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Comeragh Tus Nua, OSV-0001541, 14 November 2017

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Comeragh Tus Nua
Centre ID:	OSV-0001541
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services South East
Provider Nominee:	Julia Kelly
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
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:
14 November 2017 09:30	14 November 2017 18:30
15 November 2017 09:30	15 November 2017 11:30

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

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

Summary of findings from this inspection

This was first inspection of his centre in its current configuration. This was an announced inspection to inform the decision to register the centre. The unit was previously part of another designated centre but was then vacated and a separate stand-alone application for registration was made.

How we gathered the evidence:

The inspector met with and spoke with all residents. Residents told the inspector they were happy living in the centre, enjoyed their activities and work, that their home was comfortable and they got out and about a lot. The inspector also met with staff

members, the person in charge, and the regional service manager.

Description of the service:

The statement of purpose describes the centre as providing fulltime care to three residents with intellectual disabilities and additional care needs. To this end the inspector found that the care provided was congruent with the residents' needs. The centre comprises one bungalow located in a rural setting. It is suitable for the needs of the current residents. The premises was homely and well equipped.

Overall judgement of our findings:

This inspection found that the provider was in substantial compliance with the regulations which had positive outcomes for the residents. Good practice was observed in the following areas;

- governance systems were effective and responsive which promoted the residents wellbeing and security of care (outcome 14)
- residents were consulted and supported to participate in all decisions regarding their lives (outcome1)
- residents had good access to healthcare, multidisciplinary specialists and good personal planning systems were evident which resulted in a positive and supportive experience for them (outcome 5)
- residents' activities and work were based on their own preferences which ensured they had interesting and varied experiences that suited their needs (outcome 5 and outcome 10), and
- medicine management systems were safe (outcome 12).

Some improvements were required in the following areas to improve the overall outcomes for residents;

- adequate arrangements for the person in charge to carry out the role effectively
- adherence to safeguarding plans (outcome 8) which could result in potential risks to residents
- fire safety management systems which could result in risk (outcome 7)
- adherence to mandatory training requirements for staff and
- a review of either staff ratios or deployment was required to ensure the levels of support were available as needed (outcome 17).

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

It was apparent that residents had choices in their daily routines and preferred activities. Residents also confirmed this. All resident were admitted from their homes which was a significant change in their lives at this stage. To this end there had been significant consultation and preparation prior to the admission. This process was continuing in order to support the best outcomes for the residents.

There were weekly meetings held where the residents were encouraged to express their views and preferences on their meals, their weekly plans, and living together ground rules such as respecting each other's space and privacy. Individually residents also had time with staff during which they discussed their views and experiences.

On return to the centre each day there was a routine of sitting down with a cup of tea and airing any issues they wished. One complaint had been made by staff on behalf of a resident. This was being managed appropriately according to the complaint policy. This is however further detailed n outcome 8 Safeguarding.

An assessment for capacity was undertaken in regard to residents managing their own monies. All residents had their own bank accounts and at the time of the inspection families were primarily managing their finances. Detailed records of spending were maintained in the centre. While no residents were deemed to have full capacity to manage their monies all had good access, carried their own monies with them and could make decisions in regard to spending.

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):

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

Findings:

The inspector observed details in personal plans outlining residents' communication needs and the staff understood the residents' means of expressions very well. Pictorial and written documents were seen to be used frequently to help with sequencing of events for the residents which included their activities, meals, work, training, visits and outings as well as letting residents know what staff were on duty.

The safeguarding system was outlined in a suitable format. Residents had personal mobile phones and access to televisions, DVDs ,radios and music. The staff and residents were observed and heard to be communicating with each other in a warm, calm and relaxed manner.

Judgment:

Compliant

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

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector saw evidence from records reviewed that significant relationships were supported and maintained with shared decision making evident. This was also confirmed by residents and family members. Staff provided significant support and assistance to maintain this.

Family members attended the support meetings and good records of communication and feedback were maintained. Residents had good access to their local and home communities. They attended local activities centres, shops, pubs, gyms, meals out and had their personal care needs addressed via the community services. They also took part in local groups such as clubs where they did various activities at evening time. Staff were careful to use premises which had easy access for mobility.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

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

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

Findings:

The centre was set up specifically to provide a residential service to a number of identified persons. In accordance with the admissions policy this was undertaken following assessment, multidisciplinary and family agreement.

The inspector found that there had been a planned and structured transition process which was supported by the multidisciplinary team and the staff of the day services which the residents attended. This process afforded the families and residents to become familiar with the staff and living arrangements while being part of the process. Admissions were staggered.

The contractual arrangements for the service were in order, defined all costs involved and were signed by and on behalf of the resident. They had been reviewed to reflect the changes in the State's funding arrangements for residential services and were in line with the level of nursing support provided.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to

meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspection found that resident needs were assessed both before and after admission to the centre. There was good access to a range of multidisciplinary supports and interventions including physiotherapy, speech and language therapy, mental health and psychology; some of which were integral to the organisation.

However, not all identified needs were supported by the implementation of the necessary support plans. These included manual handling plans, where the need for support had changed. In addition, some decisions made at multidisciplinary review or by the individual clinicians were not integrated into the support plans in the centre to direct the care. This included detailed plans to enable a resident to make choices and changes to training and day-care arrangements.

That said, there were very good multidisciplinary assessments and reviews undertaken. There were goals identified which were meaningful and seen to be in progress for the residents. Residents were consistently consulted in regard to these. In addition it was apparent that staff and multidisciplinary clinicians were very cognisant of the emotional impact of the admission to residential care and were actively attending to this.

Residents' preferred activities and social engagements were very well supported and encouraged. The admission to the centre had not disrupted their day-care or training so this was a constant in their lives despite the new living environment. They had frequent access to social activities of their choosing, many of which they would previously have attended. These included films, bowling, playing pool, going to the pub, to the local seaside, outings for lunch and coffee. They were very familiar with their social activities and schedules and had busy weeks and long-term social plans.

There was space in the centre to promote residents individual activities and they had all of their preferred hobbies and recreational items with them.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets

residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The premises is a bungalow in its own grounds. There is large living room, large conservatory, suitable sized and equipped domestic style kitchen and utility room. There is a suitably adapted bathroom and an additional toilet. Each resident has their own large bedroom which were comfortably fitted out and decorated. The centre is homely, warm and comfortable. Residents had a lot of their own belongings and possessions, games, CDs and pictures.

The centre was not fully accessible. One of the entrances is suitable for wheelchair access but the front and main entrance is not. This was not satisfactory given the assessed mobility needs of residents.

There is a large garden to the rear and parking to the front. The premises is suitable for the needs of the current residents. However, some emerging health issues indicate this may change in the future. The provider was aware of this.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

While some systems were in place to promote health and safety, improvements in fire safety were required.

Work had been done on fire safety management systems including the installation of suitable fire alarms, emergency lighting and fire fighting equipment. Fire doors in crucial areas, namely the kitchen and utility room, had also been installed. However, no fire

doors had been installed in the living room or the bedrooms both of which were crucial exit routes for the residents. In particular the living room, which was an inner room to the kitchen, may pose a risk to safe evacuation and this required review by the provider.

While there were personal evacuation plans available for the residents one of these had not been revised to account for a recent injury and change in mobility status. These factors had not been adequately risk assessed. Regular drills had been held at various times which all residents participated in. However, the same exit was used in all drills and this had necessitated using high steps to exit. This would not be suitable in all events. All other exits were unencumbered.

Records showed that all fire safety equipment had been installed and commissioned prior to the residents moving in and had been serviced quarterly since then.

The health and safety statement was current and safety audits of the environment and practices had been undertaken. Equipment and vehicles had been serviced.

The person in charge had taken prompt and pre-emptive action during a recent storm to evacuate the residents in the event of a power outage as some equipment was necessary for residents. The emergency plan was implemented and effective. Emergency phone numbers were readily available to staff.

There was a risk register in place for the pertinent risks identified for each resident. However, some plans required further review and detail in relation to the risks of falls and the changes to the residents' mobility status and the use of the hoist.

Accidents and untoward events were not a significant feature of this service, however there was a process for learning from and review of untoward events. Audits on medicines management practices and reviews of incidents of behaviour that challenged were evident. It was apparent that the staff worked with residents to help them identify their own areas of risks and provide guidance to them in understanding and managing these.

The policy on infection control and the disposal of sharps was detailed. Staff were observed taking appropriate precautions and using protective equipment including gloves and sanitizers as this was necessary.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

While the inspector was satisfied that there was a commitment to protecting residents there were some improvements required in implementing processes agreed for managing potential safeguarding matters and some incidents where residents' behaviours impacted on others.

There was an agreed process for the management of statements made which may indicate abusive interactions but are primarily viewed and indicators of anxieties. This process was directed and agreed by the safeguarding social worker and multidisciplinary team as part of a behaviour support plan. However, from a review of the records maintained it was not evident that staff followed this protocol fully which could pose a risk to a resident.

In addition, a number of incidents had occurred which had impacted on another resident and also resulted in a level of ongoing anxiety. These were not understood as safeguarding matters although they were being reviewed by the complaints officer and the resident was being supported in relation to this. While staff explained strategies to take in the event of such situations occurring, there was no safeguarding plan devised and implemented for the resident concerned.

The inspector found that the systems for the support of behaviour that challenges and the use of restrictive practices were based on national guidelines and undertaken with consistent multidisciplinary guidance and review. Restrictive practices were minimal and no PRN (administered as required) medicines were being administered or prescribed. Both mental health and psychology services were available internally and residents' psychosocial needs were very well assessed and supported.

Staff had training in the support of behaviours that challenge. No physical interventions were used. However, while the behaviour support plans were detailed and preventative, they did not provide guidance for staff on the management of some incidents where it was apparent there was an escalation of behaviours.

The inspector was advised that there were no safeguarding matters in relation to staff currently being managed. There were pictorial and easy read versions of safeguarding systems for residents. Residents who could communicate informed the inspector that they felt safe in the centre. Staff were able to articulate their understanding and responsibilities in relation to this and were very clear on what behaviours were not acceptable. They expressed their confidence in the management team to respond promptly to any incidents. Appropriate intimate care plans were in place.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

A review of the accident and incident logs, residents' records and notifications forwarded to HIQA demonstrated that the person in charge was in substantial compliance with the requirement to forward the required notifications to HIQA. One notification had not been forwarded as it had not been identified as a safeguarding matter. All incidents were found to be reviewed internally.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Residents attended a number of day-training services tailored to their individual needs and preferences. They participated in both recreational and occupational development such as music, drama, exercise, cookery and on occasion provided the evening meal for the centre. One resident had enrolled in a training course for the protection of peoples' rights. They used computers and did work including horticulture for the day service. They told the inspector they enjoyed these programmes and their schedules.

A review of activities available in the day services was underway to ascertain if it was still meaningful for one resident.

Judgment: Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found evidence that overall residents' healthcare need were being met.

The residents maintained their own general practitioners (GPs) which promoted consistency of care. Out-of-hours service was used promptly where necessary. It was apparent that healthcare needs were discussed with the residents and they were aware of their own needs, their treatment plans and diets. There was evidence of regular referral and frequent access to allied services such as chiropody, dentistry, ophthalmic care, neurologists and dieticians. There was very good support and follow up noted in relation to a recent accidental injury to a resident.

The inspector saw evidence of health promotion and monitoring with regular tests and interventions to manage specific healthcare needs. The inspector saw from records and speaking with staff that there was close collaboration between families with regard to decision and interventions.

Residents' nutritional needs were addressed and monitored. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs. Meals provided were seen to be in accordance with any such advice. The residents shared the decisions regarding meal choices and these were in pictorial form on the notice board so they could check them. Meal times as observed were social homely occasions with the residents and staff eating together. Food was freshly prepared, varied and nutritious.

Although there was a policy on end-of-life care this was not pertinent at the time of this inspection.

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):

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

Findings:

Residents maintained their own pharmacist following admission which again promoted continuity.

The policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medicines were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medicines. No errors had been noted.

No controlled medication was being used at the time of the inspection. Medicines were administered by the non-nursing staff who had training and competency assessments prior to undertaking this.

No resident was assessed as having the capacity to self-administer medication and there was good communications noted between the staff, families and GPs in relation to over-the-counter medicines.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose required amendments to ensure it was centre specific and accurately described the service to be provided. This was duly completed and forwarded

after the inspection.

Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with mild to moderate intellectual disabilities and additional care needs with some nursing oversight.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The person appointed to the post of person in charge in March 2017 had the necessary qualifications' and experience for the post having been in a management position in the service for many years. She was a qualified nurse and was fully aware of her legal responsibilities.

However, the person was also person in charge for five other centres, a large day service and was also the local services manager. This arrangement did not allow the function to be carried out effectively. Even with the robust reporting systems evident the person in charge was not able to be in the centre directing and overseeing care and continue to meet the regulatory obligations. This is evidenced by the findings in staff training and social care. This arrangement was not sustainable despite the best efforts of the person in post and required review by the provider. Staff confirmed the support and availability of the person in charge and residents were very familiar with her.

There was clear governance and reporting structure in place. The local management team also included the regional services manager who also has considerable experience and there was also support and oversight from the social work team, the psychology department and the training quality manager. There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive.

A six monthly inspection had been carried out on behalf of the provider. This was a detailed review of staffing, training, residents' care, supports and environmental factors.

A number of remedial actions were identified and were addressed. This was timely as it took place three months after the centre opened and provided an effective review of systems at that time. All actions identified had been addressed by the person in charge since then. The person in charge had also undertaken two unannounced visits where residents were spoken with regarding their care and satisfaction with the centre. As this centre opened anew in January 2017 there was no annual report for the year as yet.

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:

There were suitable arrangements made for the absence of the person in charge with a team leader appointed to undertake this function.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

There were sufficient resources and financial supports available to provide the services as outlined in the statement of purpose.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The staffing and skill mix were satisfactory at the time of the inspection. The provider was responsive to changing needs.

The ratio of staff had been increased from one to two during the day in response to a resident's temporarily altered mobility. There was nursing support and oversight available from Monday to Friday which was also satisfactory. There was always a waking night staff member present due to a resident's medical needs. The normal staff ratio was single staff except on weekends and holidays. While there was no direct evidence that this was not sufficient some activities during the week were undertaken either as a group or all residents had to accompany each other due to the single staffing arrangements.

On occasions behaviours that challenge, which had escalated somewhat in the weeks preceding the inspection, also necessitated the presence of two staff. Due to the temporary increase in staffing at the time of the inspection two staff were present. It was acknowledged that these incidents are not the norm. This was discussed with the management team at feedback with a view to exploring options for deployment of staff which may remedy this situation.

There were deficits noted in the training records available.

These included;

- three staff were out of date for refresher training in fire safety
- three staff did not have manual handling training
- two staff did not have first aid training, and
- two staff had not had safeguarding training.

Staff had been trained by the staff nurse in the use of oxygen which was necessary in this centre.

There was a centre-specific policy on recruitment and selection of staff, a lone working

policy had been developed and an annual staff support/appraisal system had been implemented. Examination of a sample of personnel files showed good practice in recruitment procedures for staff with all the required documentation sourced and verified prior to taking up appointments. Care assistant staff had qualifications or FETAC level five as the minimum requirement.

There was an induction programme which was confirmed to the inspector and annual formal supervision process which was focused on residents' care and staff development. There were detailed day-to-day communication systems used to ensure consistency. Monthly team meetings took place. These were also seen to be focused on residents' care needs.

Staff spoken with had a good understanding of the residents' needs and preferences and their own responsibilities.

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):

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

Findings:

All documentation required for the purposes of registration were provided and the required policies were available.

Records in relation to staff, residents and other required matters were also maintained, as required.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0001541
Date of Inspection:	14 November 2017
Date of response:	20 December 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal support plans were not consistently devised to meet the assessed and identified needs of the 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 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

A review of the resident's support plans will be conducted and their assessment of needs will be reviewed with the Multi-disciplinary team.

Proposed Timescale: This review will be completed by the end of January 2018

Proposed Timescale: 31/01/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The main entrance was not suitably adapted for ease of accessibility.

2. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

A ramp will be installed at the front entrance for wheelchair accessibility.

Proposed Timescale: Action will happen by the 31st of March 2018

Proposed Timescale: 31/03/2018

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:

Some rooms and exit routes were not protected by suitable fire containment doors. The ability to exit safely from the living room had not been adequately risk assessed.

3. Action Required:

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

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

1) The bedrooms and living room doors will be replaced with fire doors.

2) It is planned to replace the window in the living room with French doors, complete with thumb turner locks.

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

Personal evacuation plans had not been reviewed to account for changes in residents mobility and the need to use equipment to evacuate safely.

4. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Following risk assessment resident W-638 transferred to rehabilitation services to meet his assessed needs for 28 days.

Proposed Timescale: 20/12/2017

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:

Guidelines for staff to manage incidents where behaviours escalate were not clear.

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:

Identified staff that require MAPA training will be prioritised for first available training.

Proposed Timescale: 31/05/2018

Theme: Safe Services

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

Procedures for managing safeguarding incidents were not consistently followed by staff. A safeguarding plan was not implemented where this was required.

6. Action Required:

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

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

The person in charge will meet with the staff team to clarify safeguarding plan. The multidisciplinary team with the safe guarding officer will review the safe guarding plan.

Proposed Timescale: 31/01/2018

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The office of the chief inspector had not been notified of a specific incident, as required by regulation.

7. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The PIC will ensure that all notifiable incidents will reported to HIQA as per regulation.

Proposed Timescale: ongoing

Proposed Timescale:

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 arrangements for the person in charge to manage a number of centres required review to ensure the function could be carried out effectively.

8. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

Arrangements will be put in place to appoint a PIC to this designated centre thereby reducing the number of centres the current PIC manages.

Proposed Timescale: 30/04/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing arrangements required review to ensure they were sufficient at the most optimal times.

9. 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:

At a team meeting the staff roster will be reviewed
A revised staff roster will facilitate the support needs of the individual plans and individuals personal choice of activity schedule.

Proposed Timescale: 28/02/2018

Theme: Responsive Workforce

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

Training and refresher training in mandatory areas was not completed by a number of staff.

10. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Mandatory training for all staff will be prioritised in 2018

Proposed Timescale: 30/04/2018