents in the building. We will involve the Health and Safety Officer in the next fire drill and seek his advice following it's completion.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

Self closures devices had been removed on fire doors.

2. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

Because the self-closure devices have been removed from fire doors, the action of closing all these doors by staff during emergency evacuation, will be added as an action to the Emergency Evacuation procedure.

Proposed Timescale: 28/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels required review to ensure adequate staffing was in place at all times of the day and night, most notably for a period in the morning, the evenings and the weekend.

3. Action Required:

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

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

A review of rosters, activities, transport requirements and staff resources will be undertaken as soon as updated assessments of need are carried out by the M/D team. Person Centred plans are being reviewed to ensure they are identifying the wishes of the residents. When these are completed, staff rosters will be reviewed in line with the needs and wishes of residents to ensure adequate staffing is in place.

Proposed Timescale: 31/03/2017