

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shannon Respite
Centre ID:	OSV-0004869
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 April 2017 09:30 To: 25 April 2017 17:15

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was a monitoring inspection carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. The inspector met with the both residents using the service at the time, and with three staff members and the person in charge. A resident told the inspector that he liked staying in the centre and felt safe and comfortable there. He also said that staff looked after him well, that he enjoyed leisure time and had plenty of involvement in the local community and that he enjoyed his meals in the centre.

Description of the service:

The centre comprised of a house in a rural town, and was within easy reach of shops, restaurants, banks and all other amenities. The centre provides planned short-term residential respite breaks for up to three people at any time. The service

was provided to male and female adults with an intellectual, physical and or sensory disability. The service can also provide non-residential care for up to three adults with intellectual disability who did not need or want to stay overnight.

Overall judgment of findings:

Of the ten outcomes inspected on this inspection, six were in compliance with the regulations. Four were moderately non-compliant and there were no major non-compliances.

Residents received a good level of health and social care. Residents had interesting things to do during the day, and were also supported by staff to integrate in the local community. Residents' healthcare needs were well met and there were measures in place to safeguard residents from any form of abuse. The centre was suitably staffed to meet the needs of residents. The centre was well maintained, comfortable and suitably furnished and met the needs of residents using the service. The provider had a clear governance system for the management of the centre, and auditing was being carried out to review and improve the quality and safety of the service.

While there were generally good health and safety measures in place, improvement to the assessment of fire containment was required. Improvement was also required to the administration of medication and to the auditing and recording of medication systems.

Findings from the inspection and actions required are outlined in the body of the report and 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 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):

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

Findings:

There were agreements for the provision of services in place for each resident. The inspector reviewed a sample of agreements and noted that services to be provided and the fee to be charged, including any additional charges, were stated.

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:

The inspector found that residents' social wellbeing was being supported and that residents had opportunities to pursue activities appropriate to their individual

preferences. As this was a respite service, activities that residents enjoyed took place while residents were at home with families, and were also supported while residents were availing of respite in the centre.

Each resident had a personal plan which had been developed in conjunction with residents' families. The plans contained personal information about the residents' backgrounds, including details of family members and issues of importance in their lives.

There was an annual meeting for each resident attended by the resident, their family and support staff to discuss and plan around issues relevant to the resident's life and wellbeing. Plans set out each resident's individual needs and some identified life goals that they wished to achieve while in the centre. These included outings, short holiday breaks, attending concerts, transition to residential living and use of computer technology. Records indicated that staff were working with residents to achieve these goals, and progress was clearly recorded.

A resident using the designated centre at the time of inspection said that he was involved in activities of his choice and had an active social life supported by staff. Activities that the resident enjoyed, and was involved in, included gardening, art, going to a gym and outings.

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre suited the needs of residents and the centre was clean, comfortable, well-maintained and suitably furnished.

During the last inspection of this centre in July 2015, the inspector found the house to be clean, bright, suitably furnished and comfortable. During this inspection, this standard continued to be evident.

All residents had their own bedrooms. The bedrooms were bright, well furnished and comfortable. Residents had adequate personal storage space and wardrobes. Two

bedrooms had en-suite toilet and shower facilities and there were sufficient additional bathrooms and showers. There was a bedroom and an office for staff use.

Communal day space included a large open plan kitchen with a dining area, and spacious sitting room. The kitchen was well equipped and clean. There were laundry facilities, where residents could do their own laundry if they chose to.

Assistive equipment was provided for residents including a hoist and stair lift. The inspector reviewed the service records and noted that all equipment had been regularly serviced, including equipment that was not required for current residents.

There were suitable arrangements for the disposal of general waste. Residents segregated waste before removal to bins which were stored externally and emptied by a private company. There was no clinical waste generated in the centre.

There was a well maintained garden, with outdoor furniture, at the rear of the centre.

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):

No actions were required from the previous inspection.

Findings:

There were good systems in place to protect the health and safety of residents, visitors and staff. However, improvement was required to risk assessments for the containment of fire.

There was a health and safety statement, a risk management policy and a risk register that stated the measures required to control identified risks. In addition to environmental risks, risks specific to each resident were stated and control measures documented in residents' personal plans.

The inspector reviewed fire safety procedures. There were up-to-date servicing records for fire extinguishers and fire alarms. Staff carried out a range of safety checks in the centre, such as daily checks of the fire panel, carbon monoxide alarm and exit routes.

The provider had introduced measures for the containment of fire. All doors were fire doors. However, a small number of residents using the service sometimes chose to sleep with their bedroom doors open, which could reduce containment of fire and smoke in

the event of a fire. There was no risk assessment completed to establish if these arrangements presented a potential risk to residents, or if adequate controls were in place to manage these in the event of a fire.

All staff had received formal fire safety training every two years as was the organisations practice. Personal emergency evacuation plans had been developed for each resident. The information in these plans provided guidance about the level of support required by each resident.

Frequent fire evacuation drills involving residents and staff had taken place, some of which were while residents were sleeping. Records of fire drills indicated that all drills, including night evacuations, had been completed in a timely manner. A resident who spoke with the inspector was clear on what to do in the event of hearing the fire alarm and said that the alarm was very loud and would awaken him if he was sleeping. The procedures to be followed in the event of fire were displayed.

The centre was maintained in a clean and hygienic condition. There was an infection control policy, which the inspector viewed. The policy required some improvement as it did not provide accurate guidance to staff. For example, the guidance in the policy for management of linens and clothing soiled with infectious matter was not in line with best practice, and did not reflect the laundry process in use, such as the use of alginate bags.

All staff had received up-to-date training in moving and handling.

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:

Measures were in place to protect residents from being harmed or abused.

There was a policy on safeguarding, and a training schedule which ensured that each

staff member attended training in prevention of abuse every three years. Staff who spoke with the inspector confirmed that they had received training in relation to adult protection and knew their responsibilities in this area.

The person in charge understood her responsibilities in relation to safeguarding and was clear on how an allegation or suspicion of abuse would be managed. To date no allegations or suspicions of abuse had occurred in the centre. There was a designated safeguarding officer available to the service, whose contact details were clearly displayed in the centre.

The inspector observed staff interacting with residents in a respectful and friendly manner. A resident told the inspector of being very well supported and cared for by staff and of feeling safe living in the centre. The resident knew the person in charge well and was aware of who to talk to in the event of any concern or complaint.

Although there were no current residents who displayed behaviour that is challenging, there were systems in place to provide behaviour support to some residents as required. For example, there were plans in place for management of communication issues and self injurious behaviour. There was a behaviour support therapist available in the organisation, who worked with residents when required. Positive behaviour support plans were in place for residents who required support. All staff had attended training on managing behaviours that are challenging. There was a policy on responding to behaviours that challenge to guide staff.

At the time of inspection, there were no residents who required any form of physical or environmental restraint, and p.r.n (as required) medication was not being used for behaviour management.

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:

Residents' healthcare needs were well met and they had access to healthcare services if required during their respite stays.

Due to the short and intermittent nature of residents' stays in this centre, healthcare

referrals and visits were generally arranged and managed at home by residents and their families. However, if any appointment was due during a respite stay, the person in charge confirmed that residents would be supported to attend. The inspector viewed a sample of healthcare records that confirmed that access to medical care was arranged as required.

Residents had access to a range of healthcare professionals including occupational therapists, physiotherapists and behaviour support therapists within the organisation and referrals were made as necessary. Records and recommendations from consultations were retained.

Each resident had a personal plan that included the services and supports to be provided to achieve good quality healthcare. Detailed information around residents' healthcare needs, assessments, medical history and any treatments received, and also healthcare support required from staff was recorded. These plans were developed by staff, in conjunction with information supplied by families.

Due to the short duration and intermittent nature of most residents' respite stays, residents' weights were not monitored in the centre, but in the day centres that residents attended. However, weekly weight monitoring was carried out for any residents who availed of longer stays in the centre. Any identified dietary requirements were recorded in residents' plans to ensure continuity of care. Some residents required special diets and these were supplied. For example, specific foods to meet the needs of a resident were provided in the centre at the time of inspection. Residents were supported and encouraged by staff to eat healthy balanced diets, participate in meal planning, shopping and food preparation and to participate in exercise during their respite breaks.

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 improvement to medication management practice was required.

Training records indicated that staff had received medication management training, and

there was a medication policy to guide staff.

It was not possible to ascertain if all medication had been administered as required. On some administration records viewed, staff had not signed to confirm that prescribed medication had been administered. Furthermore, there were no comments recorded to indicate if the medication had been withheld for any reason.

Some safe medication management practices were identified. There were colour photographs of each resident available to verify identity if required. Personal administration plans had been developed for each resident. There was a secure system for the return of unused and out-of-date medication.

At the time of inspection there were no residents prescribed medication requiring strict controls, no residents required their medication crushed, and there was no medication in use that required refrigeration storage. None of the residents took responsibility for the administration of their own medication, although all residents had been assessed to establish their suitability for this process.

Judgment:

Non Compliant - Moderate

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 a clearly defined management structure that identified the lines of authority and accountability, and there were systems in place to review and improve the quality of service. However, improvement to medication management was required.

The person in charge knew the requirements of the regulations, had a good overview of the support needs and personal plans of residents, and was clear about her role and responsibilities.

Both the person in charge, and staff who met with the inspector in the centre, knew the care needs of residents and demonstrated a commitment to improving the service

offered to these residents.

There were systems for monitoring the quality and safety of care. Accidents, incidents and complaints were recorded and kept under review both by the person in charge and by the organisation's quality team, for the purpose of identifying trends.

Members of the management team carried out unannounced visits to the centre every six months to review various aspects of the quality and safety of the service. Findings from these audits were communicated to the person in charge for her attention. An annual review of the quality of the service had taken place, which represented an overview of the service provided and included feedback from residents and families.

Improvement, however, was required to the auditing and checking systems for medication management. As this was a respite service, residents normally brought their own medication to the centre at the start of each respite break. There was a procedure for counting and recording each resident's supply of medication at the start and finish of each respite break. However, this information was not clearly recorded. In addition, the inspector found, during the inspection, that some of the information required for safe medication administration was not available to guide staff and there were insufficient records to indicate that all medication was being administered as required. Although a medication audit had been carried out recently, these issues had not been identified during the audit.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were present to support residents at all times both in the centre and when doing things in the local community. Staff also slept in the centre at night.

There was a planned and actual staffing roster maintained and these were found to be accurate at the time of inspection. There were several times identified on weekdays and

weekend when two staff would be on duty to ensure that each resident would have opportunities to participate in individualised activities of his or her choice.

A review of staff training records indicated that staff had attended mandatory training in fire safety, safeguarding and manual handling. A range of other training had also been recently provided such as training in epilepsy awareness, infection control, safe medication administration and food safety.

Staff recruitment was not reviewed at this inspection.

Judgment:

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):

Findings:

This outcome was not reviewed in full at this inspection, but a sample of records and documents were examined and it was found that some improvement was required.

During the course of the inspection, a range of documents, such as social care plans, health and safety records, operational policies and healthcare documentation were viewed and were found to be satisfactory. Most records requested during the inspection were promptly made available to the inspector.

Improvement to medication administration records was required. Some medication records were not being retained for the time required by the regulations. Some previous prescription sheets were not available for review. These were not retained in the centre and it was unclear as to where they were stored. In addition, some of the information required to guide staff on safe medication administration was not present.

Judgment:

Non Compliant - Moderate

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:

Jackie Warren
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 Ireland
Centre ID:	OSV-0004869
Date of Inspection:	25 April 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 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 infection control policy did not provide accurate guidance to staff on handling and laundering linens and clothing soiled with infectious matter.

1. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a

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

healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The infection prevention and control procedure will be amended to provide more accurate guidance to staff on handling and laundering linens and clothing soiled with infectious matter.

Proposed Timescale: 31/07/2017

Theme: Effective Services

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

A small number of residents using the service sometimes chose to sleep with their bedroom doors open, which could reduce containment of fire and smoke in the event of a fire. There was no risk assessment completed to establish if these arrangements presented a potential risk to residents, or if adequate controls were in place.

2. 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:

Risk assessments will be completed and adequate controls if required will be put in place for two individuals who choose to sleep with their bedroom door open.

Proposed Timescale: 30/06/2017

Outcome 12. Medication Management

Theme: Health and Development

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

It was not possible to ascertain if all medication had been administered as required.

3. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

PIC and/or PPIM will carry out a weekly check of all medications practises, to ensure all medication practises are in line with Medication Policy.

Proposed Timescale: 30/06/2017

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 auditing and checking systems for medication management did not identify several unsafe practices in the medication management and administration process.

4. 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:

PIC and/or PPIM will carry out a weekly check of all medications practises, to ensure all medication practises are in line with Medication Policy.

Proposed Timescale: 30/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Records of each drug and medicine administered to the resident, giving the date of the prescription, the dosage, the name of the drug or medicine, the method of administration, signed and dated by a medical practitioner or the nurse or staff member administering the drug or medicine in accordance with any relevant professional guidelines were not consistently retained in the centre.

5. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All documents relating to medication practises will be stored and archived appropriately on site as required.

Proposed Timescale: 30/06/2017

