

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Comeragh Residential Services Waterford City
Centre ID:	OSV-0004720
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:	Louise Renwick
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
01 November 2016 10:30	01 November 2016 18:00
02 November 2016 10:00	02 November 2016 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 the inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Brothers Of Charity Services Ireland. This centre had one inspection previously in March 2016 which found that residents' health care needs were being met, but identified significant challenges in relation to staffing arrangements and meeting the individual social needs of residents. The previous report outlined the need for the Provider to address eight actions. These actions were followed up on during this inspection and

found to be partially addressed.

Description of the service:

This centre caters for ten residents with disabilities over the age of 18 years of age. The centre comprises two houses, one a detached two storey house, and the other a semi-detached two storey house located in Waterford City.

How we gathered our evidence:

The inspector met with all ten residents, the person in charge, the residential team leader, two staff members and a family member. The inspector visited and observed practice in the two units of the designated centre. Documentation was reviewed such as policies and procedures, personal plans, risk assessments, complaints logs and records of accidents and incidents. The inspector also received questionnaires from four family members or representatives and four residents.

Overall judgment:

Overall the inspector determined that while some improvement was noted and actions addressed since the inspection of March 2016, the issues regarding the staffing resource remained an issue. The failings identified at the previous inspection remained, with one staff on duty in each location for six and four residents. This was having a negative impact on residents' ability to achieve choice and control in their daily lives, the management of risk and the ability of the staff to ensure residents' supervision and safety needs could be well managed. Ten outcomes were found to be compliant with eight in need of improvement. Non-compliance was found in the following outcomes:

- Workforce (moderate non-compliant)
- Rights, dignity and consultation (moderate non-compliance)
- Governance and management (moderate non-compliance)
- Health and safety and risk management (moderate non-compliance)
- Social Care needs (moderate non-compliance)

On speaking with family and residents and on reviewing questionnaires the inspector found that residents felt well cared for and well treated by staff. Staff were observed to have a good rapport with residents, having known them for a long time. The day services programme available to residents each day was ensuring social activation and meaningful days. That being said, staffing arrangements required review. These findings are outlined in the body of the report and 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 there was a user friendly complaints process in place which assisted residents to easily voice any concerns or issues. Each resident had an "I'm not happy" card and there was a dedicated complaints officer appointed to handle any complaints, ensure follow up and seek satisfaction from the person raising the complaint. On review of family questionnaires the inspector found that relatives knew who they could make a complaint to, and indicated that any issues raised were appropriately dealt with in a satisfactory manner.

The inspector found that there was a system of consultation in place to determine residents' wishes regarding some areas such as meal planning, and planning of certain activities. Residents had weekly meetings with a staff member's support and a set agenda was discussed. Residents and their families were fully involved in the annual review process and decisions about their care and support, as evidence in the resident files and outlined in the family questionnaires. Some residents had independent advocates who also attended review meetings and were an external person to ensure decisions made were in the best interest of the resident.

On talking with residents, and from reviewing questionnaires the inspector determined that residents did not have the freedom to fully exercise choice and control in their daily lives based on the staffing arrangements which were available. The inspector found that residents' wishes and supports was not fully realized and did not affect the manner in which the centre operated. Due to the current staffing arrangements certain choices could not be facilitated. The centre was operated based on the resources available and what was manageable, in place of a person-centred led delivery of care and support. For

example, in the evening time if one resident needed to attend an appointment, all residents had to go with the group even if they wanted to relax at home. Likewise, in the other unit when all residents were out in the community in a group one resident needed staff support with personal care, leaving other residents unsupervised.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a policy in place along with information in residents' personal plans on individual communication needs and supports. The inspector found that staff and management knew how to communicate effectively with residents and encouraged positive interactions. Residents had access to radio, television and internet and events in the local community.

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 found that relationships with family and friends were encouraged and supported in the designated centre. Information on residents' natural supports and connections was in their documentation, and records kept of contact and visits. Residents were supported to visit home often, with staff providing transport at times to

support this.

With regards to being involved in their communities, residents were predominately reliant on their day services programme for this activation. Residents spoke positively about their day services and the community based outings they enjoyed. However, links to the community in the evenings and weekends were based on the staffing available in the centre, and resulted in group outings. General amenities that are usually visited had been arranged to happen in the residents' home. For example, a hairdresser visiting the centre to cut residents' hair. Some residents' documentation outlined that they enjoyed going out to hairdressers and beauticians for treatment.

Judgment:

Substantially 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 admissions were based on a clear procedure outlined in policy along with the statement of purpose. All residents had a written agreement in place outlining any contributions and what this covered. Any additional charges were outlined to residents and written agreements maintained. For example, to pay for additional sports channels.

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):

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

Findings:

The inspector found that there was assessments and personal plans in place for residents. However, the inspector determined that improvements were required with regards to comprehensively assessing residents' needs, and the use of this information to guide the supports required for residents.

While certain tools were evident, these did not always result in offering residents the life of their choosing. Goals were activity based, and four residents in the one unit all had the same goals planned for the year even when the content of their files showed opportunities for other goals to be strived for. For example, one resident whose records showed that she would like an alternative day service did not have this set as a goal due to the staffing issues and financial restraints, it was never considered. The inspector found that the goal setting exercise was based on available resources and not on the assessed needs of individual residents.

This being said, the inspector found that the formal day services that each resident attend provided a large portion of their social outings and events. Residents indicated that they enjoyed attending their day service and told the inspector about the social things that they enjoyed doing. For example, knitting with others to prepare for a craft fair, and going out for coffee and tea.

Judgment:

Non Compliant - Moderate

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:

This centre comprised of two houses. One a large detached two storey house with an

adjoining apartment, and another two storey semi-detached house in Waterford City.

House 1 catered for six residents, all of whom had their own bedrooms decorated to individual taste with personal items and photographs. There was an open plan living/ dining area and kitchen as well as a second smaller living room. The living space was decorated with sufficient furniture for the numbers and needs of residents. Off one end of the house was a second small kitchen/ living room with own door access and bathroom. This was not in use at the time of the inspection, but had the potential to offer residents a more independent living arrangement if required.

House 2 catered for four residents. All residents had their own bedrooms, with one en suite bedroom located downstairs for a resident at risk of falls. This house had an open living/ dining area, small kitchen and a second sitting room for residents' use. There was also a spare room upstairs that had beanbags and table top games should a resident want some time alone. There was a well kept garden at the back of this house, with suitable outdoor furniture, outdoor storage, space for gardening and an enclosure for keeping birds.

The inspector found the houses to be warm, well lit and ventilated and decorated in a homely manner. The requirements of Schedule 6 were met.

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):

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

Findings:

The inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The inspector reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, health and safety policies, guidance on infection control, a fire safety policy and emergency and evacuation plans.

There was a risk management policy in place which included the requirements of the Regulations. There was a process of assessing risks and this was documented. There was a risk register for each unit, and staff were aware of the risks and the control measures in place. While certain risks had been identified, assessed and discussed as part of a wider MDT discussion, they had not resulted in clear control measures to reduce or alleviate the risk. An MDT meeting regarding a resident who was known to

have a high risk of falls had taken place prior to a significant injury to the resident from a fall. While additional measures had been put in place to support her in her recovery, appropriate control measures were not identified or put in place prior to the incident. The additional staffing was reduced once the resident had recovered regardless of the risk of a reoccurrence still being evident.

On review of the accident and incident records, the inspector found that there was a system of recording all adverse events in the designated centre. However, learning from incidents did not result in changes to staffing or supports to reduce the likelihood of reoccurrence. While decisions had been made to increase the supervision of residents in certain situations, there was no oversight on how this would then affect the supervision of all residents. For example, one resident had damaged property in supermarket and staff had to deal with the incident along with supervising the other residents. Likewise a resident who required support and supervision with personal care when out in the community had not been given appropriate consideration. The provider had not shown that the review of accidents and incidents was resulting in adequate steps to manage known risks.

The inspector found that there was a fire detection and alarm system along with emergency lighting in place in the designated centre, and this was evidenced as being checked and serviced routinely by a relevant fire professional. Fire extinguishers were located around the centre, and evidenced as serviced routinely by a relevant professional. Fire exits were unobstructed. The provider had put fire doors in place for the kitchen area in one of the units. With a plan to address other areas of the house once further guidance was published in this regard.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from harm or abuse.

There were policies in place regarding the prevention, detection and response to abuse which was in line with National Guidance and known to staff. There were also written policies on the management of behaviour, the provision of intimate care and the recruitment and vetting of staff. There was a clear process in place for the protection of vulnerable adults with a designated person appointed to respond and investigate any allegations or concerns, and this person held the role of social worker. The user friendly process as outlined in outcome 1 for residents to raise complaints was also an easy way for residents to confidentially raise any concerns.

Staff had all received training in safeguarding vulnerable adults. Training was available to staff in challenging behaviour and in the de-escalation techniques or interventions if a resident was aggressive. However, not all staff members had completed these trainings. This was most notable as staff worked alone during their shifts and supported residents who could present as challenging both in the centre and when out in the community.

The inspector determined that the person in charge was promoting a restraint free environment, with only one alarm in use on the front door to alert staff if a resident was to leave the centre. The inspector found that the use of p.r.n (as needed) medicine was monitored and used as a last resort, and was prescribed to support residents with a known diagnosis of anxiety/ mental health condition and was overseen by a consulting psychiatrist.

Judgment:

Substantially 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

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

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

Findings:

The actions from the previous inspection were adequately addressed. There was a system in place for ensuring all events that required submission to HIQA were done so within the timeline outlined in the regulations.

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:

The inspector found that residents living in the centre had access to day services which they attended five days a week. This offered them active lives in line with their own preferences and interests. Residents had access to their local communities from their day services and told the inspector that they enjoyed going for coffee or trips out. Some residents attended groups arranged by the organization in the evening such as knitting. The inspector found that the provision of day services was supporting residents to be social. However, failings identified in the other outcomes of this report were affecting residents' access to activities and events during the evenings and weekends.

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 residents' health care needs were assessed and planned for in the designated centre. There was evidence of timely access to allied health care professionals such as General Practitioner (GP), physiotherapy, occupational therapy, speech and language therapy (SALT). The provider employs a nurse educator to assist staff and residents in promoting best possible health. The role of nurse educator supports staff to ensure medical appointments are attended, assessments are completed and information is recorded.

Records were maintained of all health appointments and their recommendations. Each residents' individual personal plans contained information of their medical needs and

outlined any specific supports required. Questionnaires outlined prompt access to healthcare and that residents' health needs were well looked after.

The inspector chatted with some residents who explained that they had choice over the plans for meals each week. Some residents assisted with chores such as setting the table, or emptying the dishwasher. Residents were encouraged to make healthy choices as far as possible and there was access to SALT and dietician services if required.

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):

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

Findings:

The inspector found that policies, procedures in relation to the management of medicine were guiding safe practice.

The inspector reviewed the systems in place for prescribing, ordering and storing medicines in the centre, and found them to be adequate. Medicine was stored securely, and was administered by social care staff. The inspector found evidence that staff had received training in the safe administration of medicine. Records showed that staff had either been trained or offered refresher training in 2015 and 2016.

There were clear protocols in place to guide staff on when to administer p.r.n (taken as the need arises) medicine which included the maximum dosage to be taken in a 24 hour period.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that there was a written statement of purpose available in the designated centre. The statement of purpose clearly outlined the services and facilities available in the centre.</p>
<p>Judgment: Compliant</p>

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

Findings:
The inspector found that there was a management structure in place in the designated centre. The person in charge was supported in his role by the residential team leader. Some staff on duty held the role of social care leader. However, all staff had the same responsibility when lone working and reported directly to both the residential team leader and the person in charge. 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.

While there was a system in place for carrying out unannounced visits and reviews in the centre, the inspector found that the provider's own audits and reviews were not adequately capturing the gaps as highlighted in this report with regards to staffing arrangements, residents' choice and control and the management of risk and adverse events. Likewise the action plan from the last inspection report identified failings under workforce and the need for all residents to have individual needs assessments. This had

not been addressed. On review of the minutes of a staff meeting held in May which discussed the needs of residents, the inspector noted "their supervision needs make it challenging for staff to maintain the safety of all." There was no evidence that this had been reviewed or followed up on by the management team.

Supervision and support of staff was evident, with yearly meetings held with staff to discuss their role, areas of success and challenge along with any training needs. There was evidence of staff meetings held on a routine basis along with informal support and communication outlined to the inspector on a daily basis between staff and management.

Judgment:

Non Compliant - Moderate

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 was 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:

Based on the evidence reviewed, the inspector was not assured that the provider had adequately resourced the centre based on the individual and collective needs of residents and in line with the statement of purpose.

On discussing the staffing levels with the person in charge the inspector was shown a letter that was written to the organisation's funder in July 2016 seeking additional funding for staff in the centre. While this showed action taken by the provider, the inspector found that the business plan put forward was not based on clear assessments of individual residents' needs. Likewise, the provider had not taken internal steps to review the staffing arrangements and come up with alternative arrangements within the current available funding.

There was transport available to each unit of the centre to use and the inspector found that the requirements of Schedule 6 was met with adequate supplies of heating, lighting and furnishings.

Judgment:

Substantially 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:

The inspector found that appropriate measures had not been taken since the previous inspection to address the failing in relation to staffing. The arrangements for the staffing resource remained the same as the inspection of February 2016, with one staff member on duty in each unit. One staff catered for six residents in a unit and one staff catered for four residents in another. Evidence gathered on this inspection showed that the current staffing arrangements of staff was negatively impacting on residents in relation to their social lives, promoting their safety and the management of risk. The need for review of staffing arrangements had been highlighted in the findings across the report.

Questionnaires received by the inspector outlined that they didn't feel there was adequate staffing on duty at all times. Minutes of MDT reviews also laid mention to this

from a risk management point of view.

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 inspector determined that the documentation maintained in the centre was guiding the care and support of residents, and was well maintained and secured. Documentation was easy to retrieve, clear and up-to-date.

The inspector found that the records as outlined in Schedule 3 and 4 of the regulations were in place.

Written operational policies were in place and implemented as required by Schedule 5 of the regulations. Staff were aware of the content of the Schedule 5 policies, and how to access them if needed.

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-0004720
Date of Inspection:	01 and 02 November 2016
Date of response:	21 February 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents' choice and control over their daily lives was restricted due to the manner in which the centre was staffed and operated.

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 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

In order to ensure that residents have as much choice and control over their lives as possible, the team will review all risk assessments regarding people remaining at home alone for short periods. This has already been discussed in detail with residential team members and a follow-up meeting with the team to agree these times and assess risk management is planned for mid-March 2017

Proposed Timescale: 01/04/2017

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

Links with the community were not fully supported.

2. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

Keyworkers have discussed with individual residents the links they would like with the local community and the local community facilities they would like to use and enjoy. Already some residents have identified the local hairdressers they like, the groups they would like to be involved with, attendance at local religious services and community get-togethers etc. A number of local facilities/amenities have been identified by the team as possible local community links. These will be explored/sampled during the year on an ongoing basis.

Proposed Timescale: ongoing throughout 2017

Proposed Timescale: 21/02/2017

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:

Assessments were not comprehensively capturing residents' needs and informing the provision of appropriate supports.

3. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A review of the personal outcomes and goals of residents by keyworkers is underway. Once completed any barriers to the achievement of these goals will be identified and an assessment undertaken of the level of resources required to meet the identified needs and goals and whether these can be met within this Designated Centre. In order to provide some individualised support to residents, we are utilising the resource of Social care students who are on placement with us in the Designated Centre.

Proposed Timescale: 01/04/2017

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:

The provider had not shown that the review of accidents and incidents was resulting in adequate steps to manage known risks.

4. 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:

When risks are identified, they are considered and further assessed by the MDT and controls are agreed to mitigate the risks. The level of risk, based on Impact v Likelihood is escalated to the Quality Team and senior management team if deemed to be unacceptable to the MDT team. If the MDT recommendation is for extra resources the PIC responds accordingly while seeking the funding for the extra resources. These risks are reviewed on an ongoing basis.

Proposed Timescale: Ongoing

Proposed Timescale: 21/02/2017

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:

Not all staff had received training in challenging behavior or the management of aggression.

5. Action Required:

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

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

All staff now have the required training.

Proposed Timescale: Completed.

Proposed Timescale: 21/02/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The systems in place were not adequately monitoring that the service was appropriate for residents needs. Reviews conducted didn't capture the issues in need of address that were known to the provider and evidenced in this report.

6. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

When risks are identified, we will look at all possible ways of ameliorating that risk. We will look at our available resources and if they can be used differently. These resources include staffing levels and rosters, premises, the immediate environment etc. We will try to put controls in place and will make such environmental changes as required to reduce the risk to a level acceptable to the provider. If our efforts to control the risks or to reduce them to an acceptable level is beyond our resource capacity, the risk will be escalated to our Regional Manager and the Senior Management Team. If control and/or reduction of the risk is not possible at this level the risk is further escalated to the Chief Executive and National Executive and also to the HSE.

Proposed Timescale: 01/04/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

The provider did not demonstrate that they had adequate resources to deliver services in line with residents needs and the Statement of Purpose and function.

7. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

When the individual assessments of needs are completed, the business plan which has been submitted to the HSE can be reviewed to establish if it is still appropriate. If not it will be amended and re-submitted.

Proposed Timescale: 01/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The arrangement of the staffing resource on duty was not based on the needs of residents and needed to be reviewed.

8. 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:

Following the individual need assessments, a review of the staffing arrangements will be undertaken as a matter of urgency.

Proposed Timescale: 21/04/2017

