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A designated centre for people with disabilities operated by Brothers of Charity Services South East, Waterford

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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:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0005094
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Caroline Connelly
Support inspector(s):	Paul Dunbar
Type of inspection	Announced
Number of residents on the date of inspection:	7
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:
16 September 2015 09:50	16 September 2015 18:00
17 September 2015 09:30	17 September 2015 16:00

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

Outcome
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 a registration inspection of a centre under the Comeragh services which is one of a number of designated centers that come under the auspices of the Brothers of Charity Services South East. The Brothers of Charity South East provides a range of day, residential, and respite services in Waterford and South Tipperary. It is a not-for-profit organisation and is run by a board of directors and delivers services as part of a service agreement with the HSE.

During the inspection the inspectors met with residents, the person in charge, the clinical Nurse Manager (CNM2), nurses and care staff. Throughout the inspection the inspectors observed practices and reviewed documentation which included resident's

records, policies and procedures, medication management, complaints, health and safety documentation and staff files.

The centre consists of one high support house that provides residential care to seven residents with moderate to profound intellectual disability and multiple needs. This centre is a nurse led service and operates on a full time basis.

The person in charge works full time and was the person in charge for five residential centers and also had responsibility for the Comeragh day services. He was seen to be fully involved in the organization and management of the centre and was very knowledgeable of the residents and their needs. Staff and residents informed inspectors that the person in charge was accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible.

There was a range of social activities available internal and external to the centre and most residents were seen to positively engage in the social and community life which was reflected in their personal plans. The inspectors observed evidence of good practice during the inspection and were satisfied that residents received a good standard of social care with appropriate access to their own general practitioner (GP), psychiatry, psychology, social worker and allied health professional services as required. Personal plans were viewed by the inspectors and were found to be comprehensive appropriate to the needs of the residents and up to date.

A number of questionnaires from residents and relatives were received and the inspectors spoke to the residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. However there were some concerns expressed in relation to staffing levels particularly at night. This issue is discussed in the body of the report as the inspectors found that residents dependency needs had increased but staffing levels had not increased in line with this and there was only one member of staff, a nurse, on duty at night to care for seven highly dependent residents.

A number of other improvements were required in relation to staff training, social aspects of care for one resident, easily accessible personal plans, premises issues and privacy and dignity.
The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centers for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for 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:
The provider had in place an accessible complaints system for residents. Each resident had an 'I'm Not Happy' card that they can place in an 'I'm Not Happy' box in their house or day service. This card will notify the assigned social worker that they wish to have their support in making a complaint. These cards were seen by the inspectors to be present in the centre. Residents who wished to make a complaint were assisted to do so by staff and complaints were examined by the social worker. The inspectors saw that there were three completed " I'm Not Happy " which were addressed and managed appropriately and in compliance with the Regulations. There was evidence that the residents were satisfied with the outcomes.

The complaints procedure was viewed by the inspectors and was found to meet the requirements of legislation. The details of the complaints process were displayed in the hallway in the centre with photographs of who to complain to. The person in charge indicated that there was a complaints log available which was seen by the inspectors.

Inspectors observed staff interaction with residents and noted staff promoted residents dignity while also being respectful when providing assistance. There was evidence that residents were consulted about how the centre was planned and run through regular residents' meeting that discussed items of interest for the residents and the plan for the following day including healthcare appointments. The staff and residents confirmed this meeting took place daily and on a weekly basis they had a planning meeting for the following week which allowed residents to express their preferences around issues like food choices and activities.The inspectors viewed minutes of the residents weekly meetings. In the Brothers of Charity Waterford and Tipperary there is a regional advocacy council. This is a forum for residents to air their views to senior management

about how services are delivered to them and to advocate both for individuals and groups of individuals about the services they receive. The service also employs a quality, training, development and advocacy manager who coordinates the advocacy services for the residents.

The person in charge informed inspectors that he monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care was provided. Inspectors observed staff endeavouring to provide residents with as much choice and control as possible by facilitating residents' individual preferences for example in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents all had their own bedrooms which promoted their privacy and dignity. However there was one female resident sharing a bathroom with two male residents, she refused to keep the door closed so further supervision was required when this resident is using the bathroom to ensure her privacy and dignity at all times. The inspectors saw personalised living arrangements in residents' rooms with photographs, personal effects and furniture. There was adequate space for clothes and personal possessions in all bedrooms with adequate wardrobes and lockers. There were service guidelines available on the handling of personal assets with an up to date property list in each resident's personal folder.

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

Findings:
The inspector noted that residents had access to appropriate media, such as television, and radio. Some residents had televisions in their rooms and inspectors noted that there were large flat screen televisions in communal rooms. One resident had his own self contained living room and enjoyed sky sports and listening to music.

There was an up-to-date communication policy available and staff who spoke to the inspector demonstrated awareness of individual communication needs of residents in their care and could outline the systems that were in place to meet the communication needs of residents. In addition, inspectors noted that individual communication requirements had been highlighted in personal plans and were also reflected in practice. For example, the inspectors noted that staff used communication approaches such as

gestures, signals, facial expressions and vocalisations to communicate with some residents. In addition, staff also used a variety of picture charts, and communication symbols. Inspectors noted from residents' personal plans that there had been input from multi-disciplinary professionals including speech and language therapists and occupational therapists to assist residents meet their range of communication needs. The inspectors noted that there was very effective communication between staff and residents in the centre. A number of staff told the inspectors that they had completed LAMH training to enable them to communicate with one resident in particular. The service also had a LAMH Choir and the inspectors saw one of the residents going out on one of the evenings of inspection to the choir practice.

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

Findings:
The inspectors noted there was an open visiting policy and relatives could visit without any restrictions. The inspector saw that relatives were updated as required in relation to residents' progress and many relatives attended residents' circle of support meetings. The inspector saw in residents' personal plans that these meetings were held on a regular basis. There was evidence that resident' representatives could bring any issue directly to staff.

The inspectors saw that residents were supported to develop and maintain personal relationships and links with the wider community and families are encouraged to get involved in the lives of residents. Residents went out to their family homes and relatives for the day, weekend or for holidays and this was all documented as part of their personal plans. Regular phone calls to relatives took place and these were scheduled in their personal plans and in the diary so that they were not forgotten. Residents told the inspectors that the phone calls were very important to them to keep in touch with family and friends.

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:
Each resident, apart from one, had a signed contract of care with the service provider which was also made available in an easy-read format. The contract set out the rights and responsibilities of the service user and the fee to be charged. Additional fees were listed and the inspectors were satisfied that the contracts met the requirements of the Regulations. The resident who had no contract was a ward of court. There was evidence that the provider had made contact with this resident's representatives with a view to having the contract signed and returned as soon as possible.

All applications for admission to services were made to the director of services who passed them on to the enrolment team for assessment. The offer of any place is made in consultation with the HSE based on prioritisation. The admission policy took account of the need to protect residents from abuse by their peers. The criteria for admission were clearly stipulated in the statement of purpose and the person in charge informed the inspectors that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors were satisfied that residents' wishes were respected in terms of admissions, discharges and transfers. For example, the person in charge had met with two residents in order to discuss their placement and suggest a transfer to a different centre. On each occasion the resident declined and stated a preference for remaining their current home. This was clearly documented in the resident's file and they were facilitated to remain in the centre.

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 service currently consists of a house in the community where seven residents live. The inspectors were informed by staff that there were a number of options available for residents in relation to social activities. Some residents attended activities and day services while others participated in activities in the house. The inspectors saw that residents were generally supported to access and take part in social events and activities of their choices, which reflected the goals chosen as part of their personal plan. Residents to whom inspectors spoke described the many and varied activities they enjoyed and spoke of their attendance at day services, trips out and about dining out and going into town. However there was one resident who's access to an external day services was curtailed due to physical ill health and was only able to attend two half days as opposed to five full days as she had in the past. The staff in the house did take the resident out where possible however this very able resident was seen to spend long periods in the house where a more stimulating environment would be more suitable. The person in charge said he was in negotiations with the external day service in relation to increasing the availability or releasing the funding so alternative day services can be provided.

The inspectors reviewed a selection of personal plans which were personalised, detailed and reflected residents' specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. These key workers were responsible for pursuing objectives in conjunction with individual residents in each resident's personal plan. They agreed time scales and set dates in relation to further identified goals and objectives. However the inspectors noted that there were not user-friendly pictorial versions of the personal plans in this centre and personal plans were not available to residents in an accessible format as required by the regulations

Inspectors saw that specific support plans were in place for residents identified needs. This included plans for issues like intimate care, nutrition support and medication support. There was evidence of input from relevant healthcare professionals in the development of these support plans. There was evidence of interdisciplinary team involvement in residents' care including, medical and General Practitioner (GP), speech and language, dentist and chiropody services. These will be discussed further in Outcome 11 healthcare needs.

The inspectors noted that there was a circle of support identified in each resident's person-centred plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. As previously outlined there was evidence in residents' personal plans that the resident and their family members, where appropriate, were involved in the assessment and review

process and attended review meetings.

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

Findings:
The centre consisted of one two storey house which provides accommodation for seven residents. The communal accommodation comprises of a large sitting room, a dining room and kitchen. There were seven bedrooms two of which had full en-suite facilities these bedrooms were on the ground floor. There were three bedrooms on the first floor one of these bedrooms had its own sitting room. The three residents on the first floor shared the one bathroom There were adequate shower and bathroom facilities available in addition to the en-suite facilities. The house was bright and provided accommodation of a homely domestic nature.The person in charge reported that they had made numerous improvements to the house in recent times including renovations of bathrooms, including providing a en suite facility making a semi apartment for one resident and redecoration throughout the house.
Residents that showed inspectors their rooms stated that they were happy with their bedrooms and most had personalised their rooms with photographs of family and friends and personal memorabilia.

Laundry facilities were provided and were adequate however as will be discussed further under outcome 7 the sluice was also present in the laundry room which does not comply with best practice in infection control. Staff said laundry is generally completed by staff but residents are encouraged to be involved in doing their own laundry and on the day of the inspection the inspectors saw one resident bring their clothes to the laundry. Residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them in good condition.

Equipment for use by residents or people who worked in the centre included wheelchairs, specialised chairs, were generally in good working order and records seen by the inspectors showed that they were up- to- date for servicing of such equipment.

The house was set in grounds with car parking facilities and the gardens to the rear

contained suitable garden seating and tables provided for residents use. Grounds were kept safe, tidy and attractive.

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

Findings:
The centre had a safety statement and an emergency plan. The safety statement identified particular risks relevant to the centre. Evacuation notices were in prominent places throughout the centre and were also available in an easy-to-read format. In addition, each resident had a personal emergency evacuation plan (PEEP) which described their particular needs in the event of a need for evacuation. The PEEPs were filed in the residents' personal plans and also posted on the door of each bedroom. The emergency plan detailed the procedure to be followed should an adverse event occur such as adverse weather conditions, loss of water, loss of electricity.

The environment of the house was homely and visually clean. The person in charge and staff informed inspectors that the cleaning of the houses was generally undertaken by the care staff. Staff were knowledgeable about the infection control measures in the centre. There were yellow bags for clinical waste which were disposed of off-site. Mops were colour-coded to identify their specific use and there was a cleaning schedule in place. There was appropriate protective equipment available in the forms of gloves, aprons and alcohol hand gel dispenser close to the front door of the centre and in other parts of the centre. Hand hygiene posters were evident throughout the centre above sink areas, and staff were seen to wash their hands at appropriate times and good hand hygiene practices were seen. There were sluice facilities available in a utility room in the centre. However this room also contained the laundry and a chest freezer. Staff advised inspectors that heavily soiled sheets and clothing were sluiced in this room this was not considered to be best practice in terms of infection control. The laundry and freezer required to be removed from the slice room with immediate effect to comply with infection control guidance and prevent cross contamination and this was raised during the feedback meeting at the close of inspection.

The centre had a risk register where a number of relevant risks were identified such as travelling in vehicles, bed rails, behaviours that challenge and appropriate controls were seen to be put in place. There was a risk management and risk assessment policy in place. The policy detailed the precautions to be in place to control the following

specified risks:
- absence of residents
- accidental injury to residents or staff
- aggression and violence
- and self-harm.

There were regular safety audits carried out by staff in the centre. The checks focussed on a range of matters including ventilation, medication, access and egress. Action plans were put in place and actions taken in response to issues identified. Vehicles in use in the centre were seen to be in a good state of repair and having valid tax, insurance and NCT certificates. Equipment such as wheelchairs, beds and hoists in use in the centre were regularly serviced. There was documentary evidence of adequate insurance cover for the centre.

The centre had a fire alarm, fire extinguishers, fire blankets, emergency lighting. Staff advised inspectors that there were no fire doors in the centre. All necessary servicing and maintenance of fire equipment and the fire alarm had been completed within the time frames required by the Regulations. There was no certificate made available on the day of inspection to confirm servicing of the emergency lighting but this was forwarded to the inspectors following the inspection. The fire register contained documentation on daily/weekly/monthly checks carried out by staff. Fire drills were carried out at regular intervals. Each fire drill was documented and recorded what time the drill occurred and the length of time it took to evacuate. Inspectors noted that the fire drills were used for learning and informed fire safety practices in the centre and evacuation of the building was seen to take place within minutes. Inspectors were not assured that the evacuation procedures at night-time were adequate to ensure the safety of all residents. This is discussed further under Outcome 17: Workforce. Inspectors also noted the oil tank outside the back door presented a trip hazard due to exposed piping.

Inspectors reviewed the staff training records in the centre. In terms of health and safety, there were some staff who had not completed fire training and moving and handling training. This is discussed further under Outcome 17: Workforce.

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

Findings:
Policies and procedures were in place for the prevention, detection and response to abuse. Inspectors were satisfied that there were robust measures in place to ensure that residents were protected from abuse. All staff had up-to-date training in safeguarding and adult abuse and demonstrated to the inspectors their awareness of what to do if there was ever an allegation of abuse. The person in charge informed inspectors they have in place a designated person to deal with any allegations of abuse. The designated person is a social worker practitioner who also provided training for staff on all aspects of recognising and responding to abuse.

Inspectors reviewed the local arrangements' to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. Where possible, residents were supported to manage their own finances. Staff had carried out a money management competency assessment with the resident. The assessment gave a judgement on the level of support required by the resident in order to manage their money safely. Most residents had a personal wallet which was kept in a safe. All cash and bank transactions were recorded and entered into a log on a month-by-month basis. All transactions were signed by staff but there were occasions where there was only one staff signature as opposed to two. Records reviewed by the inspectors demonstrated that the provider had measures in place whereby a staff member from outside of the centre would check the residents' transactions' and ensure the balance in their account reflected what was in their wallet. However the frequency of these checks required review and increasing as these were not completed consistently.

There was a policy on challenging behaviour which outlined that alternative options were considered before a restrictive practice was to be used. Each incident of challenging behaviour was recorded and filed in the residential record for each resident. The report form included the nature of the episode of challenging behaviour, what was happening before the incident occurred and what immediate actions was undertaken. A formal review was undertaken for each episode with actions recommended if required. There was evidence in residents personal plans that detailed behavioural support plans were in operation for residents who presented with behaviours that challenged and detailed de-escalation techniques were outlined. There was also evidence of regular review of behavioural plans by the psychiatrist and psychologist. Training records confirmed that most staff had received up to date training in the management of behaviours that challenged. However there were two staff that required this training.

There were a number of residents using bed rails and lap belts which were being used as a restraining device. Risk assessments were completed and bed rail assessments were completed. There was evidence of regular checks on the resident when bed rails and lap belts in use and of the option for release and movement on a two-hourly basis as recommended by best practice guidelines.
There was a further restrictive practice in the centre in the use of bell on a residents door to alert staff when he was leaving his room for his safety and the safety of other

residents. There was evidence of this practice being reviewed through the human rights committee and also discussed on a regular and ongoing basis at the multidisciplinary team meetings and agreed to by the resident..

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:
The inspector saw that there was a process for recording any incidents that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. All incidents and accidents were recorded in a comprehensive incident log and a copy was sent to the person in charge for checking and for countersigning all incidents/accidents. The team leader also outlined the arrangements to ensure that a written report was provided to the Authority following any notifiable incident and at the end of each quarter period of any occurrence in the centre of any incident as required.

The authority had received all notifications in a timely manner as required by legislation

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

Findings:
The inspectors were satisfied that residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported. There

was a policy on access to education, training and development. Inspectors noted that opportunities for further education were afforded to residents and the educational achievements of residents was valued. This was shown through the display of achieved awards.

A number of the residents attended day services at different locations. Some residents spoke to inspectors about their social outings. Among the activities included a 'Lámh' choir, working in a farm setting, attending sporting events and music concerts.

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 inspectors saw that residents were assisted to access community-based medical services such as their own GP and were supported to do so by staff who would accompany them to appointments and assisted in collecting the prescription as required. Out-of-hours services were provided by the local Caredoc service who attended the resident at home if necessary. The inspectors saw that residents receive an annual medical health check which is signed by the GP and medications are reviewed on a regular basis. There was evidence of regular reviews in the residents' medical notes. Psychiatry, social work, speech and language therapy and psychology services were available through the Brothers of Charity services and regular multidisciplinary team meetings are held where all residents' care is discussed and reviewed. The inspectors saw evidence of these in residents' files.

Residents were seen to have appropriate access to other allied health care services such as physiotherapy, occupational therapy, chiropody, optical and dental through the HSE and visits were organised as required by the staff. There was evidence in residents' person-centred plans of referrals to and assessments by allied health services and plans put in place to implement treatments required.

The centre was nurse-led and the inspectors saw there were a number of validated tools in place for dependency, falls and nutrition and pressure sore formation. The inspectors found that there were a number of residents with complex physical and nursing needs and were assessed as having maximum dependency needs. The inspectors acknowledged that measures and equipment were put in place such as a specialist mattress and alarm mats however the inspectors found as outlined in outcome 17 that

there was a requirement for extra staff to provide the care required for these residents at night time.

The inspectors saw that residents were involved in the menu planning. Weekly meetings were held with the residents to plan out the meals for the week. The staff demonstrated an in-depth knowledge of the residents likes and dislikes. Meal times were seen to be person-centred and assistance was given in a sensitive and dignified manner.
There were a number of residents who required specialist diets and modified consistency diets, there was evidence of input from the speech and language therapist and detailed meal plans were seen to be in place. The food was seen to be nutritious with adequate portions. The inspectors observed that residents had access to fresh drinking water at all times.

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:
There were centre-specific medication management policies and procedures in place which were viewed by the inspectors and found to be generally comprehensive.
Inspectors were informed and saw that the GP generally prescribed residents' medication and that medications were obtained from the residents’ local pharmacist for each resident. The house had medication supplied in normal box's and bottles and did not use a monitored dosage system . The inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

The centre was nurse led and nurses generally administered the medications, there were very few times when care staff did administer medications. The centre's policy was that non-nursing staff were to have undergone two day training on safe medication administration and be assessed as competent by a nursing staff prior to any administration of medications to residents. Inspectors saw evidence of this medication training in staff files. The staff told the inspectors that the pharmacist gives advice to the staff in relation to the medications and had undertaken an audit in the centre the results of this audit were seen by the inspectors. The team leader also undertook ongoing medication audits which were seen by the inspectors.

Staff who spoke to the inspectors were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medications were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. Very little PRN medications was being used. Crushed medications were prescribed and signed by the GP to be administered as such.
There were no residents that required scheduled controlled drugs at the time of the inspection.

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 was found to be comprehensive and contained all the relevant information to meet the requirements of Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 centre is one of a number of designated centres that come under the auspices of the Brothers of Charity Services South East. The Brothers of Charity South East provides a range of day, residential, and respite services in Waterford and South Tipperary. It is a not-for-profit organisation and is run by a board of directors and delivers services as part of a service agreement with the HSE. There is a director of services who reports to the board of directors. The Brothers of Charity south east is managed by the Director of Services supported by a senior management team which comprises of two regional services managers, head of social work, head of psychology, consultant psychiatrist, heads of human resources, finance, advocacy, training and development, service managers, one service manager is responsible for health, safety and risk. The Brothers of Charity services in Waterford is managed by a senior management team which comprises of a regional services manager, service managers, and a speech and language therapist.
The Comeragh services is managed on a day to day basis by the service manager who is the person in charge supported by the CNM2 who is the residential team leader. The person in charge works full-time and has managed the service for numerous years. There was evidence from training records that the person in charge had a commitment to his own continued professional development. The person in charge is a qualified nurse in psychiatry and intellectual disability; He holds further qualifications in psychology for nurses, teaching methods, a certificate in behaviour therapy for nurses and a certificate in nurse management. The inspectors formed the opinion that the person in charge had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. The (CNM2) takes responsibility in the absence of the person in charge for the residential service supported by the regional manager. Additionally the person in charge and CNM are available on call.

Inspectors noted that residents were familiar with the person in charge and talked about him in their house and what he had done for them. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspectors were clear about whom to report to within the organisational line and of the management structures in the centre.

Staff who spoke with the inspectors said they had team meetings with the CNM and received good support from the CNM and person in charge and they had recently undertaken an appraisal with the person in charge. The regional services manager, the person in charge and CNM were actively engaged in the governance and operational management of the centre, and based on interactions with them during this and previous inspections, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The inspectors saw that there was a health and safety "Annual HIQA audit". A six-monthly assessment report was completed which outlined findings from on-going audits of the service. Audits were completed in relation to safety, fire drills, medication management and other areas of the service to monitor the quality of care and experience of the residents. The person in charge had conducted unannounced visits to the houses to ensure effective systems were in place that supported and promoted the delivery of safe, quality services. The team leader for the centre was actively involved in auditing of the services along with the staff. There was evidence of changes to the service as a result of the audit and quality assurance process.

Inspectors noted that throughout the inspection the person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents. A very comprehensive annual report was completed which was seen by the inspectors. It outlined the review of the quality and safety of the centre taking into account complaints, comments and feedback from residents and relatives. The annual review identified action plans and improvements required and set objectives for the year ahead.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
There had been no periods where the person in charge was absent from the centre for 28 days and there had been no change to the person in charge. The provider was aware of the obligation to inform the chief inspector if there was to be any proposed absence.

Support and acting up arrangements were comprehensive; the regional manager supported by the team leader were assigned to cover for the person in charge when he was away.

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:
The inspectors formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. However, there were concerns around the provision of adequate staffing levels which is discussed under Outcome 17.

The accounts and budgets were prepared and allocated by the accounts department and were managed by the team leaders and overseen by the person in charge. The person in charge told the inspectors that the residents' care would not be compromised by lack of budget and if specialist equipment was required funding would be provided.

The inspectors saw that there was sufficient assistive equipment to meet the needs of residents with servicing records for assistive equipment up-to-date. The inspectors noted that there was accessible transport services provided for residents. The person in charge advised inspectors of a number of works that had been carried out in the centre in the past number of months which improved the facilities on offer. For example, one resident had his bedroom enlarged by incorporating a space that was previously used for storage. Renovations were made to another room which made the en-suite more accessible.

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:
Due to the maximum dependency and complex needs of a large number of the residents, the inspectors were not satisfied that there were sufficient staff available in the centre particularly at night and early morning to meet the assessed needs of the residents. The person in charge advised inspectors that there was one waking nurse staff member in the centre from approximately 10 pm to 7.30 am. Staff spoke to inspectors about the different care needs of the residents in the centre. There were occasions where residents were restless at night or required assistance with intimate care. One resident required close supervision should he exit his bedroom at any time. This bedroom was located upstairs. In the event of a fire or other emergency, it would have been difficult for one staff member to safely evacuate seven residents, particularly given the layout of the centre and the mobility needs of some residents. The staffing was discussed in detail at the feedback and the person in charge said he would implement some immediate changes and increase cover.

During the day time there were generally three staff on duty, one of who was always a nurse. Inspectors met with staff and observed their interactions with residents. Staff had good knowledge of each resident's needs and were seen to assist them in a respectful and dignified manner. Residents spoke highly of staff and said they were very kind and caring and looked after them well. Inspectors noted that there were some staff that did not have up-to-date training as required by the Regulations. For example, there was one staff member that did not have moving and handling or fire training. In addition, there were two staff members that did not have training in behaviours that challenge. Staff who spoke to inspectors were pleased with the training that was on offer to them. Other training provided included first aid, CPR, safe administration of medication and Lámh.

There was an actual and planned rota made available to inspectors. Staff files contained all of the information required by the Regulations. Staff files also contained documentation on induction and appraisals. Inspectors spoke to one member of staff who had been working in the service for only three weeks and were satisfied that she had access to appropriate induction and supervision. There are regular staff meetings and staff told inspectors that they felt supported and enabled to raise issues by management. There were currently no volunteers working in the centre.

Judgment:
Non Compliant - Major

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:
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 were maintained. The centre was adequately insured against accidents or injury to residents, staff and visitors. The inspectors reviewed the centre's policies and procedures and found that the centre had 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.

Staff to whom inspectors spoke demonstrated an understanding of specific polices such as medication policy and managing allegations of adult abuse in practice. In relation to residents' records such records were generally complete and up-to-date.

The inspectors reviewed the directory of residents and noted that the directory was completed for each resident and contained the required information. The inspectors found that records were accurate and complete and were generally maintained in a manner that allowed them to be easily retrieved by staff.

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:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0005094
Date of Inspection:	16 September 2015
Date of response:	21 October 2015

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:
A female resident shared the use of a bathroom with male residents and did not like to keep the door shut. greater supervision is required to ensure the residents privacy and dignity .

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

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
Residential staff now supervise and support the female resident whenever she is using the upstairs bathroom.

Proposed Timescale: Completed.

Proposed Timescale: 21/10/2015

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:
Residents personal plans were not made available to the resident in an accessible format.

2. Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
This was discussed at Comeragh Services Multi-Disciplinary team meeting at which the SLT was in attendance. She agreed to support residential staff in providing the current plans in accessible formats.
When resident's personal plans are due for review, we will be transferring to the new fully "easy read" Personal Plan templates.

Proposed Timescale: 31/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One of the residents assessed needs for day services were not being facilitated.

3. Action Required:
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:
This was discussed at Comeragh Services Multi-Disciplinary team meeting at which the SLT was in attendance. She agreed to support residential staff in providing the current plans in accessible formats.
When resident's personal plans are due for review, we will be transferring to the new fully "easy read" Personal Plan templates.

Proposed Timescale: 31/12/2015

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:
There was exposed piping at the oil tank outside the back door which presented a trip hazard.

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:
The maintenance craftsman has been contacted by the residential staff. He will cover the exposed pipe thereby removing the trip hazard

Proposed Timescale: 23/10/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Laundry was being completed in the sluice room. There was also a chest freezer in the sluice room.

5. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a 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 chest freezer has been removed from the laundry room. The residential staff have informed the PIC that they do not have heavily soiled linen or clothing as they use pads, nappies and incontinence sheets where required. Alginate bags are used for lightly soiled clothing and/or linen. The sluice is not therefore required and will be

removed.

Proposed Timescale: 06/11/2015

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:
Two staff did not have up to date training in behavioural support as required by the regulations.

6. 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:
One of the staff members is on long-term leave and is prioritised for challenging behaviour training on her return to work.
The second staff member has completed the training

Proposed Timescale: 31/12/2015 (dependent on the staff member returning to work)

Proposed Timescale: 31/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not satisfied that there were sufficient numbers of staff at night time to meet the assessed needs of the residents.

7. 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:
Emergency Evacuation, e.g. in the event of fire:
• Staff in the centre to contact staff in another local house who can come to the centre immediately. The person in charge of the other house and her team have carried out a risk assessment of this and residents are left on their own at times and can be safely left on their own should staff need to go to centre in case of emergency.

• When staff are working alone in the centre they now have a personal panic alarm fob which they wear. This can be activated when required by pressing a button which acts as an auto-dialler, e.g. should staff seriously injure themselves and require contact with someone external immediately. It can also be activated by one of the residents. The alarm is monitored 24 hours a day.

Actions taken to ensure staff can meet the needs of all residents at night time:
• I have reviewed the staff rosters and have altered the Care Assistant roster to ensure that there are two staff on duty every day until 10.00 pm.
• All residents who require staff assistance have generally gone to bed prior to 10.00 pm.
• I have reviewed the staff duties during the night, the needs of the residents throughout the night and the ability of one nurse to safely and competently attend to those needs. As Person in charge I am satisfied that one staff nurse on duty at night can attend to the needs of all residents
• I will keep the situation under constant review to ensure that staffing levels at night are adequate to meet increased support needs of residents.

Proposed Timescale: 20/11/2015 and ongoing

Proposed Timescale: 20/11/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff did not have training which is mandatory as per the Regulations.

8. 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:
The relevant staff have now received the mandatory training.

Proposed Timescale: 21/10/2015