



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Review of Current Practices for the Protection of
Service Users within the Brothers of Charity Services
Galway.**

October 2006 – April 2007

By

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July 2007

Phase II

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Chapter 1 Methodology

Introduction

Ms. Breda Mulvihill and Mr. Paul Murphy were requested by Mr Ger Crowley Assistant Director, HSE West, in December 2005 to review the current practices for the protection of service users within the Brothers of Charity Services Galway.

Terms of reference

The following terms of reference were agreed in February 2006.

- Review all written policies, guidelines, protocols, procedures etc relating to any aspect of the protection of service users.
- To examine the documentation of allegations, complaints, incidents with regard to the protection of service users for the years 2004 and 2005.

Phase one and phase two

The process was divided into two time phases. Phase one - an examination of the written documentation was completed in June 2006. Phase two - the establishment of the standards of safety practice at an operational level was completed in June 2007.

There were three main elements of phase II;

1. Visits to services
2. Interviews with service users, their advocates and their families
3. Interviews with staff

The objective of this phase of the review was to establish whether the policies of the agency, in relation to the protection of service users, were operational at service user level.

Methodology

For the purpose of phase II reviewers visited 10 locations (see appendix 3) interviewed 54 staff, met with 10 members of the service user's council and attended an ACT (Action for Children and Teenagers) meeting. Information was also requested of any breeches of policy between 01/01/06 and 01/03/07, as well as details of various training courses, work practices, etc. A number of HR files were checked to confirm attendance at training courses, verification of Garda Clearance, etc. At each location

visit reviewers met and interviewed the unit manager, completed a tour of the building and then interviewed a number of the front line staff on duty. A standard set of questions relating to specified policies (taking cognisance of staff roles and responsibilities) were developed and utilised by reviewers during interviews with staff (see appendix one). The interview was designed to test staff's level of knowledge of the various policies pertaining to the safety of service users in their care. Simple scenarios were also presented and staff were asked to apply the organisation's policies in an operational setting. A basic grading scale was used to determine the level of knowledge demonstrated by all staff interviewed.

Interviews with frontline staff lasted between 20 and 40 minutes and with managers up to an hour and a half. In total, reviewers spent 17 days visiting (see appendix 3 for confirmation of dates) and interviewing staff, meeting with service users and parents.

Prior to commencement of phase two the Director of Services at the Brothers of Charity services in Galway wrote to the various managers requesting their full cooperation with the review.

All data gathered was analysed using SPSS (*Statistical Products and Service Solutions*) software version 14.0. SPSS is used worldwide in corporate, academic, business, healthcare and government settings for all types of research and data analysis.

Co-operation of Staff

At all times during our visits staff made every effort to facilitate the work of the reviewers. This was not always easy. Some staff came on duty early and in some services cover had to be arranged. Reviewers were not always able to keep to the timetable, which meant inconvenience, and in some cases considerable additional work for staff. While staff were informed of the scheduled visit and in most cases had done some preparatory work, there was no evidence that they had been pre selected for the visit or coached in any way. Reviewers had full access to buildings and information and all requests were facilitated. The reviewers were treated with great hospitality at each service location, which was greatly appreciated.

Sample Size

Brothers of Charity services Galway is a large organisation with 964 service users and 701 staff WTEs. Whilst it was planned to meet service users, parents and advocates it was decided that the main focus of the review was primarily the reviewer's interviews with staff. A sample size of staff members was selected using the recommended sampling size (as outlined in the Draft National Standards for Disability Services, compiled by the National Disability Authority), which is the square root of the total staff population in the Brothers of Charity organisation plus an additional 20% to cover the dropouts. A broad degree of representation must also be taken into consideration within the sample size. As a result the reviewers planned to visit a number of services comprising of campus residential services, community residential services, day services for each of the adult areas, children's respite service and a wraparound service. It was envisaged that this sample size would represent all levels of disability and the support requirements of service users accessing services at the Brothers of Charity in Galway. However, it was noted at the beginning of the review that within the sample size originally planned, service users who exhibited challenging behaviour did not reside within any of the service locations identified for review. Due to this discrepancy additional service locations were added to the sample size to include service users with challenging behaviour. The wraparound service visited provided a service for two service users – who shared the same building but were provided with services by two separate teams. It was envisaged that the services for children, though reviewed only at one location, should reflect the knowledge of staff working in children's services with regard to policies at the Brothers of Charity Services. In total 10 services (or 11 services if the two wraparound services were counted as 2 services) were visited by the reviewers.

It was the expectation of the reviewers to interview between 35 and 40 staff, as per the guidelines for sample size but with the increased number of locations 54 staff were met representing 7.75% of the total workforce. A breakdown of those interviewed by occupational grouping is illustrated below:

Table 1 Staff Interviewed by Occupational Category

Category	No Interviewed	% of interviews	% of BoC Staff*
Admin	7	13	7.6
Nursing – 6 managers and 13 frontline staff	19	35.2	26
Multi disciplinary	6	11.1	6.2
Catering	1	1.8	5.8
Instructor/Supervisor	5	9.2	5.6
Transport	1	1.8	2.4
Social Care	4	7.4	12
Care Assistant	11	20.3	30
TOTAL	54	99.8%	95.6%

*As per annual report 2005

Of the 54 staff interviewed 12 were managers and 42 were frontline staff.

Table 2 Staff Category Front Line

Category	Frequency	Percent
Staff Nurse	12	28.6
Care Assistant	11	26.2
Team Leader Front Line	1	2.4
Transport Manager	1	2.4
Physiotherapist	1	2.4
Social Care Leader Front Line	4	9.5
Instructor/Supervisor	4	9.5
Occupational Therapist	1	2.4
Psychologist	1	2.4
Social Worker	2	4.8
CNM1 Front Line	1	2.4
Speech and Language Therapist	1	2.4
Housekeeping	1	2.4
Clinical Nurse Specialist	1	2.4
Total	42	100.0

Staff Category

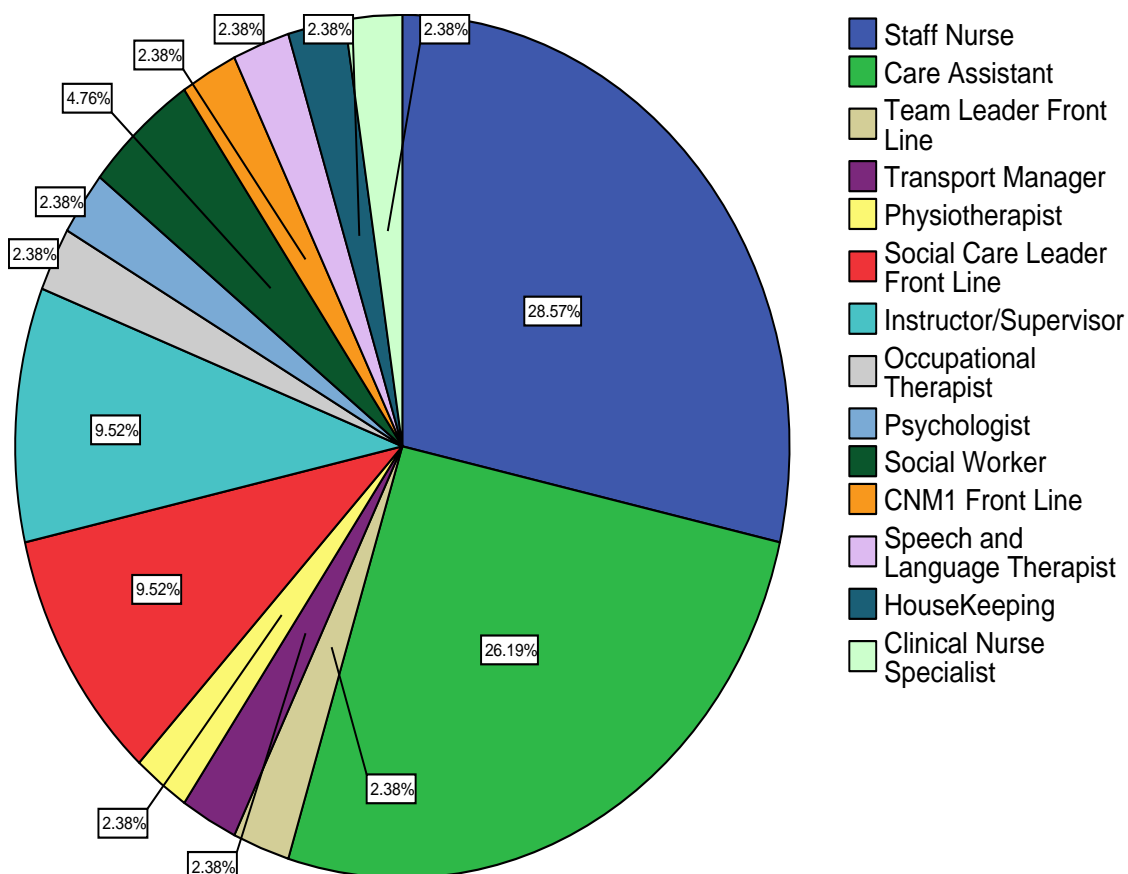


Table 3 Length of Service Frontline line staff

Category	Frequency	Percent
5 years or less	15	35.7
Greater than 5 and less than or equal to 10 years	12	28.6
Greater than 10 and less than or equal to 15 years	4	9.5
Greater than 15 and less than or equal to 20 years	5	11.9
Greater than 20 years	6	14.3
Total	42	100.0

Length of Service

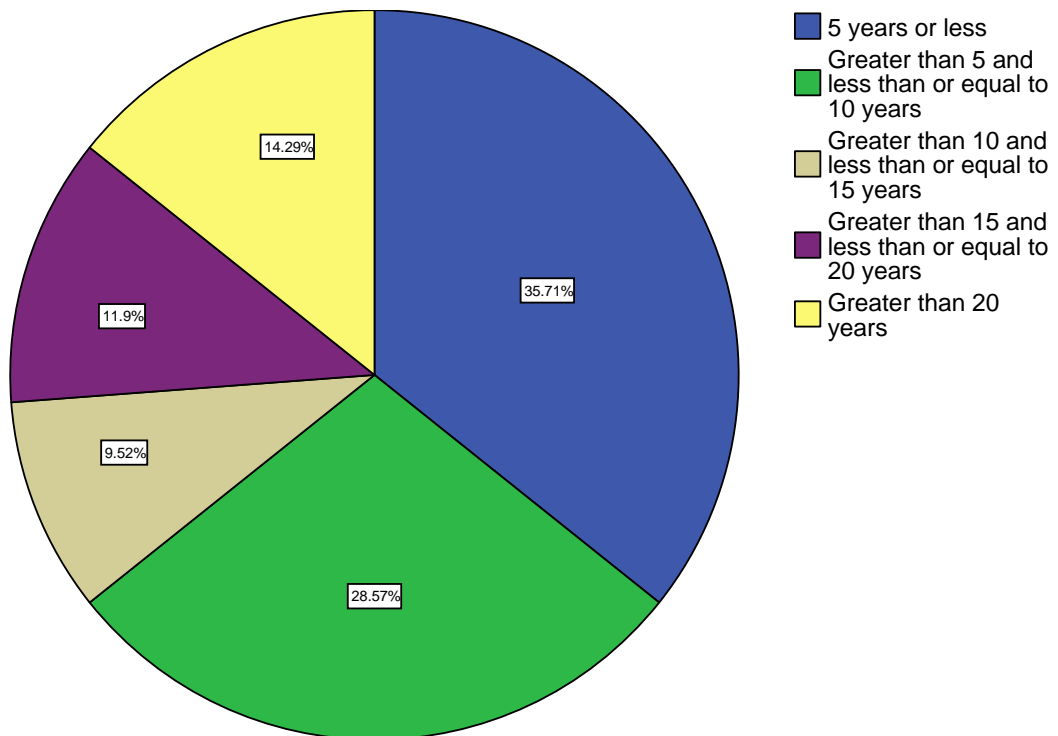


Table 4 Gender of Front line staff

	Frequency	Percent
Male	9	21.4
Female	33	78.6
Total	42	100.0

Gender

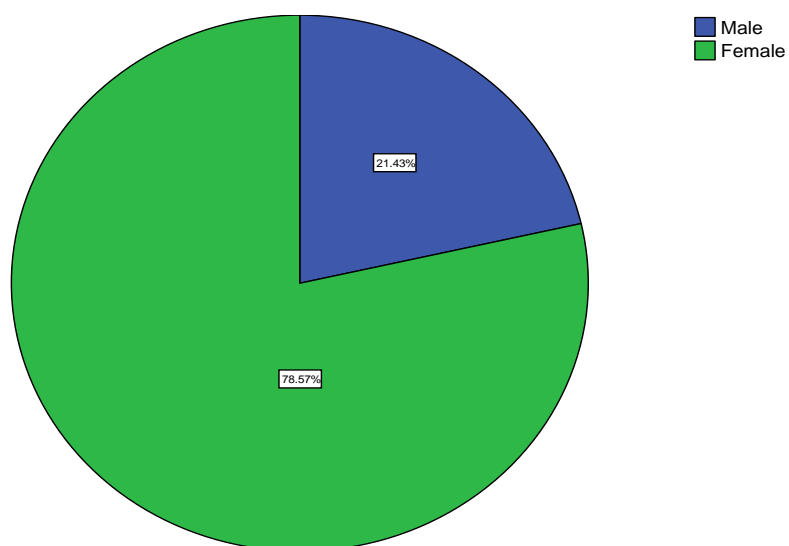


Table 5 Staff Category Management

	Frequency	Percent
Sector Manager	3	25.0
Area Manager	3	25.0
CNM2	3	25.0
CNM3	2	16.7
HR Manager	1	8.3
Total	12	100.0

Staff Category

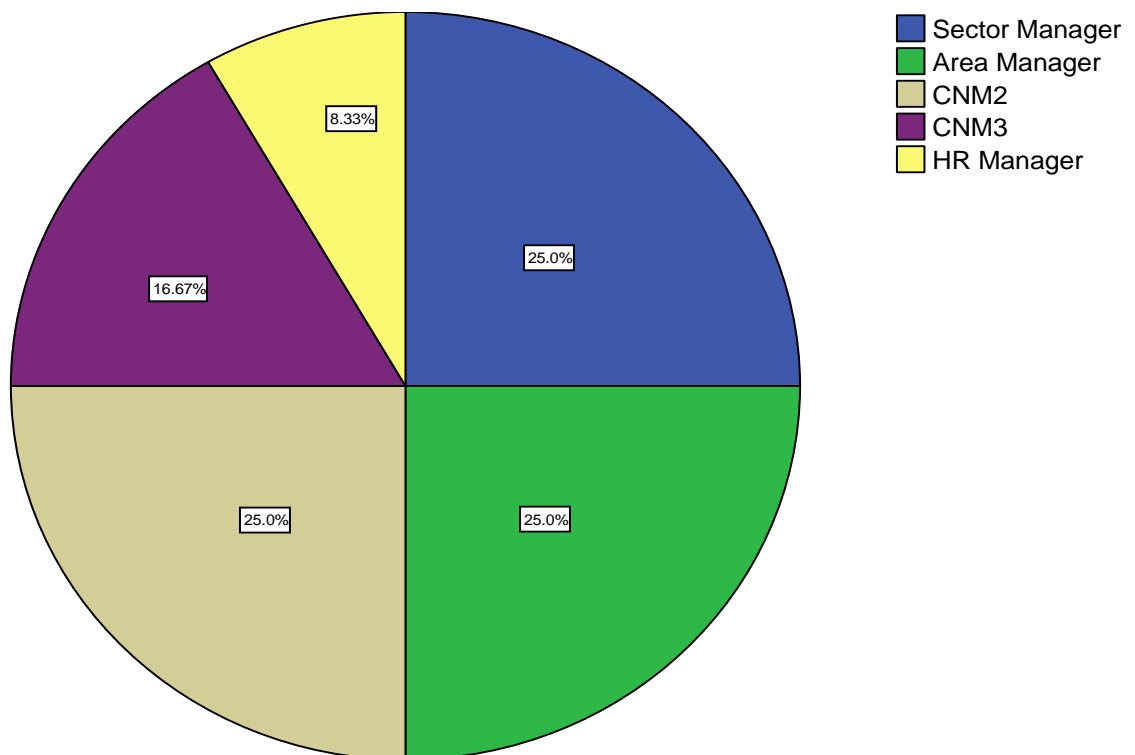


Table 6 Length of Service Management

	Frequency	Percent
5 years or less	1	8.3
Greater than 5 and less than or equal to 10 years	4	33.3
Greater than 15 and less than or equal to 20 years	1	8.3
Greater than 20 years	6	50.0
Total	12	100.0

Length of Service

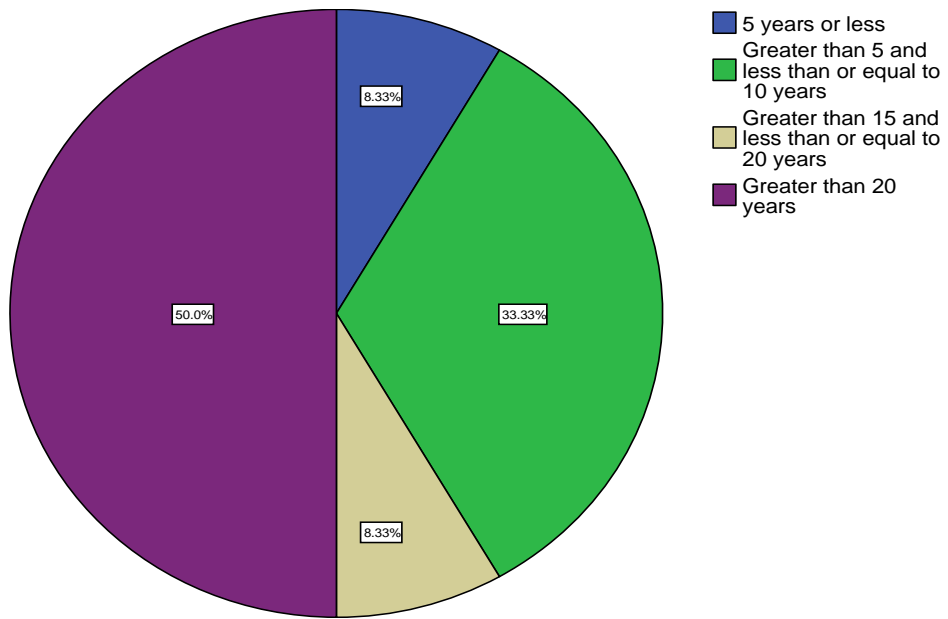
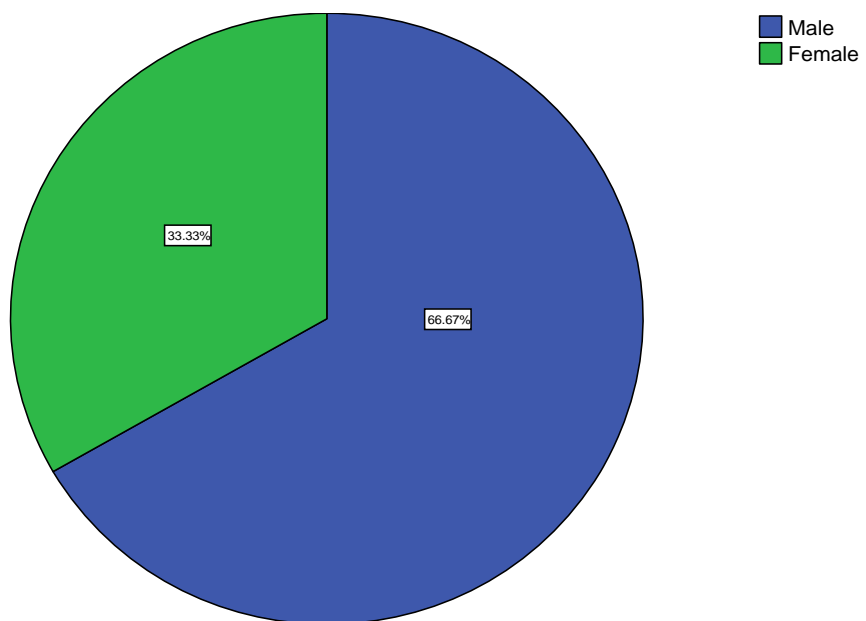


Table 7 Gender of Management Staff

	Frequency	Percent
Male	8	66.7
Female	4	33.3
Total	12	100.0

Gender



Reviewers decided not to identify individuals or services. The purpose was to assess compliance with the various BoC policies in relation to service user safety and not to interview staff about particular events. On the first days of interviewing reviewers did verbally indicate to staff that they would be sent the outcome of the interviews for checking for accuracy. This intention proved unrealistic given the number of interviews and the format of the interview. This undertaking was not given in subsequent interviews.

As in phase one a draft copy of the report was sent to the agency for factual corrections, omissions and comments. Factual corrections and other relevant changes were made on receipt of written comments from the Brothers of Charity Services Galway.

Chapter 2 Interviews with Staff

Introduction

A number of questions (as outlined in Appendix One) with regard to the implementation of policies at operational level were addressed to front line and management staff met by reviewers during the course of phase II of the review. Staff were asked relevant questions regarding the policies in operation at the Brothers of Charity Services Galway. The reviewers did not measure any of responses from staff against national standards or best practice guidelines. The following is a summary of the findings from detailed interviews with both frontline and management staff.

Section 1 Recruitment, Induction and Training

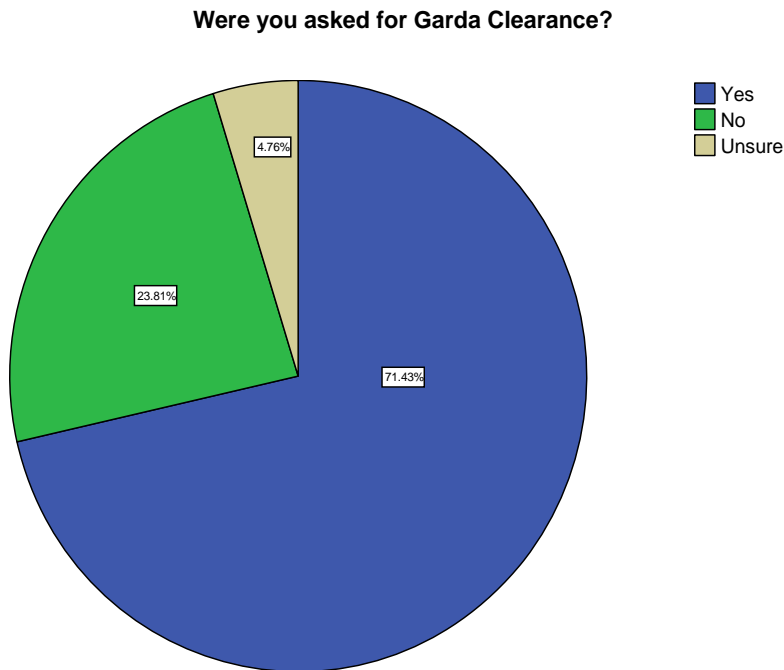
Table 8; Policies Examined

Name of policy	Policy No	Date
Brothers of Charity Policy on Garda Clearance		1/04/1996
The Recruitment and Selection Procedure		Not Dated
Policy on Induction	1998/03	1/01/1999
Policy on Recruiting and Supporting Volunteers”	2001/01	1/3/02
Policy on Staff Training and Development		December 1997

Garda Clearance

The Brothers of Charity policy on Garda Clearance states the following: *“As staff employed in our services have substantial access to children and vulnerable individuals it has been decided to strictly enforce the recommendations of the Department of Health in relation to obtaining Garda Clearance in respect of all new employees entering our services”* The Reviewers asked all staff the following question pertaining to Garda Clearance; *“Were you asked for Garda Clearance?”*

Response from Frontline staff



As the above chart demonstrated, that 23.8% of front line staff said no to the above question, the reviewers decided to examine Garda clearance with respect to length of service

Table 9; Were you asked for Garda Clearance? Length of Service Cross-Tabulation Frontline Staff

		Length of Service					Total
		5 years or less	Greater than 5 and less than or equal to 10 years	Greater than 10 and less than or equal to 15 years	Greater than 15 and less than or equal to 20 years	Greater than 20 years	
Were you asked for Garda Clearance?	Yes	14	11	3	2	0	30
	No	0	0	1	3	6	10
	Unsure	1	1	0	0	0	2
Total		15	12	4	5	6	42

The above table clearly demonstrates the Brothers of Charity adherence to their policy with regard to Garda Clearance in the last 10-year period. One will also note from the table above that 15 staff commenced employment in the last 5 years. During an onsite

visit, the reviewers reviewed these staff files with regard to records of Garda clearance. This exercise was facilitated by the HR department during an on site visit. All records were in order.

Response from Management

33.3% of managers said they had not been asked for Garda Clearance however, as the table below demonstrates that members of the management team who replied in the negative were employed prior to 1996 before the system of Garda vetting was put in place. The HR department at the Brothers of Charity facilitated an onsite visit and validated with the reviewers the Garda clearance records for the management staff that stated yes to being asked for Garda Clearance. All records were in order.

Table 10; Were you asked for Garda Clearance? First employed by BoC Cross-tabulation Management Staff

		When were you first employed by BoC?		Total
		Pre 1996	Post 1996	
Were you asked for Garda Clearance?	Yes	2	5	7
	No	4	0	4
	Unsure	1	0	1
Total		7	5	12

Garda Clearance Waivers

During the course of the review it became apparent to the reviewers that a number of work areas within the Brothers of Charity Services make a number of requests on an ongoing basis with regard to Garda waivers. The HR department confirmed that 22 Garda waivers were requested in 2006. This equated to 18.6 % of new staff employed by the Brothers of Charity Services in that year. Documentation reviewed demonstrated that Garda clearance was subsequently acquired. Whilst the reviewers acknowledge the difficulty for managers at operational level to secure appropriate staffing levels in the current climate, 18.6% is a significant number of Garda waivers given the vulnerability of the client group attending Brothers of Charity Services

The following was noted with regard to Garda waivers for 2006 in the records provided by the HR department at Brothers of Charity services.

- A time period of greater than 4 weeks was recorded in a number of cases from the time a staff member took up their post to the date of confirmation of Garda clearance.
- Five of the twenty-two records reviewed did not record the name of the sector manager who signed the waiver.
- Six of the 22 staff that had received Garda waivers had commenced employment prior to the date of approval that was recorded on the data sheet for the Garda waiver from the Sector Manager.
- Two of the twenty-two staff who received a Garda waiver had no record of the date it was approved by the Sector Manger on the data sheet.

Volunteers and Garda Clearance

Policy with regard to the selection and screening of volunteers states “*The applicant will complete the Garda Clearance Form attached to the application form*”. To date the HR department have not been involved in the recruitment of volunteers. Garda Clearance for volunteers was not operational in Brothers of Charity Services Galway until March 2007. Reviewers were made aware during the course of this review that a volunteer with a criminal record had worked in a volunteering capacity at the Brothers of Charity Services in November 2006. The volunteer did a single voluntary project over three days under the direct personal supervision of experienced permanent staff. At no time did the volunteer have unsupervised access to any service user. The manager involved informed the reviewers that their decision was based on the following information;

- The receipt of four references (three of those references were contacted and applicant discussed at length and in great detail)
- Two lengthy and extremely detailed interviews
- The benefit of a formal, detailed, risk assessment carried out by a forensic Consultant Psychiatrist employed by the HSE.

Up to March 2007 Garda vetting in respect of volunteers was not available to the Brothers of Charity Services Galway. This was a source of concern to many voluntary organisations and was highlighted on their behalf by the National Federation of Voluntary Bodies. In this matter the volunteer’s criminal history was known to the

organisation and it remained the function of the organisation to decide suitability of employment for staff and volunteers alike.

The reviewers agree when the Gardai state that; *“The Garda Central Vetting Unit does not provide clearance for persons to work with children, vulnerable adults or any other capacity in a registered organisation. The function of the G.C.V.U. is to provide details of all prosecutions, successful or not, pending or completed, and /or convictions in respect of an applicant to a registered organisation. Registered Organisations must take their own decisions in relation to the suitability or otherwise of prospective employees, students or volunteers for employment. The function of the G.C.V.U. in the process extends solely to providing a disclosure to an organisation. Garda Vetting is one component part of an organisations recruitment and selection process. It is not a substitute for a professional Human Resource practice but rather a compliment to it.”*

With regard to this matter there is no evidence that the Brothers of Charity Services Galway breached their own policy in relation to this volunteer.

References

Policy at Brothers of Charity services states the following with regard to references; *“It is Service policy that all candidates provide the contact details of three relevant referees for whom they have worked, or if they have not worked, the Principal of their school or college”* Both front line and management staff were asked; “How many references were you asked to provide?” The Brother of Charity correctly pointed out that the reviewers should have asked about referees and not references. In asking about references the reviewers believed that staff answered in relation to referees provided on the application form. The policy is clear that three referees are required but does specify the number of references which will be sought.

Response – Frontline staff

The chart below demonstrates that 48.78%, almost half of front lines staff met stated that they had to provide two references. Following this statistic it was decided to examine the number of references with regard to length of service (see table below). This exercise again demonstrated that almost 50% of front line staff employed in the

last five years by the Brothers of Charity services stated that they were asked for two references.

How many references were you asked to provide?

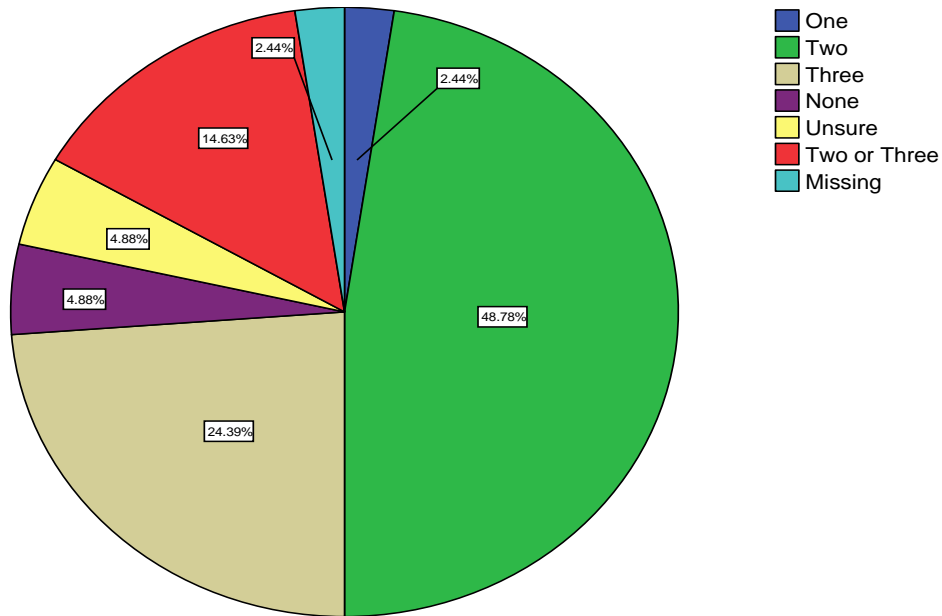


Table 11; How many references were you asked to provide? Length of Service Cross-Tabulation Frontline Staff

		Length of Service					Total
		5 years or less	Greater than 5 and less than or equal to 10 years	Greater than 10 and less than or equal to 15 years	Greater than 15 and less than or equal to 20 years	Greater than 20 years	
How many references were you asked to provide?	One	1	0	0	0	0	1
	Two	6	8	2	2	2	20
	Three	5	3	0	1	1	10
	None	0	0	0	1	1	2
	Unsure	0	0	0	0	2	2
	Two or Three	2	1	2	1	0	6
Total		14	12	4	5	6	41

During an onsite visit HR facilitated the validation of records with regard to the number of staff that had been employed in the last five years and who confirmed to reviewers that they had been asked for 3 references. All records checked were in order. All applicants had been asked in their application form for the name of three referees. It was noted in the six files that were checked by the reviewers that 2 files contained records of 3 completed references and 4 files contained records of 2 completed references.

Response – Management

Approximately 41.7% of management stated that they were asked for two references prior to employment at the Brothers of Charity Services. The table below demonstrates that in the last ten years there is a greater adherence to policy in the employment of staff at management level.

Table 12; How many references were you asked to provide? Length of Service Cross-tabulation Management Staff

		Length of Service				Total
		5 years or less	Greater than 5 and less than or equal to 10 years	Greater than 15 and less than or equal to 20 years	Greater than 20 years	
How many references were you asked to provide?	Two	0	1	0	4	5
	Three	1	2	0	1	4
	Unsure	0	0	0	1	1
	Two or Three	0	1	1	0	2
Total		1	4	1	6	12

Probationary Period

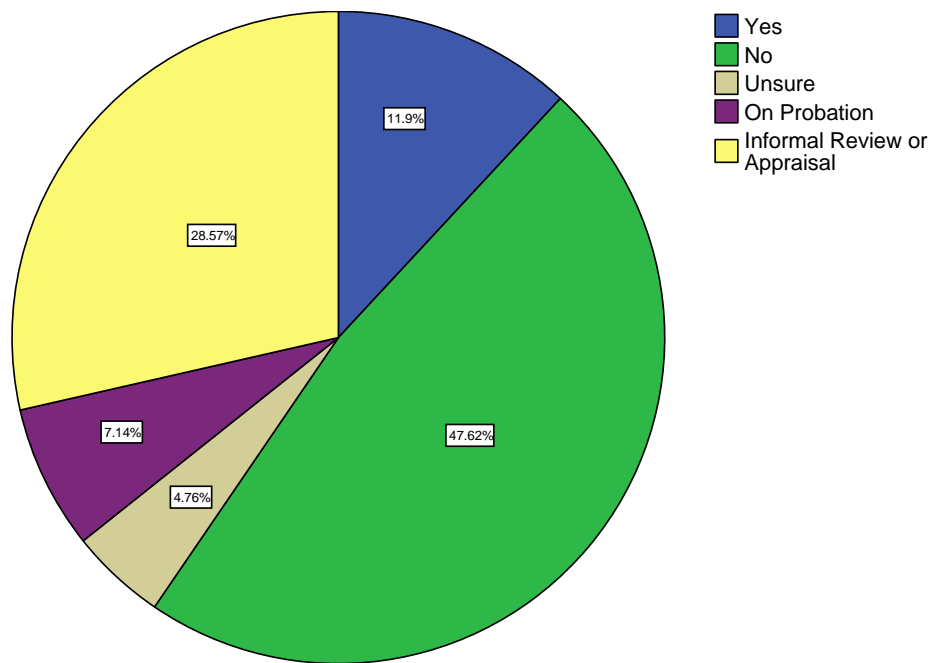
The policy with regard to Probation states; *“The probationary period applies to all new permanent and temporary staff joining the Services. At the end of the probationary period a formal letter confirming the Probationary Period no longer applies will be issued to the member of staff.”* Frontline and Management staff were asked the following with regard to probation;

- “Had you a probation period?”
- “What was the length of your probation period?”
- “Did you receive notification of satisfactory probationary period?”

Response- Frontline Staff

Approximately 81% of frontline staff stated that they had a probationary period and the average length of probation varied between six months and one year. With regard to the question “Did you receive notification of a satisfactory probationary period”? The following graph indicates the response of frontline staff and demonstrates that almost half of frontline staff met were not in receipt of formal notification on completion of a probationary period.

Did you receive notification of satisfactory probationary period?



Given the information provided by the above data it was decided to review the receipt of formal notification in conjunction with the length of service and examine in particular responses from staff employed in the last five years.

**Table 13: Did you receive notification of satisfactory probationary period?
Length of Service Cross-Tabulation Frontline Staff**

		Length of Service					Total
		5 years or less	Greater than 5 and less than or equal to 10 years	Greater than 10 and less than or equal to 15 years	Greater than 15 and less than or equal to 20 years	Greater than 20 years	
Did you receive notification of satisfactory probationary period?	Yes	0	2	0	2	1	5
	No	7	8	1	2	2	20
	Unsure	0	0	0	0	2	2
	On Probation	3	0	0	0	0	3
	Informal Review or Appraisal	5	2	3	1	1	12
Total		15	12	4	5	6	42

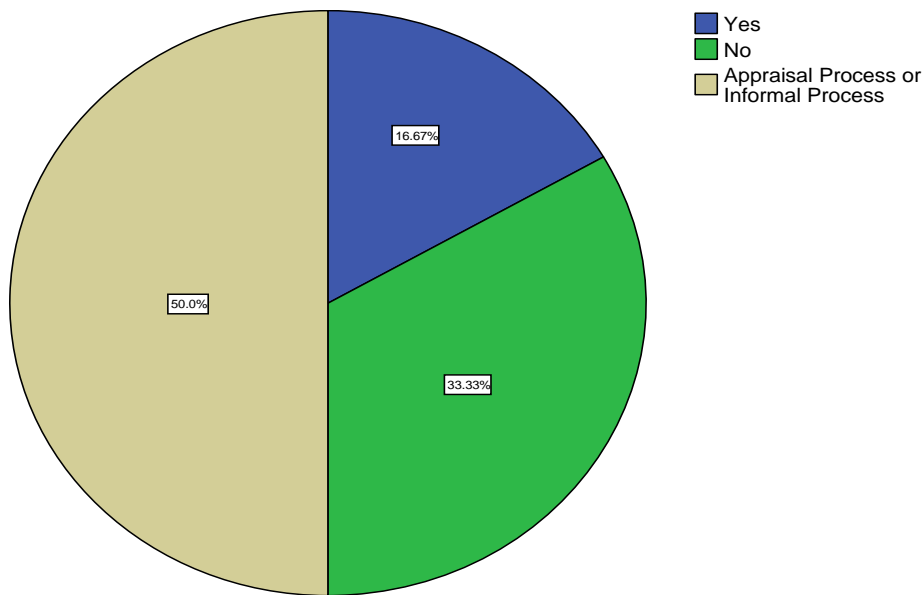
The following was noted with regard to staff employed in the last five years as demonstrated in the table above:

- No staff member stated that they had received a notification in writing of a satisfactory probationary period
- Seven staff members stated that they did not receive formal notification
- Three staff members stated that probation was still ongoing
- Five staff members stated that they received informal approval

Response - Management

On reviewing management records again, it was noted that approximately 50 % of staff in a management role had not received formal notification of a satisfactory period.

Did you receive notification of satisfactory probationary period?



The majority of HR personnel records did not demonstrate any record of a formal notification or an informal appraisal. It was however evident from a small number of files that if a staff member applied for a permanent post with the Brothers of Charity all records were in order i.e. probationary period review at six months, ten months and on completion of probationary period formal notification issued. This same process did not occur when a staff member was temporary or had a specific purpose contract or was locum even though policy states very clearly it applies to both permanent and temporary staff.

Training

Induction

The local induction programme implemented by the Brothers of Charity Services uses a local induction checklist system, which on completion at the end of the staff's first month of employment is signed off by the staff member and the Team Leader/Manager. This programme covers the following areas;

- Leave Types.
- Career and Development.
- Policies.
- Miscellaneous.

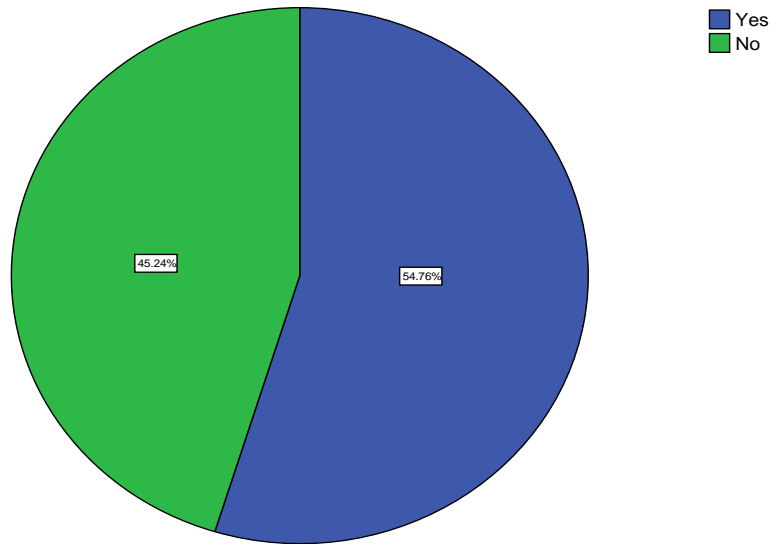
The Central Induction programme is co-ordinated by the Training, Development and Evaluation Department. This programme takes place three times a year at the Woodlands Centre. It is a two day programme and covers such areas as

- Structures and Values in the Brothers of Charity Services,
- Ethos of the Brothers of Charity Services,
- Pastoral Care,
- Challenging Behaviour
- Ethics and Rights of the Service User,
- Occupational Health and Safety,
- Personal Outcome Measures,
- Advocacy Issues,
- Confidentiality/ Files Policy,
- Parents and families as partners,
- Client Protection - Identifying and dealing with abuse – policies and procedures,
- Personnel Issues,
- Staff Training

Local induction – Frontline Staff Response

A number of questions were asked of front line staff with regard to the Local and Central induction programmes. With regard to the local induction programme the following question was asked of frontline staff; “Did you receive a local induction programme?”

Did you receive a local induction programme?



As the above graph demonstrates, 45.2% of frontline staff met stated “no” to the above question. Given this high percentage it was decided to further analyze the data collated and examine this question in conjunction with length of service as detailed in the table below.

Table 14; Did you receive a local induction programme? Length of Service Cross-tabulation Frontline Staff

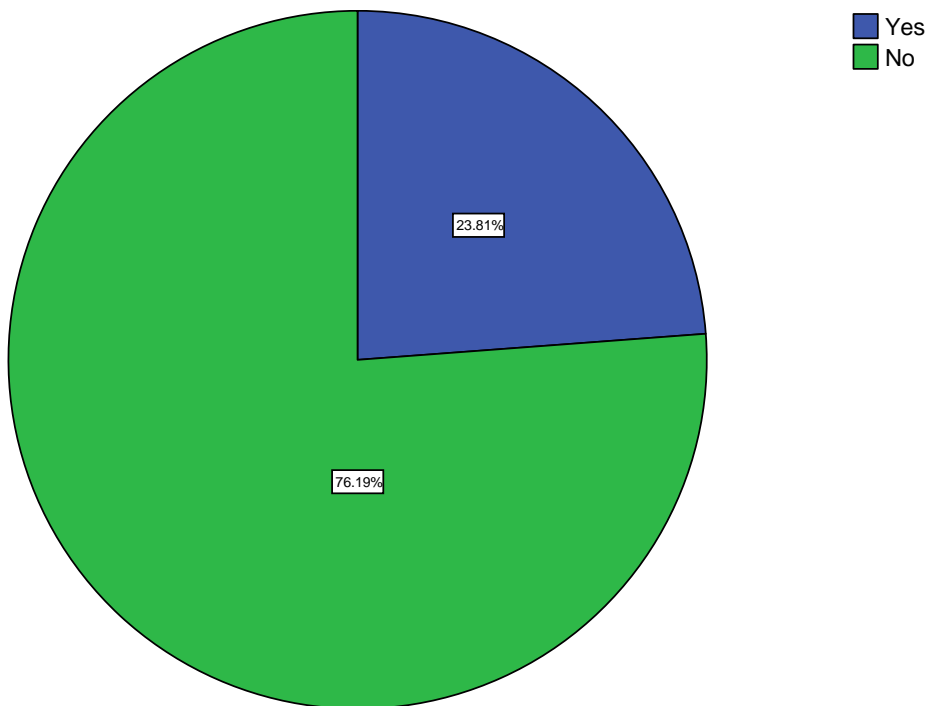
		Length of Service					Total
		5 years or less	Greater than 5 and less than or equal to 10 years	Greater than 10 and less than or equal to 15 years	Greater than 15 and less than or equal to 20 years	Greater than 20 years	
Did you receive a local induction programme?	Yes	13	8	1	1	0	23
	No	2	4	3	4	6	19
Total		15	12	4	5	6	42

As is noted from the table above, 13 of the 15 staff members (who were employed in the last five years) confirmed that they had received a local induction programme. 2 of the 15 staff members had not received such an induction. One staff member commented that when she started that they were “all thrown in together but team very supportive”. The local induction checklist containing the signature of the staff

member and the Team Manager (as per policy) for each of the 13 staff that stated they had completed a local induction programme was requested from the Brothers of Charity Services for review and validation. Approximately 74% of these staff records were unavailable for review. The Brothers of Charity Services confirmed to the reviewers that whilst there are a number of documented induction programmes, the local induction programme has not been standardised across the services.

Frontline staff were also asked if they had participated in a central induction programme. The relevant policy states; “Shortly after commencing employment, the employee will be invited by the Training, Development, and Evaluation Department to attend a 2 day central induction programme”. As the chart below demonstrates 76.2% of staff stated that they had not received a central induction programme,

Did you receive a central induction programme?



It was decided to review this question in conjunction with length of service

**Table 15; Did you receive a central induction programme? Length of Service
Cross-tabulation Frontline Staff**

		Length of Service					Total
		5 years or less	Greater than 5 and less than or equal to 10 years	Greater than 10 and less than or equal to 15 years	Greater than 15 and less than or equal to 20 years	Greater than 20 years	
Did you receive a central induction programme?	Yes	2	8	0	0	0	10
	No	13	4	4	5	6	32
Total		15	12	4	5	6	42

As the table above demonstrates (with regard to staff employed in the last five years) 13 staff members met had not completed a central induction programme. During an onsite visit, all the above data pertaining to staff employed in the last five years was reviewed and validated. It was noted that a number of staff had been scheduled by the training department to participate in a central induction course but failed to attend. The Brothers of Charity services have scheduled 2 two-day central induction courses for staff, which can accommodate up to thirty staff per course to attend in 2007. Given that the Brothers of Charity Services have significant numbers of new staff joining the organisation annually (120 approx. in 2006) the number of courses provided may not be able to meet the requirements of policy at operational level.

Training Courses

“Each staff member is responsible for identifying their own training and learning needs. Each Team Leader/ Manager/Department Head, in conjunction with their staff team, is responsible for identifying the overall prioritised need for their own staff team. The Training, Development and Evaluation Department is responsible for identifying the training needs of the overall service and for supporting Team Leader/Manager/ Department Heads and staff teams in meeting these needs”

All staff were asked about the training they received since joining the organisation. For the purpose of this review, the reviewers concentrated on the following areas of training;

- Client Protection.
- Studio III Training.
- Personal Outcomes Training.
- Key Working.

Client Protection

Client protection courses are scheduled throughout the year at the Brothers of Charity Services. Five two-day courses accommodating twenty staff per course are scheduled for 2007. The course covers some of the following areas;

- What constitutes a concern?
- What constitutes abuse?
- Why are people with learning disabilities more vulnerable?
- The responsibilities of managers, HR responsibilities etc.

Client Protection - Frontline Staff

Analysis of data with regard to attendance/non attendance at a client protection course demonstrated that 66.6% of all frontline staff met had attended a client protection course and 33.4% of staff had not, to date, participated in such a programme. Due to these statistics it was decided to review the attendance at a client protection course in conjunction with length of service

Table 16; Client Protection. Length of Service Cross-tabulation Frontline Staff

			Length of Service					Total
			5 years or less	Greater than 5 and less than or equal to 10 years	Greater than 10 and less than or equal to 15 years	Greater than 15 and less than or equal to 20 years	Greater than 20 years	
Client Protection	Yes	Count	6	9	4	5	4	28
		% within Length of Service	40.0%	75.0%	100.0%	100.0%	66.7%	66.7%

	No	Count	8	3	0	0	2	13
		% within Length of Service	53.3%	25.0%	.0%	.0%	33.3%	31.0%
	Planned	Count	1	0	0	0	0	1
		% within Length of Service	6.7%	.0%	.0%	.0%	.0%	2.4%
Total		Count	15	12	4	5	6	42
		% within Length of Service	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Reviewers decided to examine specifically the responses of staff employed in the last five years. 53.3% of staff employed in the last five years did not attend a client protection course as shown in table above. Due to this high percentage of non-attendance it was decided to review the actual start date of employment for each member who had stated “no” to the question. Four of the eight staff that had not attended the course had commenced employment middle to late 2006 and the remaining four staff had been employed pre 2006.

All training records for staff who had indicated attendance at a client protection course were provided for validation by the training department. All records were found to be in order.

Client Protection- Management

All management staff met had attended a client protection course. The Brothers of Charity, in recognising the need to provide client protection training for a large staff group providing services to both children and adults, have taken a decision to expand the number of client protection trainers. It is envisaged that applicants selected will be trained during August/September of this year. Following this training, the Brothers of Charity anticipate that 11/12 client protection courses will take place representing a 50% increase in the annual number of courses offered. This would ensure that existing staff and new staff would have an opportunity to participate in client protection training in a timely manner. In response to demands from staff, the

Brothers of Charity have run half day refresher training in client protection in April and May (further one planned for June) in addition to the 5 scheduled programmes.

Studio III training

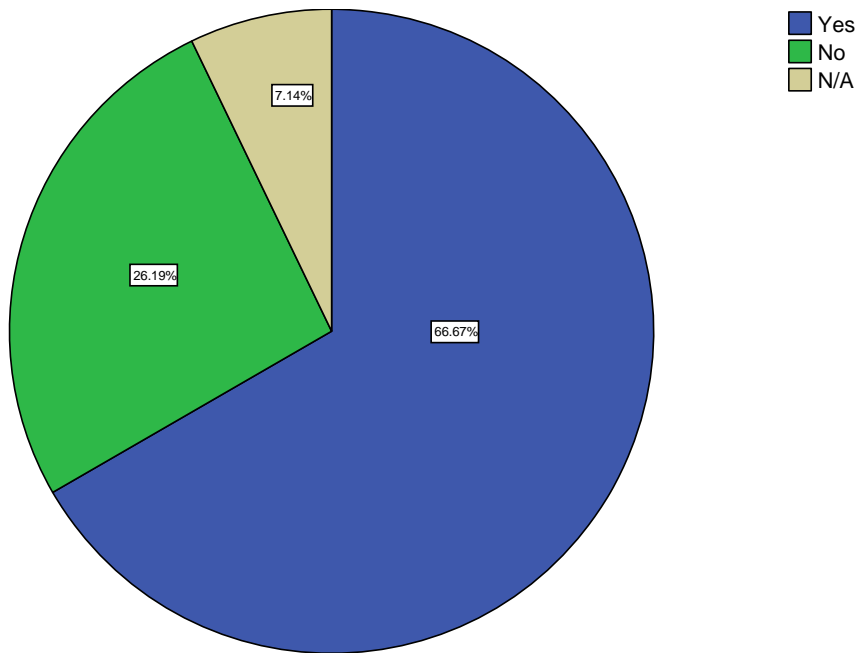
The Brothers of Charity introduced the Studio III system for the management of challenging behaviour. The value base of Studio III training promotes the management of challenging behaviour in a gentle and dignified way, by providing a better understanding and insight into challenging behaviour by the use of low arousal approaches and gentle physical skills. The defined objectives of the course are:

- To increase staff confidence in the management of challenging behaviour.
- To instil in staff the principles and benefits of working within a non – aversive framework.
- To demonstrate to staff the importance of understanding how their own behaviours can affect others.
- To provide staff with the skills to defuse challenging situations with the aim of negating the need for physical intervention.
- To provide staff with an understanding of some of the causes of challenging behaviour to help view service users in a positive way.
- To make staff aware of the importance of working within the law and the need for and use of policies.
- To emphasise the importance of debriefing after incidents.
- To provide staff with a range of physical intervention skills which are safe and acceptable to both staff and service users alike.

Studio III training – Frontline staff

As depicted in the chart below approximately 66.6% of staff said that they attended Studio III training.

Studio3



Most staff working in areas where service users exhibited challenging behaviour had received training in Studio III. The majority of staff that had said “no” to attending Studio III training were not working with this specific client group and therefore did not require such training.

There was some discrepancy with regard to staff attending Studio III training e.g. a speech and language therapist had attended training whereas an occupational therapist working within the same area stated it was not applicable. Some staff working in high support areas attended the course, others had not.

Studio III training- Management

The majority of staff in management confirmed that they attended Studio III training.

Personal Outcomes

BOC in their briefing note pertaining to Personal Outcomes stated the following; “Personal outcomes are the major needs and expectations people have from the services they receive and from life in general. The Brothers of Charity have adopted this quality measurement system in order to ensure that our service users are receiving

the supports necessary to achieve those things that are most important to them while ensuring that they are safe and have their rights respected". The personal outcome training programme at the BOC services emphasises the importance of identifying what is important to service users using 23 personal outcome measures. The following core principles are emphasised in the Personal Outcome Programme;

- People are respected
- People are safe healthy and secure
- People have choice

54.8% of frontline staff and 75% of management met had attended training in personal outcomes. Five two-day programmes were implemented in 2006 for staff and two two-day programmes (capacity for 15 staff) are scheduled for 2007. A number of staff met commented in a very positive manner with regard to the introduction of personal outcomes to the service. Staff felt that service user's quality of life had improved significantly. *"Things have improved especially with personal outcomes. People are seen as individuals"*.

Key Working

The Brothers of Charity services provide a course in Key Working for staff in their employment. This is a two-day course on Key Working for staff and their supervisors who have the role of key worker. The course is designed to enable staff to work effectively as professional key workers and understand its importance in the context of personal outcomes and person centred services, explain how the responsibilities of the Key Worker relate to their own work role and location and finally demonstrate the skills of competent key working through good working practice. Eight two-day courses (staff capacity 15) were run in 2006 and six two-day courses are planned for 2007.

33.3% of frontline staff and 44.4% of management have attended a key-working course. During meetings with both front line and management staff it became apparent that the majority of frontline staff are key workers for a number of service users in their work location. In many of the residential type settings the key worker was the main advocate for the service user. During a meeting with service users it

became very clear the significance and importance of the key worker role. This will be further commented on in another section.

Section 2 Reporting and Managing abuse

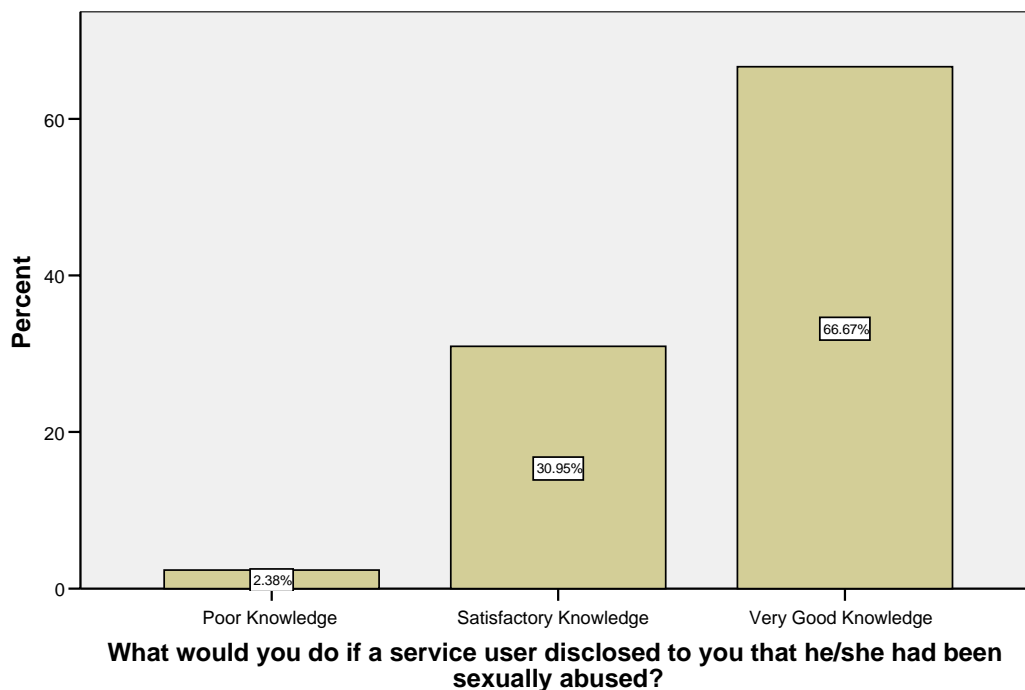
Table 17: Reporting and Managing Abuse Policies Examined

Name of policy	Policy No	Date
Policy on Reporting Abuse – In the Brothers of Charity Services County Galway – When abuse is suspected or alleged	1999/01 (Revised 6 times to 1/3/05)	31/05/2005
Brothers of Charity Galway Services Policy Document- Guidelines for the Investigation and for the Protection of Adults & Children with a learning Disability from Sexual Abuse in the Brothers of Charity Galway Services	2002/04	1/03/2005
Good Practice Guidelines for Protection against Abuse	2002/05	14/01/2005
Guidelines for the Investigation of Complaints against Staff Members of Incidents of Abuse	2004/01	1/02/2005
Policy on Confidentiality in Respect of Service Users and their Families	1997/01	No date

Response – Frontline staff

97.6% of staff met had read the policy document “*Guidelines for the Investigation and for the Protection of Adults & Children with a Learning Disability from Sexual Abuse in the Brothers of Charity Galway Services*” and were very clear as to the location of policies in their workplace and displayed good knowledge with regard to the types of abuse detailed in the policy. As the graph below demonstrates, front line staff had good knowledge with regard to their specific role in the event of a service user disclosing that he/she had been sexually abused

What would you do if a service user disclosed to you that he/she had been sexually abused?



Only 35.7% of the staff were aware that there was a specific form for a written report on sexual abuse.

While the majority of services visited were for adults it was nevertheless important to assess staff’s knowledge with regard to *Children First Guidelines*. These guidelines are referenced in policies and in the Client Protection course. 24% of staff met displayed poor knowledge when asked in general about the Children First Guidelines. It is the expectation of the Brothers of Charity Services that all staff are familiar with these guidelines irrespective of whether they work with children or adults “...*staff should familiarise themselves with the Children first Guidelines published by the Department of Health and Children*” As a result of this statistic it was decided to examine this question and carry out further analysis in conjunction with staff attendance / non attendance at the Client Protection Course.

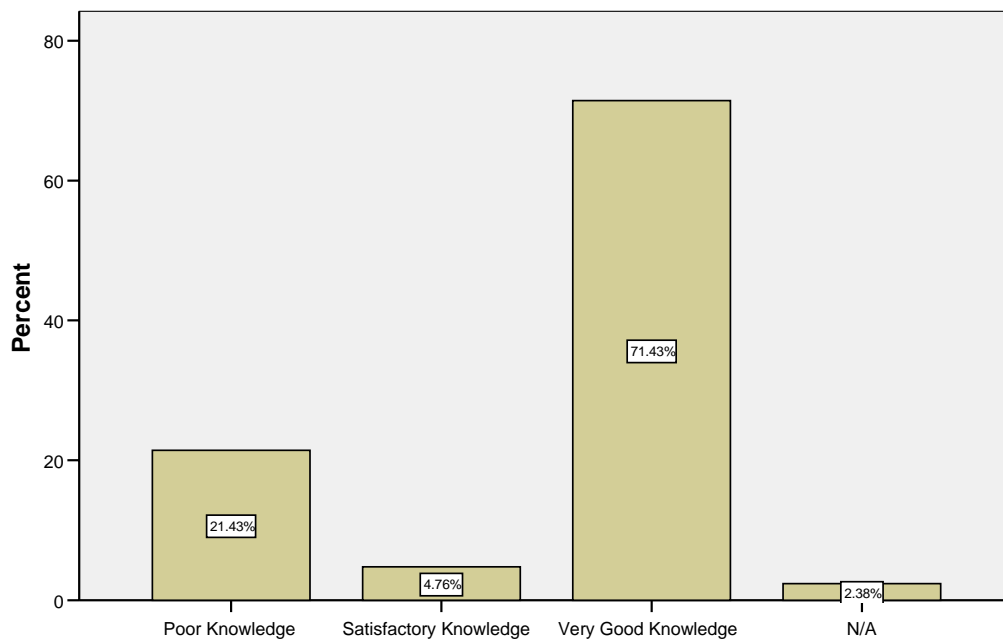
Table 18; What do you know about "Children First" guidelines? Client Protection Cross-tabulation Frontline Staff

			Client Protection			Total
			Yes	No	Planned	
What do you know about "Children First" guidelines?	Poor Knowledge	Count	8	2	0	10
		% within Client Protection	28.6%	15.4%	.0%	23.8%
	Satisfactory Knowledge	Count	11	6	0	17
		% within Client Protection	39.3%	46.2%	.0%	40.5%
	Very Good Knowledge	Count	9	4	1	14
		% within Client Protection	32.1%	30.8%	100.0%	33.3%
	N/A	Count	0	1	0	1
		% within Client Protection	.0%	7.7%	.0%	2.4%
Total		Count	28	13	1	42
		% within Client Protection	100.0%	100.0%	100.0%	100.0%

It was of concern to observe that participation in the Client Protection Course did not appear to improve staff's level of knowledge with regard to the Children First Guidelines.

It was noted that approximately 72% of staff displayed very good knowledge when asked the following question "If there is an allegation of abuse concerning a child who will investigate this?" however it was of concern to note that approximately 22% of staff had poor levels of knowledge with regard to this question and did not know that the HSE and the Gardai had statutory duties to follow-up on allegations of abuse.

If there is an allegation of abuse concerning a child, who will investigate this?

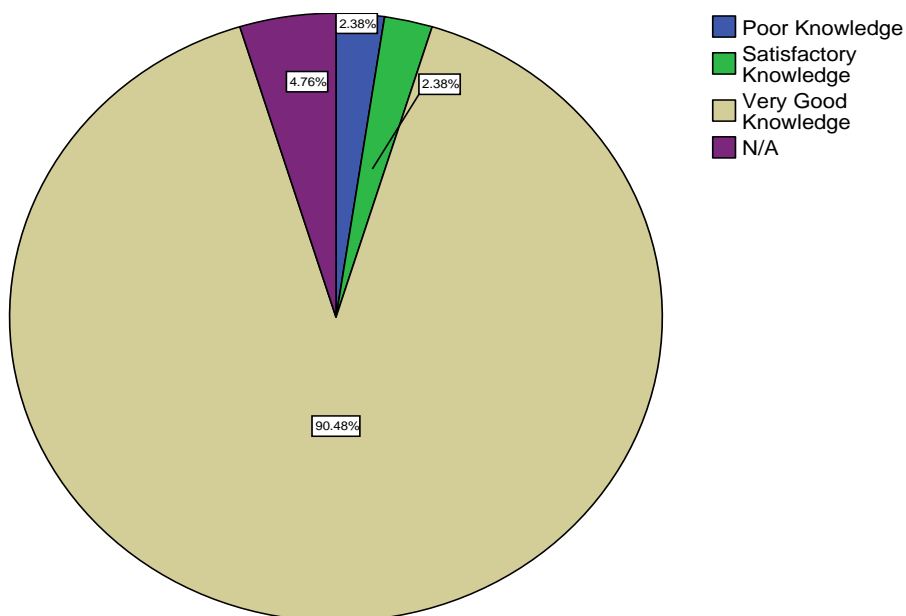


If there is an allegation of abuse concerning a child, who will investigate this?

Analysis of data demonstrated that attendance/non attendance at the Client Protection Course had no significant impact on the levels of knowledge displayed by staff with regard to the above question.

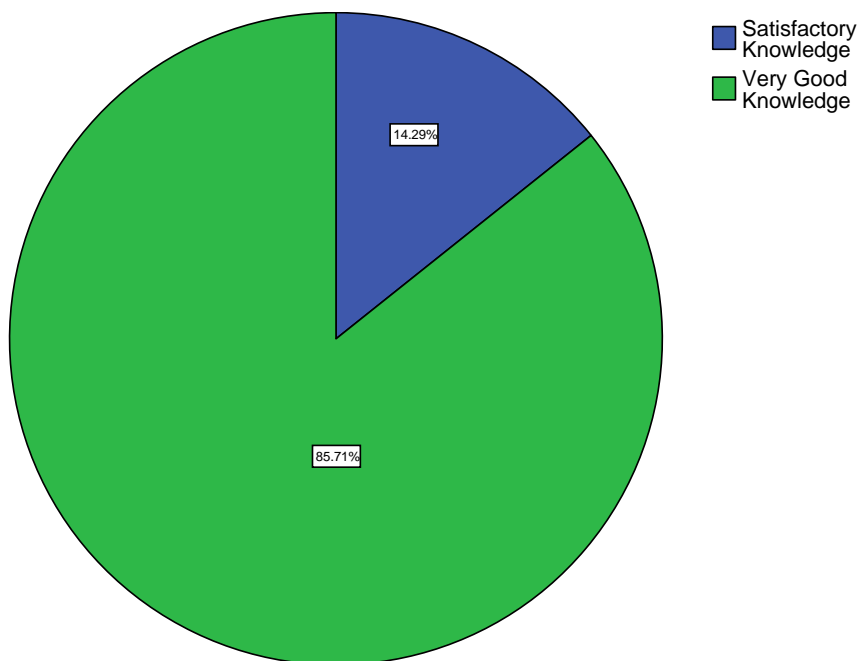
Staff displayed very good knowledge with regard to intimate care. As the graph below depicts staff met were very clear with regard to staff members involved in intimate care.

What happens when a staff member is male and the service user is female and intimate care is required?



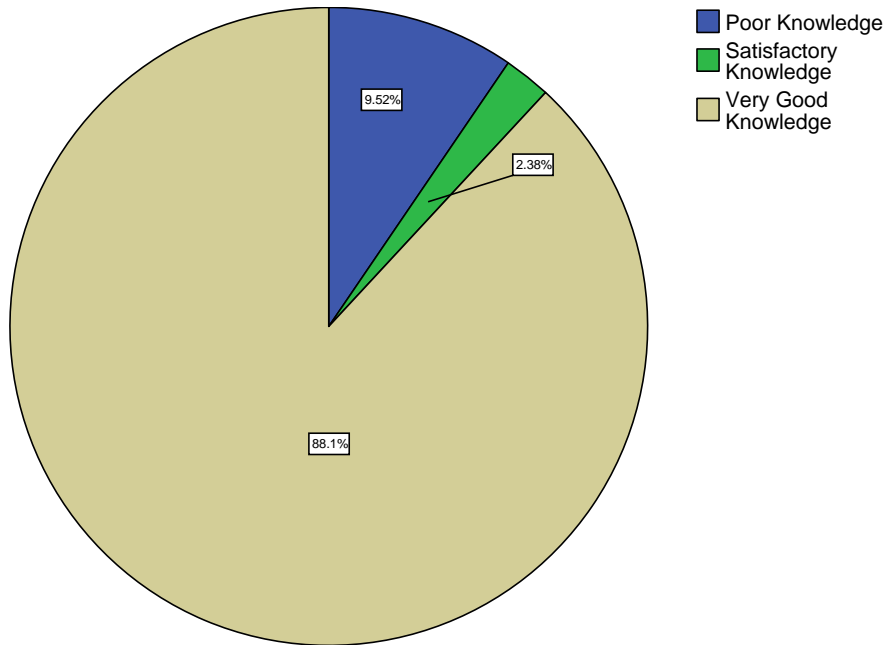
Staff were also very clear in their response with regard to their role in the event of a work colleague displaying behaviour that might be considered abusive as the graph below indicates.

What would you do if you had concerns about a work colleague constantly criticising service users?



Staff met had a very good understanding of confidentiality. When asked by reviewers “Is there ever a circumstance when confidentiality is over-ridden?” 88.1% of staff displayed very good knowledge, however 9.5% demonstrated poor levels of knowledge in their response as the graph below depicts

Is there ever a circumstance when confidentiality is over-ridden?



**Table 19; Is there ever a circumstance when confidentiality is over-ridden?
Length of Service Cross-tabulation Frontline Staff**

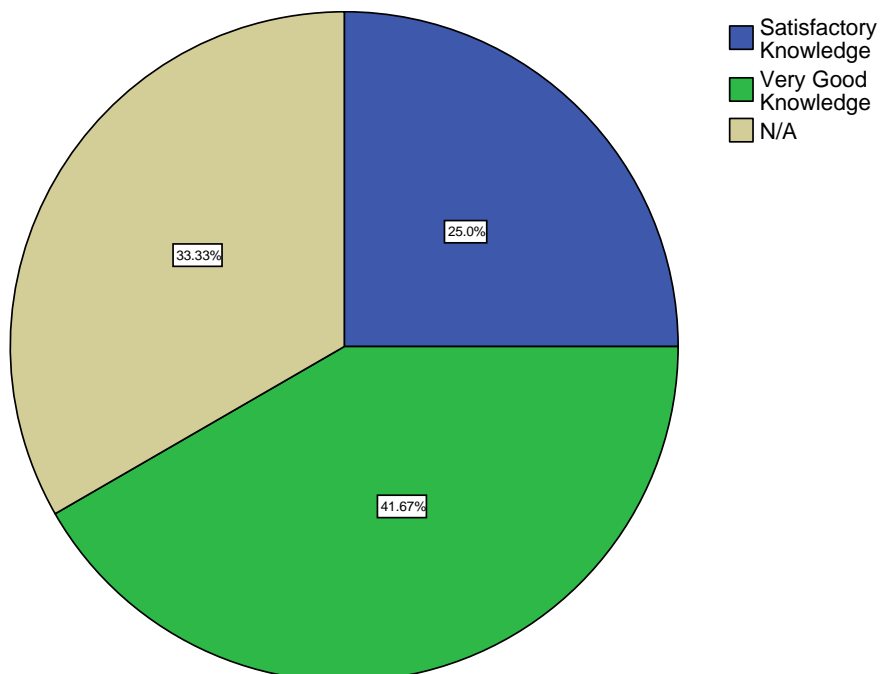
		Length of Service					Total
		5 years or less	Greater than 5 and less than or equal to 10 years	Greater than 10 and less than or equal to 15 years	Greater than 15 and less than or equal to 20 years	Greater than 20 years	
Is there ever a circumstance when confidentiality is over-ridden?	Poor Knowledge	2	0	1	0	1	4
	Satisfactory Knowledge	0	0	1	0	0	1
	Very Good Knowledge	13	12	2	5	5	37
Total		15	12	4	5	6	42

Response – Management

Management in general displayed good knowledge in relation to the reporting and managing of abuse. All managers gave clear accounts of how frontline staff are made aware of abuse policies. During one site visit a manager confirmed that a lot of information is conveyed at staff meetings and subsequently provided the reviewers with minutes of a team meeting, which detailed the following; “...went through the Policy on Client Protection and gave a summary on the main points in the policy. Copy of the Policy is to be circulated to every member of staff and will be discussed at the next residential meeting for staff who were not at this meeting”. The minutes also made reference to other training needs e.g. Studio III, First Aid, Manual Handling and Report Writing.

There are a number of practices considered to be abusive detailed in policy. Analysis of data demonstrated that managers displayed a good level of knowledge with regard to these practices as is depicted in the graph below.

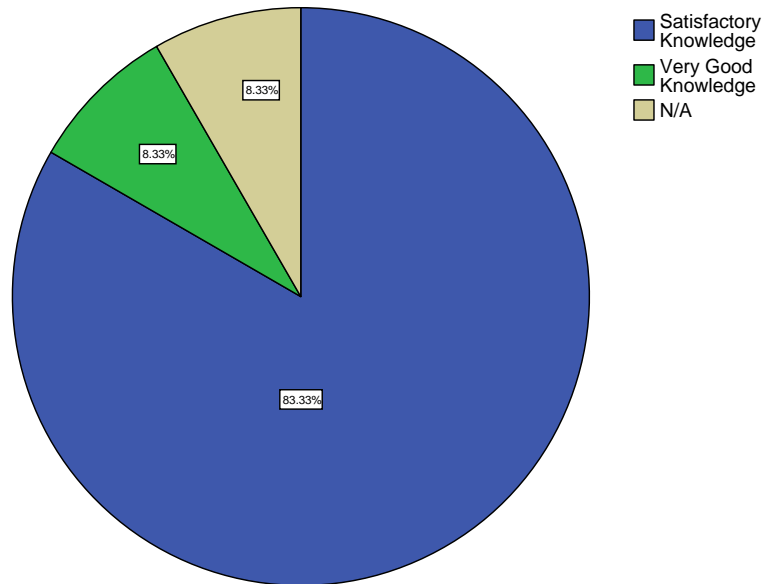
If you were discussing abuse with a member of your team, (care assistant / staff nurse), what attitudes and behaviours to service users that are considered to be abusive practices by the BOC organisation would you inform them of?



It was of concern to reviewers that when the following question was asked of management; “When Physical or Emotional abuse is suspected or alleged what is the process that is followed” - a high percentage of responses were in the satisfactory

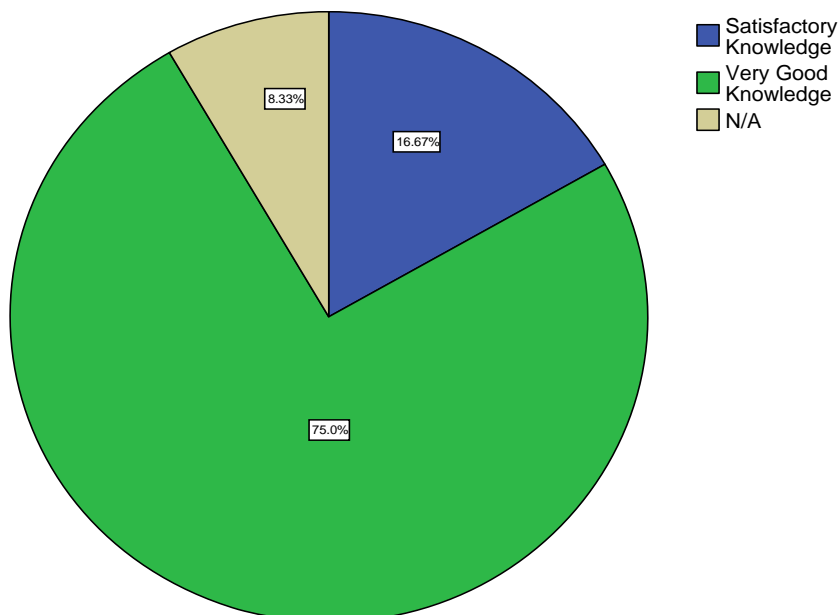
level of knowledge category as shown in the following graph. One would have envisaged a significantly higher percentage of responses from management to be in the very good category.

When physical or emotional abuse is suspected or alleged, what is the process that is followed?



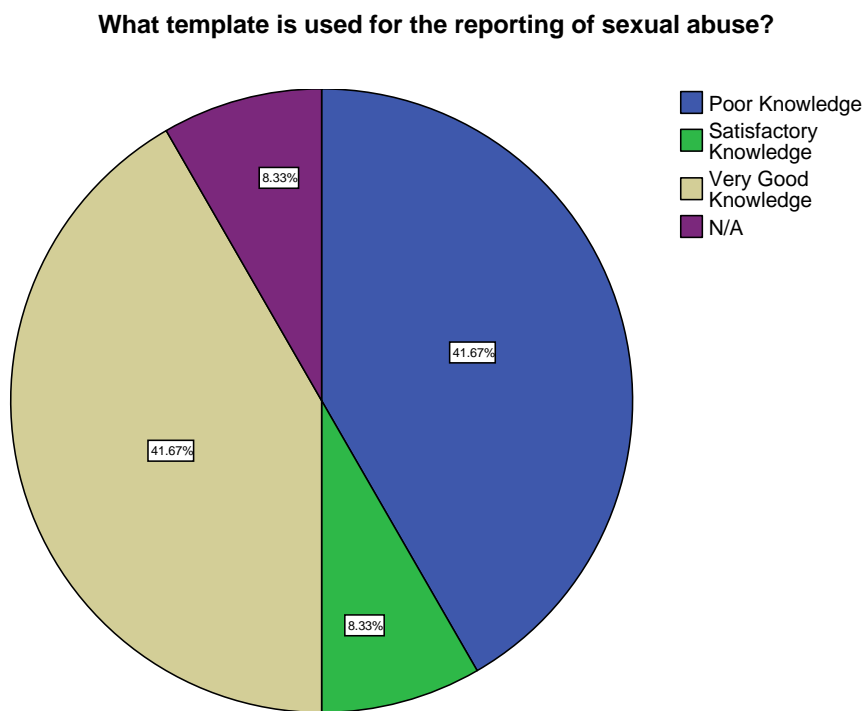
The graph below demonstrates management's response with regard to their role following an allegation or concern of sexual abuse as per policy. As the graph shows, the majority of responses were in the very good level of knowledge category.

What is your role following an Allegation or Concern of Sexual Abuse?



When asked about the actual detail around the process e.g. strategy meetings, case conferences, management did not differentiate in some of their responses between the strategy meeting and the case conference. Whilst analysis of data demonstrated good levels of knowledge from management with regard to persons attending the strategy meeting, there was some confusion in the responses with regard to the purpose of the strategy meeting and that of the case conference. There was no clarity with regard to who was ultimately responsible for the implementation of recommendations made following an investigation. In their response to this question managers reflected the lack of clarity in policy as highlighted in phase one of this review.

In line with the findings for frontline staff, there was a poor level of knowledge of the specific template to be used for the reporting of abuse,

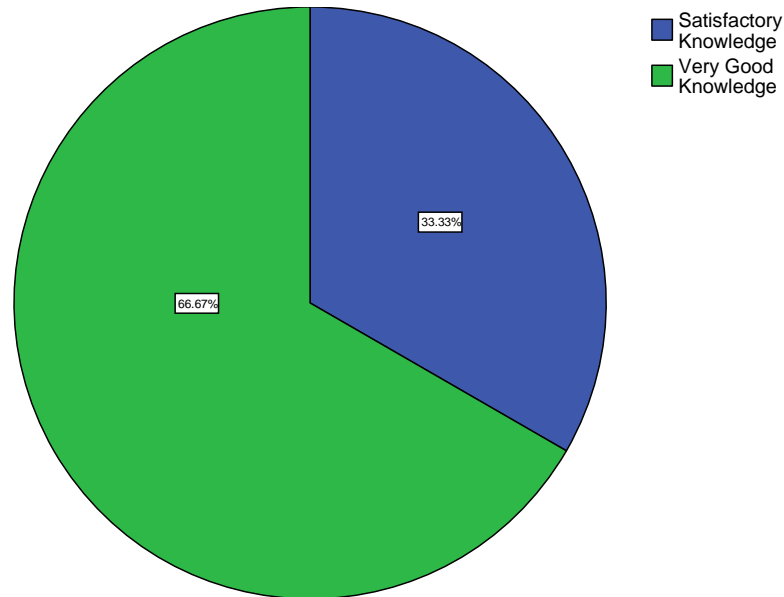


Management displayed very poor levels of knowledge with regard to a protection panel as highlighted in policy. This lack of knowledge is probably explained by the fact that this panel has not been implemented until 2007 at the Brothers of Charity Services in Galway.

Management had good knowledge of the procedure to be followed when there is an allegation of abuse against a staff member. A HR manager gave a very clear account,

in line with policy, of the procedure/process to be followed in the event of an allegation of abuse against a staff member.

On receipt of a report that a staff member is implicated in abuse what action do you take?



It was the reviewers understanding from the first phase of the report that the “Trust in Care” document had been adapted by the Brothers of Charity organisation. Data examined revealed that 66.6% of management met displayed very poor knowledge with regard to this document. A HR manager informed us that while there are plans for the Brothers of Charity organisation to adapt and implement the Trust in Care Document, it has not occurred to date. All management confirmed that the Gardai are contacted in the event of any serious incident or criminal behaviour.

Management displayed very good knowledge of the Children First Guidelines and the reporting of an allegation of abuse concerning a child. However data examined also revealed that with regard to management ensuring their staff were familiar with this document approximately 22.2% displayed poor knowledge.

Management displayed in general a satisfactory response with regard to examples of good practice in communication and interaction with service users. As with frontline staff management displayed a very good level of knowledge with regard to confidentiality; however it was of concern that 22.2% of management displayed poor knowledge with regard to when confidentiality is over ridden. This was a worse

finding than the response from front line staff. Interestingly on further analysis it was noted that the staff that had displayed poor knowledge had been employed since 1996 and had attended a Client Protection Course.

Only 22% of management stated they had informed families of the confidentiality policy when they first accessed the service.

Management were also asked how they differentiate between a behavioural management issue and an abuse issue. There was no reference to this in the policy but the reviewers were interested in exploring the findings from phase 1 where there was no clear distinction between an allegation of abuse and a behavioural management issue and that there was no clarity for staff with regard to the reporting of same. The following are the views of management with regard to this question;

- Management stated that this was a grey area, and that the effect on the victim is the same as for abuse.
- Some stated that abuse for the victim is the same, but the environment and how it is managed is important.
- Some commented that if it is short term it could be termed behavioural and if long term maybe then a form of abuse.
- Others stated that capacity is a big influence, if perpetrator understands right or wrong, must be held responsible
- Incident reports should be analysed, report form followed, risk assessment carried out etc, Gardai notified if serious
- May not treat problem behaviours as abuse, a lot to do with how things are set up
- Based on individual assessment
- Some understand criminality, some who do not, treated within the process of the law
- Could be different between children and adults

The responses above indicate that to date there is still no clear distinction with regard to this issue. The reviewers are of the understanding however that this is being addressed by management at the Brothers of Charity Services currently

Section 3 Drug Administration

Table 20; Policies Examined Drug Administration

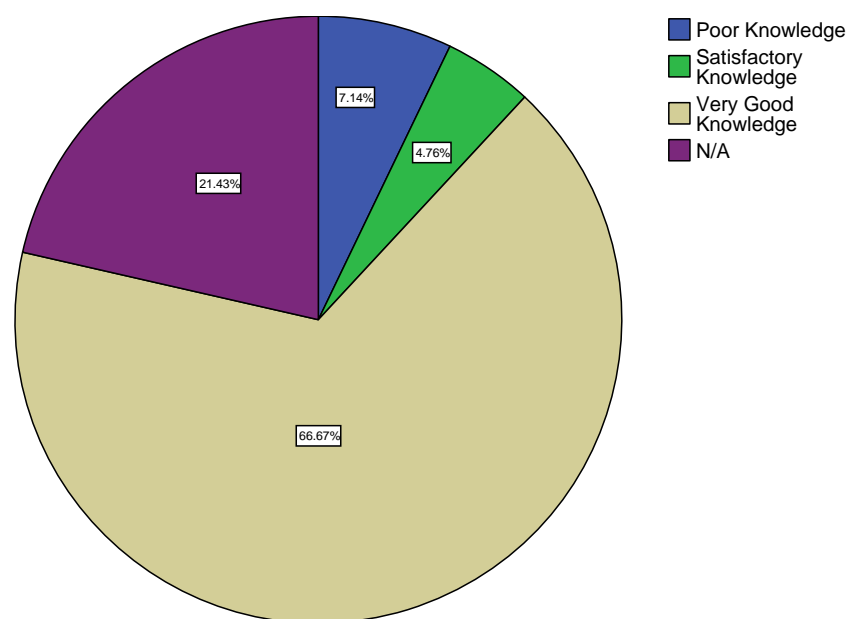
Name of policy	Policy No	Date
Brothers of Charity Galway Services - Policy relating to Drugs Administration in Community Based Services in Galway City and County (including addendum to Drugs Administration Policy	1998/01	January 2003
Addendum to Brothers of Charity Galway Services – Drugs Administration Policy – Kilcornan Centre	1998/01	15/06/2003

“The Brothers of Charity Services are responsible for the safe administration of drugs to service users in their care. The purpose of the Drugs Administration Policy Document is to provide guidelines which will ensure that drugs can be administered without risk to service users. Staff who are involved in drugs administration are urged to adhere carefully to the policies outlined in the document”

Response – Frontline Staff

Frontline staff in general displayed good knowledge with regard to the storage of medication in their respective areas. The majority of staff met knew who held the key for the drug press and where the key is kept as per policy.

Who holds the key of the drug press?



The chart above demonstrates that 7.1% of frontline staff displayed poor knowledge with regard to the identity of the key holder. Further analysis of data confirmed that this response related to one specific setting. The key was not kept with the nurse or person in charge; it was kept in an unlocked press in a locked staff room.

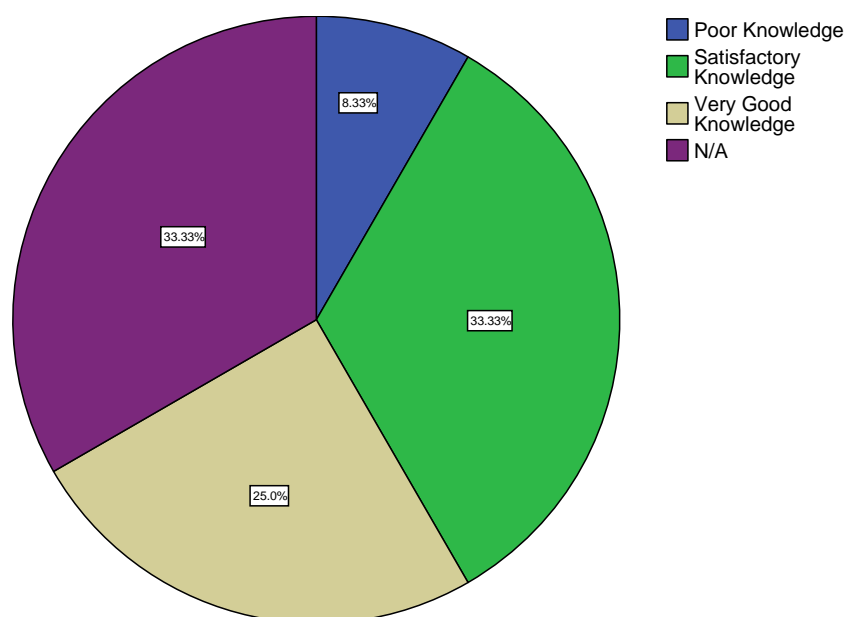
Approximately 9.5% of the staff met stated that they had, as non-nursing staff members been trained in drug administration. Staff that had undergone training felt it was quite informal, half a day with a pharmacist and indicated that they would prefer a more structured formal course. Files of the non-nursing staff trained in drug administration detailing the recommendation of their team leaders, acceptance by the director of Medical Services and approval by Director of Services as per Brothers of Charity policy was requested by the reviewers. This data was not available for validation. It was noted that of the staff members (non-nursing) who stated that they were trained in the administration of medication 50% displayed poor knowledge of the policy.

A small percentage of non-nursing staff met had administered drugs without any formal training. One staff member had administered PRN (prescription required as needed) medication without any formal training. It was noted during some on site visits to community residential locations that the Nomad system for drug administration was implemented. The reviewers requested further information on the Nomad system which was not provided at the time of finalising this report.

Response - Management

All managers displayed good levels of knowledge with regard to the storage of drugs including controlled drugs and drugs requiring refrigeration. The graph below demonstrates management's response in relation to storage of drugs that requires refrigeration.”

How do you store drugs that require refrigeration?



With regard to the administration of drugs 55.6% of managers stated that drugs are administered primarily by nursing staff in their area, however 33.3% of managers stated that there was no formal training in drug administration and 8.3% spoke about informal training. Whilst displaying satisfactory levels of knowledge with regard to how missing drugs are dealt with, all managers displayed poor levels of knowledge with regard to the required process for investigating drug errors.

Section 4 Complaints

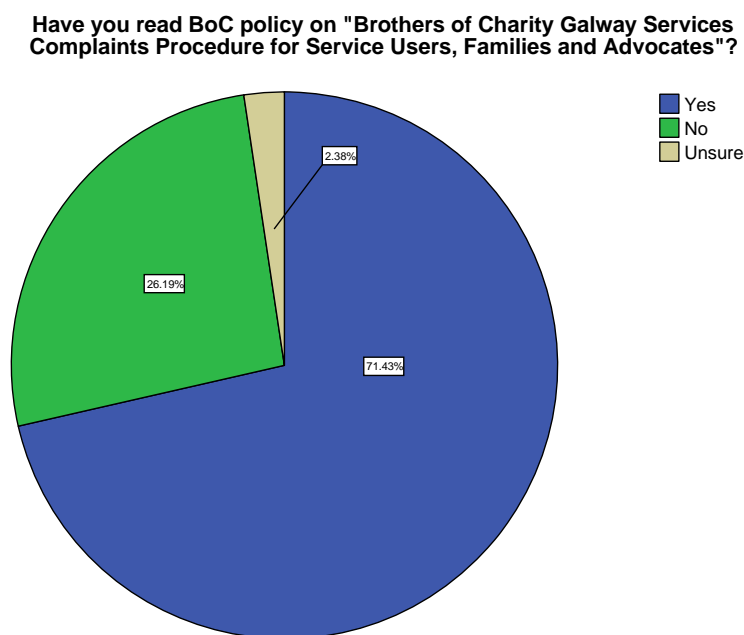
Table 21; Policies examined Complaints

Name of policy	Policy No	Date
Brothers of Charity Galway Services Complaints Procedure for Service Users, Families and Advocates	2003/06	

The above policy in its introduction states; *“The Brothers of Charity Galway Services aim to provide as responsive a service as is possible to their service users and their families. This policy is designed to enable those who use our services, to bring to our attention any complaints that they may have. A complaint is defined as an expression of dissatisfaction, which needs a response. We welcome such complaints and view them as opportunities to learn and to improve our services...Accordingly each team leader and manager has the responsibility of bringing this complaints procedure to the attention of the team’s staff and to service users and their families”*

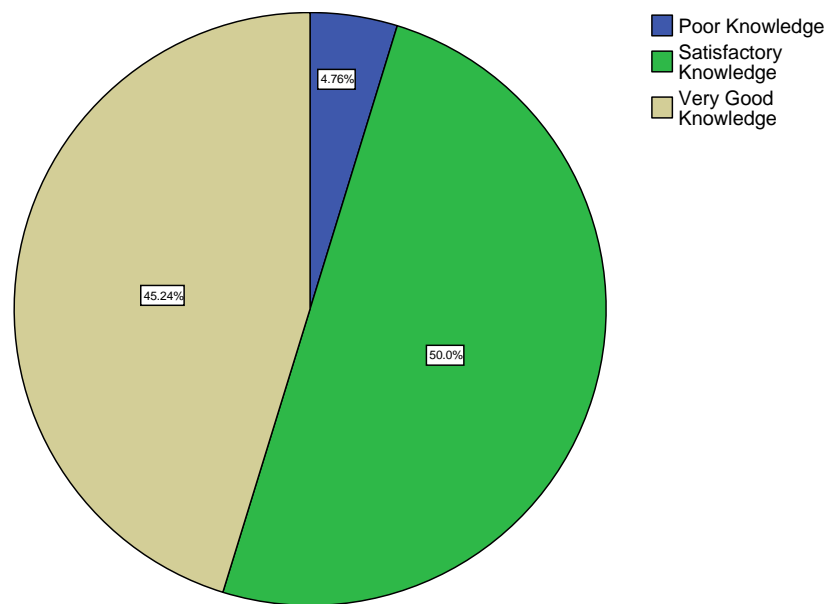
Response Frontline Staff

71.4% of staff met had read the above policy as the chart below demonstrates. Please note there were no records available to validate this statistic as signing ones signature following the reading of some policies is not current practice at the Brothers of Charity Services.



The above chart also demonstrates that approximately 26.2% of staff said they hadn't read this policy. Due to this statistic it was decided to review the responses of staff employed in the last five years. Again it was noted that approximately 20% of staff employed in the last five years had not read the complaints policy to date. However frontline staff in general displayed satisfactory to very good levels of knowledge with regard to their role in the event of a family member making a complaint with regard to a service user as the graph below demonstrates.

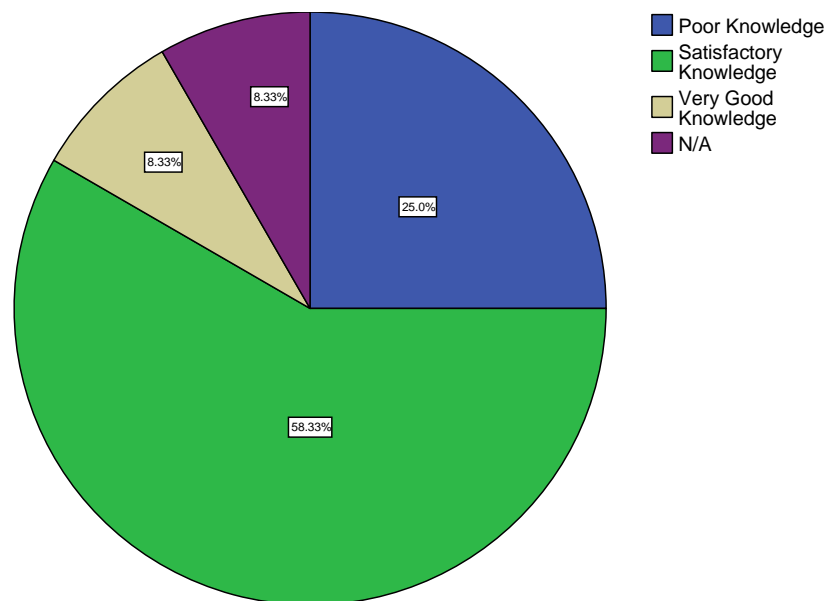
If a family member made a complaint to you, what would you do?



Response - Management

Managers were also asked how they in their current roles deal with a complaint and the chart below demonstrates their response

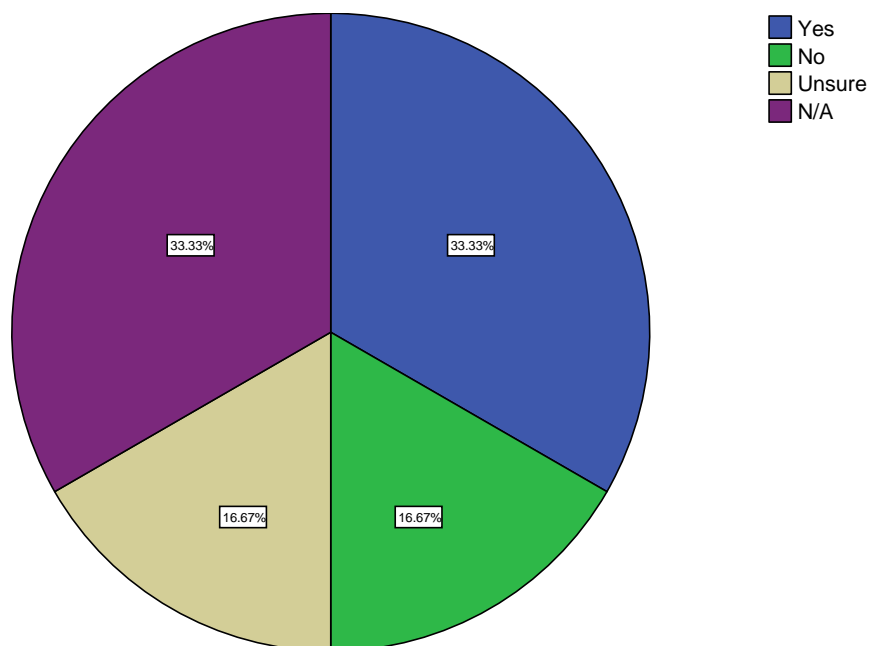
How do you deal with a complaint?



A significant number of managers had poor knowledge of the complaints procedure. The reviewers were of the view that managers would have been more familiar with

the operation of the complaint response. Managers were asked how they in their current role ensure that service users and families are made aware of the complaints policy. The chart below demonstrates their response.

How are service users/family made aware of the complaints procedure?



44.4% of management met were either unsure or did not make the service users and their families aware of this policy. This finding is consistent with phase one of the review. The reviewers were informed in July 2007 that the Brother of Charity services were in the process of developing a service user-friendly complaints form.

Management in general were clear with regard to the evaluation departments role in the auditing of complaints, but had a poor knowledge of specific answers.

Section 5 Challenging Behaviour

Table 22: Policies Examined Challenging Behaviour

Name of policy	Policy No	Date
Policy Guidelines for responding to Challenging Behaviour	1999/07	01/02/2000
Policy on reporting and managing of Aggressive/Assaultive behaviour by Service Users	2004/04	01/05/2004

The Policy Guidelines for responding to challenging behaviour states in its introduction to challenging behaviour; *“Challenging behaviours have been identified as behaviours of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in jeopardy, or behaviours which are likely to seriously limit or delay access to and use of ordinary community facilities (Emerson et al, 1987)”*

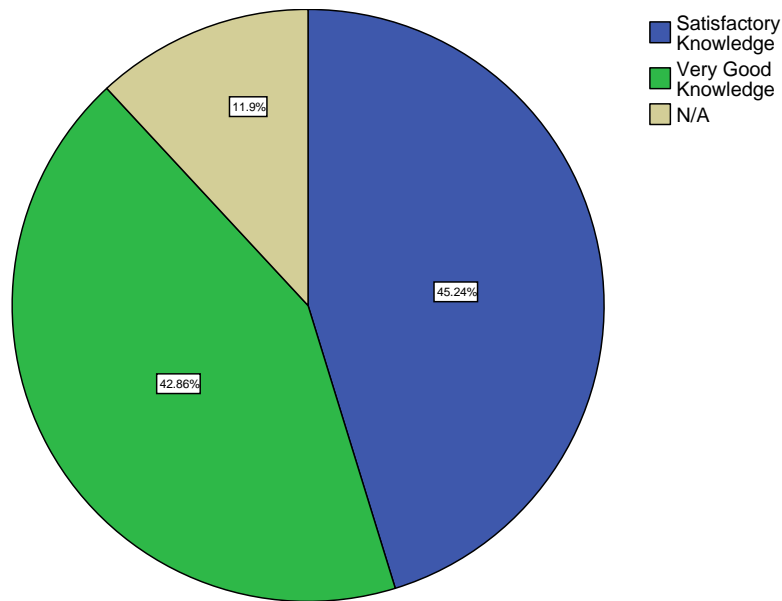
Response –Frontline

78.6% of staff interviewed had experience in dealing with service users who exhibited challenging behaviour and approximately the same percentage of staff when asked about the forms of restraint used in their workplace stated that there are no forms of restraint used in their workplace and referred to the Studio III system. It is interesting to note that policy with regard to restraint states *“Restraint refers to verbal, physical or environmental actions that prevent a behaviour from occurring or stop the individual from continuing to exhibit the behaviour”*. 11.9% of staff however in their responses did refer to physical/verbal restraint as per policy. It is also noteworthy that there is no reference to the studio III training/system in current policy. Please note this question was non applicable to 9.5% of staff met.

The majority of staff that are working in areas where service users exhibit challenging behaviour have attended appropriate training as per policy - *“Training should be provided before a person takes up duty in a situation where the person may be exposed to physical or verbal aggression.”* Studio III training is currently the recognised training programme for this service. Of staff employed in the last five years, 46% of them indicated that they had not participated in Studio III training. On further analysis the majority of this group of staff did not work directly with service users that exhibited challenging behaviour, however a very small percentage did which requires attention.

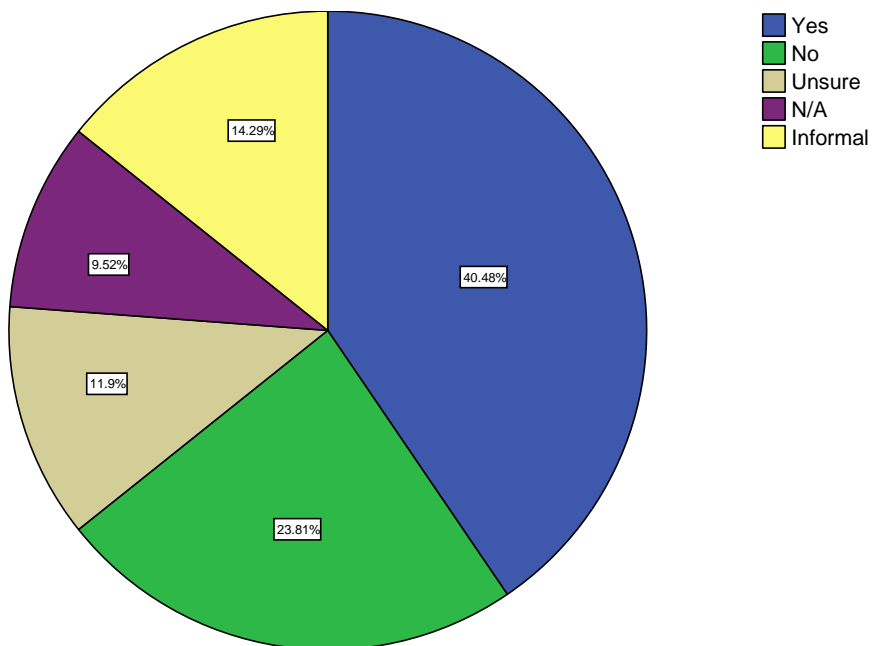
When asked about their role regarding a violent assault between service users frontline staff displayed satisfactory to very good level of knowledge with regard to their role in dealing with this scenario as depicted in the chart below:

**There is a violent assault in your workplace of service user on service user.
How would you respond?**



When asked about having access to a formal debriefing following a serious incident as per policy “*Formal debriefing, as needed by local Manager,*” frontline staff demonstrated some degree of confusion in their response as shown in the following chart.

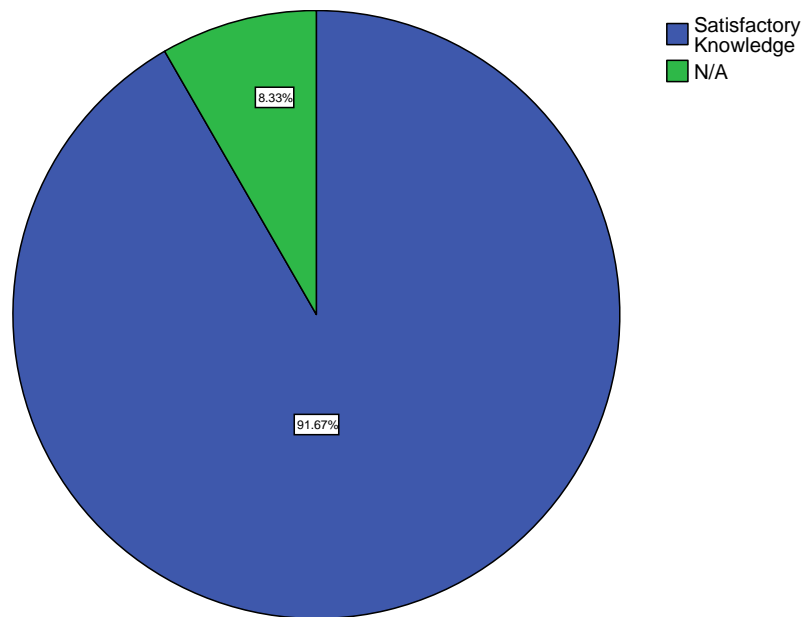
Did you have a formal debriefing?



Response – Management

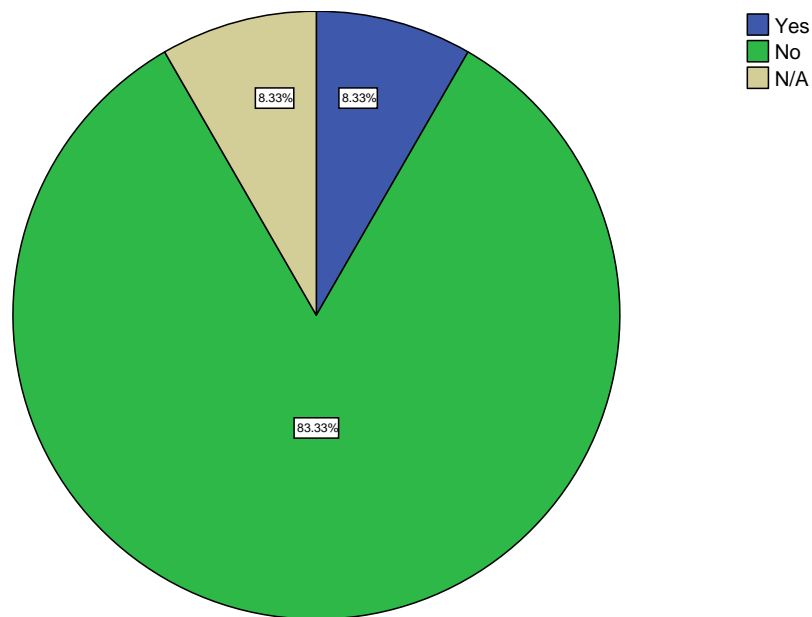
Policy contains a number of guidelines with regard to physical /environmental restraint. Managers were asked about these guidelines. The majority of managers in their response did not refer to policy and answered in a similar fashion to front line staff. 91.67% of management spoke of a non-restraint policy and referred to Studio III training. All managers confirmed that their staff working in areas where service users exhibit challenging behaviour have received Studio III training

What guidelines would you ensure as team leader that your staff are aware of for the use of physical or environmental restraint?



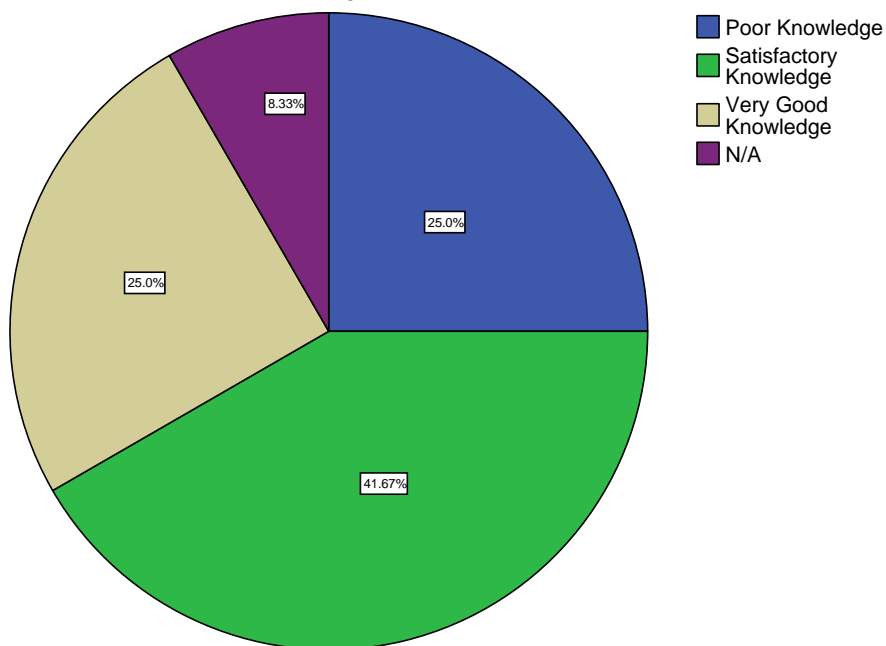
An analysis of data also demonstrated that the intensive Behaviour Team does not have a significant role to play according to responses from management in the development and implementation of a training programme as indicated by policy. The reviewers understand that this team is defunct.

Has the Intensive Behaviour Team had a role to play in the development and implementation of a training programme?

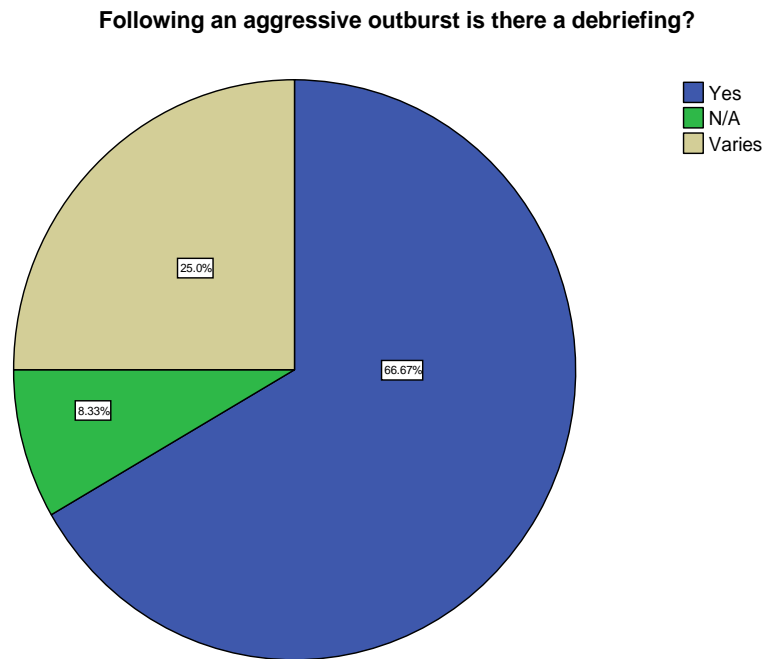


There are a number of prohibited procedures that the BOC have stated in policy with regard to the use of interventions involving an aversive element. Managers were asked to outline some of these prohibited procedures. The chart below demonstrates the response:

There are a number of prohibited procedures that the BoC have stated in policy with regard to the use of interventions involving an aversive element. If you were advising frontline staff regarding same, what would the prohibited procedures be?



25% of managers displayed poor knowledge with regard to this question. One would envisage responses from management to this specific question to be primarily in the very good category. Management were asked about a formal debriefing following an aggressive outburst and the graph below summarises their response.



66.6% of management indicated that there was a debriefing and 25% stated that it varied. This supports the confusion demonstrated by front line staff regarding the debriefing process. Management had good knowledge regarding the follow up required post an aggressive outburst. All managers were very clear with regard to the incident report form.

Comments by Staff

At the end of each interview each interviewee was asked if they had any comments to make about the safety of service users in the Brothers of Charity Services Galway. Interviewees were not obliged to give an answer. As a prompt, staff were asked if they thought that service users were safe and/or if the organisation had changed in terms of service user safety over the years (See appendix 3).

Summary of the views of staff

- Staff believe that service users are safe from abuse – some are certain others are confident and are realistic that the organisation must never become complacent in the protection of service users
- Staff believe the BoC have made a huge and successful effort to enable a culture change which increases the protection of service users. Most of those interviewed are of the view that this change has occurred in the past 10 years and especially in the past 5 years.
- Staff are of the view that personal outcomes planning reinforces the dignity of the service users and contributes to better protection.
- Staff told reviewers that service users now enjoy a better quality of life.
- Staff have some continuing concerns regarding challenging behaviour and the implications of one service user harming another.
- There is a small but significant number of staff who are concerned about their ability to organise a safe evacuation during a fire especially at night.

Chapter 3 Service Location Visits

Introduction

As already stated 10 different sites were visited comprising of

- Two campus residential services,
- Two community residential services
- Two day services,
- Two challenging behaviour services
- A children's respite service
- A wraparound service

The above services are very representative of the type of service provision being accessed by service users attending the Brothers of Charity Services Galway currently.

General Observations

The majority of the services provided, homely and suitable living setting. There was evidence of personal belongings and family reminders. Some residents had choice about how they wanted their rooms decorated. In a small number of services greater attention could have been given to the more personal aspects of resident lives despite the physical constraints and ability level of the residents. It was also noted that a small number of residences could benefit from upgrading. One service in particular is provided in a setting, which is small, has poor circulation space and limited communal areas.

Most of the residential and day services visited (with the exception of the children's respite service) cater for a wide age range of service users from the 20's to the late 60's. This coupled with different care needs poses a real challenge to the Brothers of Charity as it is very difficult to ensure age and ability based services. Most of the residents living in the residential homes were involved in some type of day service activity. In two residences, service users were not able to attend day services and an 'in house' programme was provided. When attending day services the service users

left in the morning and returned in the evening. One service catered for residents returning for lunch and maintained full staff during the day to facilitate this practice.

The community services visited were located within easy reach of shops, leisure facilities, church and public transport. Campus style locations provided access to facilities for service users through the transport system at the Brothers of Charity Services. There were a number of activities organised by staff for service users on a weekly basis. Staff spoke of the limitations of budgets and transport facilities. Staff would have wished for more opportunity and resources to offer a wide variety of experiences to service users and further achieve more integration with the local community.

Specific observations/ findings

Policies

There was very good attention to the storage and accessibility of policies. There was a copy of the protection policy in the front of each service's diary as required and a complete set of policies held in each office. There was evidence of each group having meetings and communicating any changes in policies. Some services required that staff acknowledge receipt of policies in writing, however it was noted that this practice was inconsistent throughout the services visited

Medical Services

There was satisfaction with access to General Practitioner services. Each service user had a medical card, access to a GP and pharmacological services. There was evidence of attention to the medical needs of service users in respect of consultant appointments, dental and other diagnostic services. Access to Psychiatry was more difficult but none the less responsive to staff requests. Staff provided two accounts of the difficulty sometimes faced by service users whilst hospitalised in the acute hospital setting and demonstrated quite clearly in their account their role as an advocate for the service user in their care.

Medication Press

All services had a medication press either located in the staff room/office or as a trolley in the office. All but one was locked as per the policy requirements. One was

kept in an unlocked press in the locked staff room. It was also noted throughout the services visited that there was no register of key holders as required by policy; *“Staff who administer drugs regularly will have a key to the drug press, and this key will always be held on their person. A register should be held at each centre identifying these staff who hold keys to the drugs press and who are personally responsible for their key at all times”*. It was noted that elements of policy were not implemented at an operational level and this must be reviewed at management level.

Medication Fridge

There was little requirement for a medication fridge. Some services shared a fridge. It was observed during a visit at one service that medication was being stored on a shelf in an unlocked box in the house fridge. Staff confirmed that on the occasions refrigeration is required, other service replicate this practice. The policy with regard to the administration of medication states; *“It is recommended that drugs requiring refrigeration should be stored in a locked fridge which is not used for other purposes. If such a facility is not available then the drugs should be stored in a locked box within a fridge”* Again an element of the policy pertaining to drug administration not adhered to at an operational level.

Service User Income

There was very good attention paid to the income of service users. Centres had a well-developed system of accounting, which was audited internally. Service users were encouraged to use their resources for trips and outings, special events and luxury purchases as identified from their personal outcomes. Reasonable deductions were made for residents in terms of rent contribution to food, light, heat, etc.

One high support service is used to illustrate the process in practice. In one residential facility all the service users are eligible for the Disability Allowance which amounts to €190 per week. An amount of between €70 and €120 is debited from their account to cover living costs. Charges are levied in accordance with Section 53(2)(a) and Section 53(2)(b) of the Health Act 1970 as amended by the Health(Amendment) Act 2005. Service users can draw money from their accounts and in circumstances where they do not have the capacity to make these decisions; their key worker can recommend that they withdraw money for spending on personal items or leisure

activities. A log of money spent in this way is kept on site and service users receive a statement of their account on a monthly basis.

It was noted that a number of service users in community residential settings not alone contributed to rent but also to a housing association - the St Peter Triest fund. The Brothers of Charity Services Galway gave us the following information with regard to the Peter Triest Housing Association: “any individual who becomes a tenant of a Housing Association is expected to pay rent. A national standard rate applies throughout the country. It is a condition of the Department of the Environment’s capital grants that tenants pay rent.

The Peter Triest Housing Association at present charges 53 euro per week. Tenants on low income (which included all Peter Triest Housing Association tenants) can apply to Community Welfare. This is a means tested benefit. There is a 13 Euro per week minimum contribution that tenants are expected to pay towards the cost of their accommodation.

All current tenants of the Peter Triest Housing Association receive their support services from the Brothers of Charity Services Galway. It should be noted that the payment of the rent to the Housing Association is an eligible expense under the in-patient charges regulations. This means that a Housing Association tenant in-patient charge is typically 77 Euro per week rather than the more typical contribution paid by service users which is 90 Euro per week”

The charging structure is difficult to comprehend and it is recommended that the level of charges is discussed and clarified with the HSE Local Health Office.

A number of staff spoke openly about their concern with regard to using service users money for staff accompanying service users on holidays, week ends away etc. It was noted in the policy document; ‘Good Practice Guidelines for Protection against Abuse’ that “ *Using the service user’s property or money for staff benefit or for the benefit of the Service or other service users*” is regarded by the Brothers of Charity as an abusive practice in a care setting. Given the above policy it is imperative the

Brothers of Charity Services review current practice with regard to this practice as highlighted by staff.

Staff Ratio

Staff to service user ratio varied greatly. Some of this was expected given the disability levels and needs of service users. In some instances it was difficult to ascertain how similar services in different areas had different staffing practices. Some services were very tightly managed in staff terms while others had more generous staffing arrangements. Concern was raised in one specific day service with regard to the unavailability of staff to assist a service user with toileting. On further investigation the reviewers had evidence of this matter being discussed at a multi-disciplinary meeting. The service user was able to use the toilet independently in another setting. As well as some minor alterations made to the toilet a joint plan of work was agreed by the multi disciplinary team which supported the services user's ability to use the toilet without assistance.

A small group of staff from a community residential setting expressed serious concern with regard to their own safety and that of a group of service users, whilst working on their own at night in a home where one particular service user exhibited severe challenging behaviour. In the interest of staff and service user safety, management should review the staffing requirements of this community residential setting.

Unit with locked doors.

It was noted that one specific unit visited had a locked door policy. It was the home of five service users but the doors were locked for the benefit of just one service user. The remaining four service users did not require to live in an environment where all doors had to be locked and staff met commented on the inappropriateness of the service with regard to these specific service users. Due to this inequitable situation of these four service users, staff advocated on their behalf to management and at the time of the visit, staff were in the process of finalising the transfer of these service users to a more appropriate residential setting in the community, where their quality of life will be enhanced.

During a walk through the unit it was observed that the glass was broken on the “Break the Glass” fire exit and the key was missing. This was mentioned to staff who confirmed that it would be attended to as a matter of urgency. From speaking with staff it also became apparent that the policy with regard to locked doors, whilst implemented on the unit, there were elements that may not have been strictly adhered to. It is important that this policy is reviewed with regard to its operational practice.

Maintenance

In one service the toilets were in a poor condition with all the toilet seats missing. Reviewers were informed that this has been going on for a number of months and that there were constant difficulties in acquiring an adequate response from maintenance. Whilst acknowledging the frustration of staff with the maintenance department, it may have been more proactive for staff to view the lack of basic facilities as an abusive practice under the “Good Practice Guidelines” rather than a maintenance issue. This matter was brought to the attention of the relevant manager and it has been confirmed to reviewers verbally that all toilets now have seats

Staff Innovation

Nearly all of the services had some experience of working with challenging behaviour. Some services had occasional challenges whereas other services were set up especially to deal with challenging behaviour. The reviewers were impressed by the commitment and expertise of staff in dealing with very difficult situations. It was noted that one unused day service was converted in to a challenging behaviour service and though not suitable in the long term, it drastically improved the personal outcomes for the service users and demonstrated the staff commitment to finding solutions.

Fire Safety

There was attention paid to the fire safety with evidence of fire fighting equipment. Some staff highlighted their concerns about evacuating service users from two floors should an emergency arise at night. One service had a locked fire exit, which was brought to the attention of the relevant manager. This issue, though not within the actual scope of this review, requires attention from management.

First Aid box

All services had an equipped accessible first aid box.

Chapter 4 Service Users and their families

Service Users

Introduction

On the 02/03/07 the reviewers met with a group of seven adult service users who were accompanied by the Brothers of Charity advocate and independent advocate from Comhairle. Prior to this meeting one of the reviewers met with the advocate and the service users' council on 28/02/07 to explain the purpose of meeting and request assistance with the review. It was decided to meet with the service users in the local hotel, share a meal and talk in a relaxed and informal manner.

Profile of the service users

The service users were all adults varying in age. Collectively they had many years of experience with the Brothers of Charity services both in Galway and elsewhere in Ireland. Most of the group were currently living independently after many years in residential care. Some were working or attending workshops or day centres. As can be seen from this brief profile, the group were among the most independent of the Brothers of Charity Galway service users.

The group understood the purpose of the meeting. They were well aware of the redress board and the past allegations of abuse former members of staff. One service user told of his abusive experiences when he was a child in a learning disability service in another part of the country. He had been to the redress board and had received compensation, which contributed positively to his independence and quality of life.

None of the service users said that they were being hurt or harmed. Whatever direct abuse they experienced happened many years before. Reviewers were informed of the redress board and the positive outcomes of being listened to, being believed and receiving redress. It is hard to underestimate the positive impact of such an official recognition of past negative experiences.

All the service users were complimentary about the use of personal outcomes and wished that their personal outcomes were more ambitious. They recognised that the service user's council and advocacy were very important to them. They enjoyed the process of participation, which at times they found daunting. They were very conscious that other service users were less able to use the advocacy services and of their obligations to speak up for their fellow service users.

Viewpoint of Service Users

Service users were asked what they actually liked about the Brothers of Charity Services and in response some service users stated the following

Can talk to them, ring them, have a good chat

Call to see you

Help when you are sick

If it wasn't for the BOC I wouldn't have my own independence

I have control over my own money

A number of service users also expressed some concerns they had with the Brothers of Charity Services. At times they felt the organisation was reluctant to take risks and to support them in risk taking. Whilst the service users realised that staff had to balance health and safety considerations, they wanted to control their own destinies even if this involved taking risks. One of the group spoke about her struggle to leave a group home and have her own flat. She was aware that the staff were caught between trying to support her, worrying about her and trying to balance the views of the family with her wishes. In the end she did move to her own accommodation but found that this was a struggle. She felt that her families opinions were heard above her own and that the staff were talking to her family without involving her. This comment from the service user did raise some concern with the reviewers as it directly contravenes policy which supports the service user as...*“Being the driving force of his or her own service and being listened to carefully on an ongoing basis so that the service user is the primary decision maker in his or her own life”*

Most of the group understood that staff and their families were trying to act in their best interests but they wanted to make their own decisions and mistakes as necessary. As one person pointed out ‘we want the freedom to take risks like everyone else’ and

complained that the Brothers of Charity were ‘too safe’. The service users met wanted to pursue their self-determination.

One of the group mentioned that one staff member made unpleasant remarks about another service user he had shared residential accommodation with some years before. This service user had also hoped that a staff member would encourage and enable him to develop a friendship with a female service user he knew and was very disappointed that the opposite occurred (he was teased constantly) and as a consequence did not pursue the friendship. The policy document “ Good Practice Guidelines for Protection against Abuse” highlights a number of recommendations for good practice in communication and interaction with service users one of them being “*Avoid any ridiculing or teasing in a manner that invades the privacy of service users such as constant teasing about boyfriends or girlfriends, or when they are getting married*”

What is of concern with regard to the above incident is that this service user had told another staff member, but nothing was done to support him. This is in direct contrast to the response received by the reviewers from front line staff with regard to their role when they witnessed a work colleague not being very nice to a service user. As noted in a previous section the majority of frontline staff were very clear that at no time would they tolerate bad behaviour towards a service user from a work colleague, yet in this case poor behaviour was tolerated and policy at practice level not adhered to.

The group were able to articulate their support of more choices, services and advocacy as well as their frustration at the gaps in service and the slow pace (from their point of view) of change. They appreciated the meetings with managers and recalled vividly those managers who attended every meeting and those who didn’t including those who were late for meetings.

All service users felt that the Director of Services listened to them, however they also stated “this doesn’t always change things”. They appreciated meeting with management and wanted all the managers to turn up on time for every meeting like the Director. Service users expressed dissatisfaction that a lot of team meetings between service users and staff are not taking place. The group met were also conscious of the fact that they in effect only really represented themselves – “Not enough advocacy groups”.

Complaints

When asked did they ever make a complaint, some of the service users responded;

“You’re told mind your own business” “it’s like you’re silenced”

If they had a problem they would go to their key worker or social worker. Some service users stated that they are afraid of saying the ‘wrong thing’ to some staff members. One service user spoke about not being allowed make a cup of tea for him first thing in the morning. One of the staff members would hide the kettle so the service user couldn’t access it. The service user told his key worker who advocated on his behalf and was successful in resolving the issue. Again it is of concern that the intervention of a key worker was actually necessary for the satisfactory resolution of this issue.

Another member of the group spoke of being accused of taking money and as a result was stopped going out for a few weeks, which according to policy is in contravention of good practice guidelines, which states that withholding rights as a punishment is an abusive practice.

Personal Development

None of the group had completed a stay safe programme. The first personal development course at the Brothers of Charity Services has been completed and there are plans to develop this service further. When asked about support from staff with regard to boyfriend/ girlfriend all service users laughed. They believed that staff are afraid of service users having relationships. Service users are aware that staff are being trained around relationships but they, as service users hear nothing. Service users spoke about having friendships with friends, family members and family not necessarily about sexual relationships.

Some members of the group stated that only for the advocacy groups that they wouldn’t know what was going on in the Brothers of Charity Services. They liked participating in the advocacy programme. It made them feel important and validated their own views of how services should be. The programme has many gaps and some centres aren’t holding advocacy groups and as a result a large percentage of service users are solely dependent on the key worker to be their advocate.

Meeting with Parents – Action for Children and Teenagers

The reviewers requested to meet this group and attended one of their regular meetings on 07/02/07. Due to the poor weather there was a less than normal attendance level, nevertheless approximately seven parents were in attendance. This group was initiated and supported in the set up by Social Work Department with the support of the Brothers of Charity Services Galway.

The parents attending the meeting were informed of the purpose of the review. It was explained to them that the work of the reviewers was to examine the general safety of service users currently accessing services at the Brothers of Charity in Galway in the context of past concerns and allegations of abuse.

The group confirmed that they did not have concerns about the safety and protection of their children. They did not have experience of any abuse practice within the service. They believed that their children were safe, which in the Brothers of Charity services. The parent's group had much more to say about the impact of the lack of services and delays on their children's progress. One person spoke at length at her efforts to get her child into school which involved invoking the appeal procedure. Despite her difficult experience she told reviewers that her child is doing well in school. Another parent told of the excellent early years service in their area. They explained that this service has had a great positive impact on family life. Most of the group has stories of delayed services and spoke of their constant efforts to secure sufficient services on behalf of their children. The main purpose of the group is to advocate for services on behalf of their children. The parents group appreciate and acknowledge the efforts of the Brothers of Charity Services however, they feel it is also necessary that they as a group going forward continue to advocate for services.

Most parents of children with disabilities are faced with the daunting prospect of fighting for services and caring for their children. Predictably one of the biggest concerns was the lack of services, waiting lists and worries about moving from service to service. Not all families have the same needs and the parents met reflected this. They were conscious of the consequences of ensuring services for their child could mean denying another child.

Chapter 5 Findings and Recommendations

Introduction

The layout of this chapter follows the order of the proceeding chapters and is divided into two sections; findings and recommendations. The same headings were used in both sections.

Findings

Recruitment, Induction and Training

- Brothers of Charity Policy on Garda Clearance adhered to at operational level for all remunerated staff.
- A significant number of Garda clearance waivers (18.6%) were requested in 2006
- Records reviewed with regard to Garda Waivering demonstrated that all staff subsequently received Garda clearance
- In some cases, senior managers did not adhere to policy requirements in relation to Garda Clearance Waivers.
- Garda clearance for persons applying to work in a volunteer capacity was not available to Brothers of Charity Services Galway until they received the required training in March 2007.
- A person with a criminal record worked as a volunteer in November 2006 at the Brothers of Charity Services without a Garda clearance. This action was not in breach of Brothers of Charity policy
- The recruitment Policy was not clear if all three referees should be contacted.
- Some inconsistencies were noted in relation to the number of referees contacted.
- The policy relating to the formal notification of the ending of the probationary period was not adhered to at an operational level.
- There was inconsistency in the application of the probationary period between permanent and temporary staff contrary to policy
- 55% of staff interviewed had not attended the central induction programme.
- Where staff had indicated that they had completed a local induction programme there was limited supporting documentation to validate their answers.

- 33% of staff had not attended a Client Protection Course. This increased to 47% for staff employed in the last five years.
- 66.6% of all staff had completed Studio III training.
- There was lack of clarity with regard to what specific staff should attend the Studio III training
- Personal Outcomes have been adapted by the Brothers of Charity services as their quality measurement system. Training planned for 2007 will not meet the need. The reviewers have been informed in July that additional courses have been organised which will meet staff needs.
- Staff at operational level have stated that the quality of the service user's lives have improved dramatically since the introduction of personal outcomes.
- Key working training has been established at the Brothers of Charity Services.
- A number of staff members are key workers for service users who are without family or advocates.
- Service users consider that the key worker system is vital and they view key workers as important advocates.

Reporting and Managing Abuse

Frontline staff

- Staff had good knowledge with regard to the process for the reporting of a disclosure or an allegation of abuse
- Staff displayed very good knowledge with regard to intimate care
- Staff displayed no tolerance for a work colleague that displayed any type of abusive behaviour.
- The majority of staff understood confidentiality whilst at the same time being clear as to when confidentiality might need to be overridden.
- Approximately 22% of staff displayed poor levels of knowledge with regard to knowledge of Children First Guidelines and the reporting and investigation of allegations of abuse with regard to children.
- The Client Protection Course did not appear to have a positive impact on the levels of knowledge displayed with regard to Children First Guidelines.
- There is no data available to confirm/validate that a staff member did /did not read and understand a policy.

Management

- Management demonstrated that a disclosure of abuse would be addressed in a timely manner.
- There was one incidence of practice which did not receive a timely resolution.
- There is good adherence to the policy when a staff member is implicated in an allegation of abuse
- Managers have a good knowledge of the Children First Guidelines and the reporting and investigation of an allegation concerning a child
- Managers did not ensure that their staff were aware of the Children First Guidelines.
- Managers reflected the lack of clarity in policy with regard to the clear processes/steps to be followed for the reporting and management of an allegation of abuse from its initiation to its actual closure
- Managers had a satisfactory level of knowledge with regard to examples of good practice in communication and interaction with service users.
- A number of managers were not clear about the exceptions to confidentiality

Drug Administration

Frontline Staff

- A small percentage of non-nursing staff members have administered medication without training
- Some staff members requested a more formal training programme on drug administration
- No records were available for validation for those staff that had received formal training in drug administration.
- There was no evidence of clear guidelines for the administration of PRN medication.
- Non-adherence to drug policy with regard to key holders in one community residential setting.
- Introduction of Nomad System of drug administration. At the time of finalisation of this report the requested information was not provided.

Management

- Managers had good levels of knowledge regarding the storage of drugs.
- Managers had a satisfactory level of knowledge with regard to how missing drugs are dealt with by the Brothers of Charity Services but poor levels of knowledge regarding errors in drugs or medication administration.

Complaints

Frontline Staff

- Frontline staff are clear with regard to handling a complaint from a family member.
- A significant number of staff had not read the complaints policy

Management

- The management of complaints is weak and not used as part of quality reviews.
- 44.4% of managers did not inform service users and their families of the complaints policy or stated they were unsure with regard to same.
- Managers did know how to deal with complaints without reference to the BoC policy
- Complaints are not reviewed on an annual basis.

Challenging Behaviour

Frontline staff

- Staff met displayed satisfactory to very good knowledge with regard to dealing with a violent assault.
- Brothers of Charity services have invested in training a number of staff as trainers in the Studio III methodology
- A number of Studio III training courses are scheduled for 2007, which should be sufficient to meet the needs of staff.
- The formal debriefing process is not consistently applied in the organisation.
- Current policy does not reference studio III training.

Management

- Management displayed satisfactory to very good knowledge with regard to their role in the management of an aggressive outburst and were very clear with regard to the incident reporting form.
- Managers did not display a good level of knowledge with regard to current policy on challenging behaviour. However management still were clear in their responses with regard to their role in the management of service users with challenging behaviour.
- There are elements of the challenging behaviour policy not being implemented at an operational level e.g. Behavioural Management Team
- 25% of managers were not clear with regard to the formal debriefing process.

Site visits

- The majority of services provide suitable and homely living conditions
- One service was not suited for the purpose of caring for service users
- Most services had access to community services and had regular outings.
- There is good attention to the storage and accessibility of policies
- Staff expressed satisfaction with access to medical services
- There was good attention to service user income
- There were significant variations in staff to service user ratios.
- Some staff expressed concern about their ability to evacuate premises in a fire emergency.
- The fire exit key was missing in one service
- In one service the toilets were in an unacceptable condition

Service Users and Families

- All service users welcomed the introduction of personal outcomes
- All service users recognised the importance and relevance of a key worker.
- Service users recognised that the service user's council and advocacy were very important to them. They wanted more advocacy services.
- Service users spoke positively of the Brothers of Charity
- Service users wanted to take risks 'like everyone else'

- Service users wanted more support from staff with personal relationships and they did not want staff to tease them.
- Service Users wanted staff to support them to make complaints and not to dismiss their comments.
- No service user met had attended a stay safe programme or personal development programme.
- Parents and service users were aware of past concerns of alleged abuse in the Brothers of Charity Services
- Parents were confident that children currently attending services at the Brothers of Charity services were not subject to any type of abuse. They were mindful of the potential of an abuse situation occurring.
- Parents were primarily concerned with the lack of services for their children.

Recommendations

Recruitment Induction and Training

- The high percentage of Garda Waivers must be reviewed and reduced by management.
- The policy on volunteers must clearly state the skills, qualities and attributes for working with Brothers of Charity Services users.
- The recruitment policy needs to state clearly whether two or three references are required and address the position of those without an employment history satisfying this requirement
- The recruitment policy should also ensure that probationary process is applied to all staff and is used as a formal review of work performance. The formal review could also be used to reinforce the ‘culture of protection’.
- The central induction process should be strengthened or changed. The elements of the induction in relation to setting the protective culture of the organisation should be retained.
- Local induction should demonstrate clear record keeping processes and be subject to audit by the training department.
- The uptake of the following courses must be increased – client protection personal outcomes and key-working. Having an informed work force ensures that service users are respected, have choices, are safe, healthy and secure.

Reporting and Managing Abuse

- The Client Protection Course should place more emphasis on the Children First Guidelines and the reporting and investigation of an allegation of abuse with regard to children
- Managers should ensure that front line staff are aware of the Children First Guidelines.
- As indicated in phase one, abuse policies should outline the clear processes required for the reporting and management of abuse from initiation to closure.
- Managers should revisit the good practice guidelines in communication and interaction with service users.
- Managers must advise families on policy on confidentiality as indicated in policy.
- Managers should conduct a review of those service users who would benefit from a stay safe programme and make arrangements to address the resultant training needs.
- The organisation should agree a working distinction between an allegation of abuse and a behavioural management issue and the process for the reporting of same.
- Greater clarity is needed regarding the reporting of serious incidents or behaviour, which may also be considered to be criminal in nature.

Drug Administration

- A more formal structured training programme in drug administration for non-nursing staff is required.
- There should be clear and service user specific guidance on the administration of PRN medication
- PRN medication should only be administered by staff who have received formal training in drug administration.
- Management should ensure that they have a clear understanding of their role in relation to drug errors.

- A revised drug administration policy should reflect the implementation of the Nomad system.

Complaints

- The complaints procedure must be changed and developed to include comments. It should be used as a part of a quality system.

Challenging Behaviour

- The challenging behaviour policy should be reviewed and updated to reflect the introduction of the Studio III system.
- There should be a clear debriefing process for all serious incidents of assaults by service users
- The prohibited procedures contained in “Policy Guidelines for Responding to Challenging Behaviour” should be updated to reflect present practice
- It is imperative that management continue their commitment to Studio III training for all staff engaged in the care of service users who exhibit challenging behaviour.

Site Visits Recommendations

- The level of contribution from service users in community residential services be agreed annually with reference to national norms.
- Practice with regard to service user income being used by staff in order to facilitate holidays for service users should be explicit and agreed within the organisation.
- Staff are encouraged to identify areas of practice that are not in keeping with the “Good Practice Guidelines for Protection against Abuse” so that management can address them in a timely fashion
- Inventory of buildings that are unsuitable are drawn up along with an audit of fire safety procedures commencing with those premises who do not have waking night staff.
- Poor maintenance levels which impact on service user dignity should be treated as an abuse issue.

Service Users and Families

- Managers should ensure that service users, families and staff are fully briefed on the complaints procedure.
- All service users should have access to advocacy services.
- Service users should be supported in developing personal relationships as policy dictates “*Being supported to develop positive friendships and intimate relationships*”
- All staff working as key workers must attend the relevant training.

Chapter 6 Conclusion of Review

The main purpose of phase II was to assess the operational adherence to the various protection policies and organisational values of the Brothers of Charity Services Galway “... a critical factor [in protection] is the way that principles are translated into practice and not left as empty rhetoric.”¹ The reviewers are conscious of concerns about vulnerable citizens in institutional and residential care and of the concerns about past allegations of abuse within Brothers of Charity Services Galway. The Brothers of Charity Services have faced up to these historical concerns about the safety of service users and have made significant efforts to ensure their protection. During the course of this review, while there was no evidence of major deviation from the policies and procedures within the Brothers of Charity Galway services for the protection of service users, there were minor concerns highlighted and identified in the review

The organisation has made great strides in promoting a culture of respect and dignity of service users which, is reflected in policies and attitudes of staff. There was a good degree of adherence to and support of, the various policies. Core to protection is the acceptance of the possibility of abuse. It was clear that the majority of staff are alert to this possibility and are clear about their responsibilities when abuse is disclosed. In the small number of concerns, which came to light during this review there is an opportunity for the organisation to further improve the protection and dignity of service users. It is this attention to detail, which will solidify the protection culture within the service and will make abuse of services user much less likely. The literature confirms that organisations with the best protection practice are also best at ensuring the basic practices are carried out well. One service user who told us about the teasing he experienced when talking about a friendship with a female service user the reviewers were reminded White² et al that teasing may be a cover for frustration and may represent a slippery slope the can lead to bullying and scapegoating. Poor physical facilities could indicate that those cared for are not valued.

¹ Buckley H Irish Journal of Family Law (2006) p6.

² The identification of Environments and Cultures that Promote the Abuse of People with Intellectual Disabilities: a Review of the Literature” White, Holland, Marsland and Oakes Journal of Applied Research in Intellectual Disabilities 16. 2003 p 1-9

It is the view of the reviewers that a broad range of factors contribute to abuse taking place. It is not always a simple matter of a deviant individual acting alone. An individual pathological view ignores the importance of organisational culture and the opportunities of the service to provide a “proactive and protective culture”³ No single view of abuse is adequate and the promotion of protection relies on the proactive achievements of an organisation.

One positive starting point in building a protection culture is to recognise the important work of the organisation in providing services to those with intellectual disabilities. This task must be appreciated and acknowledged and reflect the high esteem which those with disabilities are cared for as well as the work which front line staff perform. There was much evidence of the care and concern for service users by the staff interviewed. The staff raised many of the concerns outlined above and demonstrated that they were confident raising issues with management staff. They were aware of the efforts of senior managers to address issues. Staff were very aware of the important job they carry out and impressed with their respect for the individuality and rights of the service users. They had many views on various ways to improve and develop services

The Brothers of Charity have been very active in developing a range of policies over the recent years. Such policies are crucial in setting the values of the organisation, which with the recommendations outlined in Phase I, will provide more assistance to staff in their care of service users. There is large awareness of and compliance with the policies. In the main where there were difficulties with the policies this reflected the work completed in Phase I. Where the policies were vague and incomplete the responses mirrored this finding. It is the understanding of the reviewers that the Brothers of Charity Services have updated or are in the process of updating the policies to take into account the first report. This should address the areas, which caused the most difficulty in the interviews with staff.

³ Op cit

Of the policies reviewed the most important were the ‘Good Practice Guidelines for Protection Against Abuse’. This document sets the standard for the practice of all staff and is the best promotion of the rights and dignity of service users. Practices, which promote also promote protection. It offers protection not only from abuse but also from any disrespectful and hurtful practices. It is the code of conduct for all staff and is widely supported. It is a powerful statement of the responsibilities of staff and is a major tool in the protection of service users.

The BoC services are committed to training and most staff have had the opportunity to participate in a range of courses. This part of the review shows that the central induction could be strengthened and presents an opportunity to state the core values of the organisation at the start of staff careers with the organisation. It sets the tone for new employees. The common practice of recruiting staff on temporary contracts initially makes it difficult to streamline the induction process. It would be beneficial that all new staff attend a central induction within a short time (perhaps one month) of commencement regardless of whether they occupy temporary or permanent positions.

The UK Department of Health⁴ recommended a move away from policy and procedure to development of best practice guidance, which includes good procedures. They suggested the following areas for attention:

- Challenging Behaviour
- Personal and intimate care
- Control and restraint
- Sexuality
- Medication
- Handling service user’s money
- Risk assessment and management

Brothers of Charity Services Galway have a range of guidance in these areas. As expected some are more developed than others and will need constant attention and review. A move within the organisation from the concentration on sexual abuse to other forms of abuse and best practice guidance will further protect service users.

⁴ No Secrets; Guidance in developing and implementing multi-agency policies and procedures to prosecute vulnerable adults from abuse Department Of Health UK, Home Office 2000

The Brothers of Charity services have shown leadership in the area of challenging behaviour and have developed expertise and confidence, which will have national usefulness. They are tackling the important issue of challenging behaviour by service users to staff and other service users in a considered and individual way. This type of response to extreme behaviour is expensive and demands the best professional standards. It is the necessary response and the service is to be commended for taking bold steps to address the care of this very vulnerable group. It is possible that where staff are worried about violence and where there is little hope of positive outcomes that the emphasis would be on containment and control. This is not the case in the Brothers of Charity services. In many instances very positive outcomes have been achieved with service users who had long histories of violent behaviour. The number and severity of assaults have been reduced without the use of physical restraints but more by the worthy efforts of staff with management support. The organisation is aware of further work in this area. This policy will continue to bear fruit for the service users and the organisation and has the potential to be very helpful to other services facing similar challenges. The service nationally is not helped by the absence of a clear set of standards for the intense and specialised care of this group of service users.

It is acknowledged that the issue of abuse between service users is a very difficult area⁵ with little agreed guidance. Abuse between service users is always an infringement of human rights and the Brothers of Charity Services is very proactive in identifying and addressing the issue. Similarly services struggle to address the challenge of challenging behaviour in the absence of agreed national standards. National Guidance on the abuse of vulnerable adults along the format of Children First would be helpful in clarifying and supporting best practice. Such guidance should address issues of consent, and sexuality and it may be necessary to introduce supporting regulations. Equally national standards of care with regard to challenging behaviour would be welcome and should cover best practice, special care, single occupancy services and support services.

There were many instances of the rights based approach and the work of the advocacy committee. Literature demonstrates a connection between powerlessness and abuse. Those with little power and poor knowledge of how organisations work are less able to protect themselves. This is one of the reasons that the representation and advocacy process must be strengthened. The more dependent the service users the more the need for checks and balances. One possible area of development is the expansion of the advocacy programme and the involvement of Comhairle now known as the Citizens Information Board. Independent advocacy and regular outcome planning will complement the key worker system. In the development of independent advocacy services priority should be given to those service users who are most dependent and without family members to protect their interests.

From a general review of the findings of previous inquiries it would seem that there are a number of common factors that facilitate abuse in organisations and factors, which protect against abuse. The factors, which facilitate abuse, include;

- Denial that abuse is a possibility
- Access to vulnerable service user especially those with high dependency, difficulty in communication, require intimate care, difficulty with comprehension
- Service users and staff who are reluctant to complain for fear that services may be withdrawn
- Service users with multiple carers and contacts
- Organisational culture of secretness
- Lack of external accountability or agreed standards
- Lack of focus on quality of relationships or interactions.
- Lack of appropriate policies, principles and values
- Poor management structures

And the factors which protect organisations from the practice of abuse include;

- Recognition that abuse is a possibility
- Specific guidelines which recognise the possibility of abuse and outline the steps to address it

⁵ Defining Sexual Abuse as it Affects Adults with Learning Disabilities Brown and Turk Mental Handicap Vol. 20 June 1992 p44-55

- Focus on the best professional standards
- Openness and robust debate backed up by an appropriate complaints procedure
- Partnership with service users, families and interested parties
- Assertiveness of service users
- Recruitment supervision and training of staff which pay attention to detail
- Link with professional bodies and evidence of collaboration
- Clear accountability measures both internally and externally.

It is clear from this phase of work with Brothers of Charity Services Galway that they have addressed many of the above factors in a positive and protective way especially in the last ten years.

Brothers of Charity Services Galway have the ability and structure to carry out regular protection audits. A balance of internal and external review is required which should be based on agreed national standards of best practice. While the review concentrated on adequate policies and checking adherence to such requirements within Brothers of Charity Services Galway future audits would need to observe the behaviour of staff, their relationships and interactions with service users. Staff have a crucial role and managers must ensure that they lead and review the practices of staff. Staff can be powerful with service users and powerless with management (op cit) and the reviewers were impressed by the determination of staff to protect and enhance the care of others as well as the involvement and access to managers. More use could be made of a suitable complaints policy. Complaints and critical incidents have an important role in providing warning signs of unacceptable practice and provide opportunities to audit.

The relationship between the organisation and the HSE is also a crucial one with the potential to enhance accountability and protection. It can provide a balance of internal and external verification. A relationship which recognises a joint approach with distinct responsibilities is recommended. It is disappointing that most of the institutional abuse scandals focussed on professions with very high levels of trust and responsibility and such situations must be balanced by the highest levels of accountability. Where there are issues these have been addressed and can be used by

the organisation to strengthen the protection of service users. Both sides must be able to contribute to review and problem solving. There must be agreement on internal review and external accountability, not as competing aims but rather as mutually enhancing efforts to maximise protection. Such a relationship must focus on both quality of services and outcomes for service users, as well as financial accountability. Challenges and mistakes should be opportunities to improve services and important steps in the complex task of caring for others. The relationship can be built on accountability to standards reflected in service agreements and not just a monitory relationship.

It is vital that the openness of the Brothers of Charity Galway services which was experienced by the reviewers is valued as one of the strengths of the organisation. There are few rewards for exposing ones practice to the scrutiny of others. Failings will be highlighted and positives disregarded. Service improvement including the protection of service users is not a static concept but ever evolving (and hopefully improving) learning from mistakes

On numerous occasions reviewers were informed of the lack of resources and the impact on service users. The HSE (Government funding) were identified as the main source of frustration. Such pervasive attitudes can undermine the self determination of the organisation and increase a perception of powerlessness. This is not helpful (and not conducive to a protective culture) and neither reflects the positives of the Brother of Charity service nor the range of choices within the service. Resources or the lack of them can become an excuse for any organisation not to constantly reassess the way it uses current funding. It is often more realistic for organisations to critically examine the differences within services in order to allocate scarce resources rather than wait for additional resources.

Continuous improvement in the issues outlined above, attention to detail and review will lead to the best protection of service users and the achievement of the organisations goals. Organisational actions, which promote protection, should be pursued and prioritised, building on the important work, which the Brothers of Charity Services Galway have achieved in the past ten years.

Appendices

Appendix One Bibliography

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Appendix Two Questions and Answers for Frontline and Management staff.

Section 1 Recruitment, Induction and Training

Policies examined

Name of policy	Policy No	Date
Brothers of Charity policy on Garda Clearance		1/04/1996
The Recruitment and Selection Procedure		Not Dated
Policy on Induction	1998/03	1/01/1999
Policy on Recruiting and Supporting Volunteers”	2001/01	1/3/02
Policy on Staff Training and Development		December 1997

Front Line Staff

Q; Were you asked for Garda Clearance?

A; Brothers of Charity Policy on Garda Clearance: “As staff employed in our services have substantial access to children and vulnerable individuals it has been decided to strictly enforce the recommendations of the Department of Health in relation to obtaining Garda Clearance in respect of all new employees entering our services”

Q; How many references were you asked to provide?

A; The Recruitment and Selection Procedure states “It is Service policy that all candidates provide the contact details of three relevant referees for whom they have worked, or if they have not worked, the Principal of their school or college...A written record of the reference received should be forwarded to HR to be placed on the candidates file”

Q; Did you have a probationary period?

A; Recruitment and Selection Procedure states “The probationary period applies to all new permanent and temporary staff joining the Services...The first few months in a new organisation can be very confusing and critical time for a new member of staff. A great deal of effort is needed to help that individual learn essential tasks and adapt to a new environment. For this reason a probationary period exists for new staff. In most cases this will be one year from date of appointment although it may be vary depending upon the nature of the job...During this period the Head of the Department/Team Manager and the member of staff will meet six months and again at ten months to discuss the requirements of the role and to evaluate the member of staffs overall compatibility with the teams objectives. Specific objectives and areas of improvement must be discussed and agreed during the probationary period. The services may terminate the employment during, or at the end of, the probationary period. At the end of the probationary period a formal letter confirming the Probationary Period no longer applies will be issued to the member of staff.”

Q; Did you have an induction programme

A; “The induction programme consists of both central and local elements.....Shortly after commencing employment, the employee will be invited by the Training, Development, and Evaluation Department to attend a two day central induction programme. This will take place in Woodlands Centre three times per year and will be attended by all employees engaged by the Service during the preceding 4 month

period. It is the Team Leaders responsibility to implement the Local Induction programme which commences on the first day of employment and to ensure it is planned in advance and recorded in writing.”

The local induction programme implemented by the Brothers of Charity Services uses a local induction checklist system which on completion at the end of the staff’s first month of employment is signed off by the staff member and the Team Leader / Manager. The following areas are covered by this programme; leave types, career and development, policies and miscellaneous.

The Central Induction programme is co-ordinated by the Training, Development and Evaluation Department. It covers such areas as; structures, ethos and values in the Brothers of Charity Service, pastoral care, challenging behaviour, ethics and rights of the service user, occupational health and safety, personal outcome measures, advocacy issues, confidentiality/ files policy, parents and families as partners, identifying and dealing with abuse – policies and procedures, personnel issues, and staff training

Q; What courses have you attended through your work place?

A; The following courses are mandatory; manual handling, client protection, health and safety issues and fire emergency procedures.

Q; What did you learn from the client protection course?

A; The client protection course covers the following areas; What constitutes a concern, what constitutes an abuse, why are people with learning disabilities more vulnerable. the responsibilities of managers, designated persons and the HR dept.

Additional Questions asked to Management Grades

Q; What processes have you in place to identify your staffs training needs?

A; The team leader should be proactive in requesting members of the team to identify areas in their work where they feel they could benefit from further training. Managers should also meet with staff annually to discuss training needs and link with TDE department.

Policy states that

“The team leader/Manager/Department Head should ask members of their staff to consider the following;

- in what areas of work do I need further skills (knowing how to do something),
- what new developments have taken place where I need further development/training?
- are there areas where the whole team need development?
- are there areas where the whole organisation needs training or further development?
- what difference would any of the above service users make to my work?
- how will it benefit the service users I work with?”

Q; Have the TDE department visited your area to assist in identifying training needs?

A; Yes the policy states that the TDE department should visit and assess on an annual basis

Q; There are a number of courses considered to be mandatory as a result of recommendations of policies of the service? What are they?

A; Manual Handling, Client Protection, Health and Safety issues and fire emergency procedures.

Q; Have you ensured your team have received the mandatory training?

A; Managers to demonstrate how they ensured that mandatory training was received by staff in their respective areas.

SECTION 2 – Protection of service users, abuse

Policies Examined

Name of policy	Policy No	Date
Policy on Reporting Abuse – In the Brothers of Charity Services County Galway – When abuse is suspected of alleged	1999/01 (Revised 6 times to 1/3/05)	31/05/2005
Brothers of Charity Galway Services Policy Document- Guidelines for the Investigation and for the protection of Adults & Children with a learning Disability from Sexual Abuse in the Brothers of Charity Galway Services	2002/04	1/03/2005
Good Practice Guidelines for Protection against Abuse	2002/05	14/01/2005
Guidelines for the Investigation of Complaints against Staff Members of Incidents of Abuse	2004/01	1/02/2005
Policy on Confidentiality in Respect of Service Users and their Families	1997/01	No date

All Staff

Q; Have you read the Brothers of Charity policy “Guidelines for the investigation of and the protection of Adults and Children with a learning disability from sexual abuse in the Brothers of Charity Galway Services”?

A; All staff are required to have read the above policy

Q; Who informed you of the policy?

A; Line Manager/ Local induction programme

Q; Where is this policy located in your workplace?

A; Policy states that it must be in the office diary in the work place.

Q; What types of abuse do you know of?

A; Policy identifies the following types of abuse; verbal, physical, sexual, emotional, neglect, institutional, material and legal abuse.

Q; What would you do if a service user disclosed to you that he/she had been sexually abused?

A; Inform the line manager or the social worker verbally and follow up with a written report within 24 hours.

Q; Is there a special form for the written report?

A; Yes – it is part of the policy document “Guidelines for the investigation of and the protection of Adults and Children with a learning disability from sexual abuse in the Brothers of Charity Galway Services”

Q; What do you know about Children First Guidelines?

A; National guidelines which provide a comprehensive framework to assist professionals and other persons who have contact with children and wish to deal with any concerns they may have in relation to their safety and wellbeing. Policy states that staff should be familiar with this document.

Q; If there is an investigation of abuse concerning a child who will investigate this?

A; All information goes to the Health Board (now HSE) for them to investigate.

Q; What does intimate care refer to?

A; Intimate Care refers to toileting, bathing, showering, full clothing change and body massage.

Q; How many staff members should be involved in providing intimate care?

A; One unless the task requires two people or an assessment recommends two people be involved

Q; What happens when a staff member is male and the service user is female and intimate care is required?

A; It is recommended in the policy that male staff members do not provide intimate care to female service users on a one to one basis.

Q; If you were asked by your line manager to bathe a service user – what procedure would you follow?

A; The policy advises;

- Explain to service user what you are about to do.
- Ensure that this is okay with him/her
- Ensure that the bathroom is warm, pleasant and clean
- Keep service user covered for as long as practical to preserve dignity at all times
- Keep the bathroom door closed and curtains drawn to ensure privacy and dignity to the service user
- Inform other staff members about what you are about to do

Q; You are on duty and one of the service users has a friend calling, a calling that you are unfamiliar with or unknown to you – what do you do to ensure the safety of the service user?

A; Policy refers to supervision of varying degrees, door of room left ajar, friend to let staff know that they are leaving. An unknown visitor should not be permitted to enter the house.

Q; Your line manager asks you to organise a social outing for a number of service users. What would be your main priorities?

A; Policy refers to the following with regard to social outings;

- Well planned with clear purpose for outing,
- adequate staffing,
- service users with high dependency/ who need full supervision are never left unsupervised in the minibus even for short periods of time,
- service users who annoy one another should not be sitting beside each other whilst travelling in the minibus,
- service users travelling alone on public transport should complete a stay safe programme,
- advisable to have both male and female staff with mixed group of service users.

Q; What would you do if you had concerns about a work colleague constantly criticising service users?

A; The policy states this would be considered an abusive practice. There was no definite answer to this in policy, we expected staff to confront the practice and if unresolved, it would be reported to the line manager.

Q; What is your understanding of confidentiality?

A; The policy refers to the limited use of information about service users or staff which is obtained by staff during the course of their work. Only information which is directly relevant to a provision of service to a service user should be sought. This information should be used at all times in order to preserve the service users right to privacy and to establish and maintain a good working relationship.

Q; Is there ever a circumstance when confidentiality is over ridden?

A; Policy states that where there is evidence of serious danger to the service user, worker or other persons in the community or in the case of abuse.

Additional Questions asked to Management Grades

Q; How as a manager have you ensured that all members of your team are informed of policies pertaining to abuse?

A; Manager will have ensured that staff had a local induction programme, central induction programme, client protection programme, policies pertaining to abuse located on unit for consultation, policies discussed at team meetings etc

Q; If you were discussing abuse with a member of your team, what attitudes and behaviours to service users that are considered to be abusive practices by the Brothers of Charity organisation would you inform them of ?

A; There were 44 abusive practices identified in policy. The following is a selection of those abusive practices;

- Threatening to hurt the person
- Raising a hand or using other looks, actions, gestures to create fear.
- Using any form of physical punishment
- Excessively or inappropriately using restraint procedures
- Enforcing a negative reinforcement programme or any behaviour programme the service users do not consent to, unless required to ensure safety of the individual concerned or those around them.
- Using medication to sedate the service user for agency convenience

- Withholding basic support and rights as a punishment.
- Leaving the person unattended or in conditions of discomfort for example in wet clothes for periods of time
- Constantly criticising service users
- Withdrawing food or meals including supper or dessert as punishment.

Q; What is your role following an allegation or concern of sexual abuse?

A; Middle management; The safe keeping of the alleged victim and other vulnerable people is established and ensured by the staff on duty. Medical examination arranged if appropriate. The sector manager and the designated local social worker are informed initially verbally and then in writing. Ensure that the standard report form is filled by the staff member informing the line manager of the alleged abuse and sent to the head of social work who is designated officer. Organise a strategy meeting within 24 hours of the reported allegation.

An alleged case of sexual abuse of a service user attending day services is brought to your attention by the day services manager, alleged perpetrator is a brother of the service user.

Q; Describe how this case is dealt with from the initial disclosure of the allegation to the closure of the case.

A; Client made safe, medical attention if appropriate. Verbal and written report from team leader to sector manager and local social worker who is the designated officer. Client made aware of what is happening. Team Leader convene a strategy meeting within a 24 hour period comprising of the local social worker, team leader and other relevant staff.

The purpose of the strategy meeting is to gather information and decide what action needs to be taken as an immediate response. It will identify who is responsible for carrying out the actions agreed. The strategy meeting will also identify who should attend the case conference.

Within 5 working days of the allegation a case conference will take place, the purpose of which will be to collate all the relevant information and draw up a plan of protection. A designated file will be opened so that professional and confidential records will be maintained. The file must contain; notification list, procedural checklist, agreed action plan, progress review.

The head of Social Work is named designated person for the Galway services. Designated Case Conferences are chaired by the Head of Social Worker and in his/her absence by a principal Social Worker. The designated function is, at the level of working practice, delegated to each social worker who links with their Principal Social Worker in their area of work. The social workers and Principal Social Workers are responsible for addressing issues of sexual abuse at the practice level.

Q; What is the purpose of the strategy meeting?

A; to gather information and decide what action needs to be taken as an immediate response. The strategy meeting will clearly identify who has the responsibility for carrying out the immediate actions and will also identify who will attend a case conference.

Q; Who attends the strategy meeting?

A; The Line Manager, Local Social Worker, and other relevant staff

Q; What is the purpose of the case conference?

A; Within 5 working days of the allegation a case conference will take place, the purpose of which is to collate all the relevant information and draw up a plan of protection.....It will be chaired by the Head of Social Work or the Principal Social Worker. It will be attended by the service user/ advocate, family, key worker, line manager, social worker, psychologist, sector manager, medical representative and other personnel such as the Gardai as may be appropriate. A case conference is held to collate all information and draw up a protection plan

Q; What will a protection plan address?

A; The protection plan will address the following;

Investigative interviews.

Ongoing support and safety of the alleged victim

Protection of other vulnerable people

A formal review process

Resource implications

Q; What is a client protection panel?

A; It is a panel chaired by the Head of Social Work set up to review all sexual abuse referrals on a quarterly basis. The purpose of this is to review all designated files and to ensure client protection and safety and to ensure conformity to best practice..

Q; What template is used for the reporting of sexual abuse?

A; The Brothers of Charity policy document on “Guidelines for the investigation and for the protection of Adults and Children with a learning disability from Sexual Abuse in the Brothers of Charity Galway Services” contains the relevant template for the reporting of an allegation of sexual abuse.

Q; When a physical or emotional abuse is suspected or alleged what is the process that is followed?

A; For violent/assaultive incidents; render victim safe (responsibility of staff on duty) and immediately seek extra support/ cover as needed. Press panic alarm or call your Manager or Deputy. Senior staff on duty ensures medical or emotional support. Staff on duty ensures medical or emotional support. Staff on duty fills out incident report which goes to centre/ programme manager. Organise formal debriefing as needed. Review and implementation of pre agreed intervention strategies. 48 hour strategic team meeting, if required is to be called by the manager. An incident could generate a needs statement which is led by the team manager.

All incident reports go to the Sector Manager who has overall responsibility for analysing reports and follow up on allegations. Risk assessment is carried out re likelihood of recurrence. Monthly statistics on assaultive incidents sent to the designated person and to the best practice committee for regular audits. Where a staff member feels that ongoing assaultive behaviour is not being addressed satisfactorily, a report is made to the Best Practice Committee.

Victim is informed of his/ her rights regarding making a formal complaint to the Gardai, if appropriate.

Q; What is the specific role of senior management when physical or emotional abuse is suspected or alleged?

A; All incident reports go to the Sector Manager who has overall responsibility for analysing reports and following up all allegations. The Sector Manager makes a monthly audit of aggressive/assaultive behaviour part of his quarterly report to the Director of Services and to the Services Management Team. The Sector Manager has the overall responsibility to ensure that strategies that are agreed by the local manager and his/her team following a strategic team meeting are implemented. It is the responsibility of the Sector Manager to ensure that all staffing / resource implications are addressed.

Q; What template is used for the reporting of violent behaviour?

A; The incident/accident form

Q; How do you differentiate between a behavioural management issue and an abuse issue?

A; This matter is not addressed in policy documents. As a follow up to phase one the views of management were sought.

Management stated that this was a grey area, and that the effect on the victim is abuse. Some stated that abuse for the victim is the same, but the environment and how it is managed is important. Some commented that if it is short term it could be termed behavioural and if long term maybe then a form of abuse. Others stated that capacity is a big influence, if perpetrator understands right or wrong, must be held responsible. Incident reports should be analysed, report form followed, risk assessment carried out etc, Gardai notified if serious. May not treat problem behaviours as abuse, a lot to do with how things are set up. Based on individual assessment. Some understand criminality, some who do not, treated within the process of the law. Could be different between children and adults.

Q; When are the Gardai informed?

A; With regard to violent/assaultive incidents policy states that “Victim and /or family/advocate is informed of rights to make formal complaint to Gardai, if appropriate, or to pursue civil proceedings. With regard to sexual abuse policy states that Gardai may attend the case conference if appropriate. With regard to allegations of abuse regarding children, policy states that “The Brothers of Charity Services will cooperate fully with any Health Board or Garda investigation. In investigations of abuse regarding staff –“The Gardai have the responsibility will have the responsibility to investigate any suspected criminal offence”

Q; On receipt of a report that a staff member is implicated what action do you take?

A; The line manager informs the sector manager who informs the director of services, who then informs the Head of Human Resources.

Q; What are the guidelines that are in place for the investigation of complaints against staff members of incidents of abuse?

A; The line manager and designated social worker will arrange for an assessment to be carried out into the complaint as a matter of priority. Once this has been completed the Designated Social Worker together with the line manager should immediately report the matter to the sector manager and follow up in writing to the Director of Services with a copy for the Human Resources Department. The Director of Services in consultation with the Sector Manager, Head of Human Resources and the Designated Social Work Manager may decide at this stage that a further action is necessary and the matter requires further investigation. If the decision is that no further action is necessary the Director of Services will record the reason for this decision and put this on file.

Staff members have a right to natural justice must be respected. Staff member is informed of the complaint by the HR manager. Staff member invited to attend meeting to hear details of complaint and advised of his /her right to be accompanied by a representative. Copy of complaint given to staff member, copy of disciplinary procedures and details of investigation process. Employment status should be dictated by the circumstances surrounding the complaint, a decision taken at the Directors of Service level e.g. should staff; remain in the work place, be moved to another location or be placed on paid leave pending further investigation. Head of Human Resources will inform the staff member if a decision is made to inform the Gardai. Counselling and support to be offered to the staff member throughout the period of internal investigation.

An investigation team will be set up by the Director of Services in consultation with the Human Resources Manager to investigate the complaint. The investigation team will submit its report to the Director of Services. A copy of the report will be given to the staff member concerned by the Human Resources Manager. The employee will be given an opportunity to respond to the contents of the report before any decision is made by the Director of Services. The report by the investigation panel should summarise its deliberations and indicate whether evidence exists to substantiate the complaint or other wise. It will not be necessary for the investigation team to recommend form/s of disciplinary action (if appropriate). This decision, based on the information available will be made by the Director of Services. Should the outcome warrant a need for disciplinary action against the employee, this will be carried out in a manner consistent with the Disciplinary Procedure. Where no evidence of abuse exists, the employee should be informed at a meeting with the Director of Services and the Human Resources Manager. This decision should also be confirmed in writing to the employee. In some situations although no action is being taken against the employee there may be evidence that policies and procedures have not been adhered to. In these circumstances, the employee against whom the complaint was made may be required to undertake some appropriate training or treatment and accept some restrictions on the manner in which he/she carried out his/her duties for a reasonable length of time.

Q; There are a number of recommendations for good practice in communication and Interaction with service users highlighted in the policy document “Good practice Guidelines for Protection against abuse”. Can you outline three/ four of these recommendations?

A; Talk to and about service users using his or her own name. Address service users with respect; never refer to or about an individual as if he or she is a disability, nor

one of his or her needs or a piece of equipment. Include service users in conversations, never talking about them as if they are not present. To ensure privacy knock before going in to a service user's room. If a service user is angry or upset, remind them that they can always speak to their manager, social worker, or key worker about this. Ensure they are supported in this process. Avoid any ridiculing or teasing in a manner that invades the privacy of service users such as constant teasing about boyfriends or girlfriends, or when they are getting married. Ask permission before you disturb service user's possessions in any way.

Q; Have you provided a stay safe programme for any of your service users?

A; "It is recommended that service users who travel alone on public transport complete a stay safe programme"

Q; What is the Trust in Care Document?

Answer

It's the policy for Health Service Employers on upholding the dignity and welfare of patient/ clients and the procedures for managing allegations of abuse against staff members.

Q; How did you ensure that your staff were familiar with this document?

A; The policy document on the reporting of abuse states "All staff should familiarise themselves with the Children First Guidelines published by the Department of Health and Children". Copy of policy located in office. Discuss the importance of familiarising oneself with the policy at team meetings, local induction etc

Q; What procedure is outlined in the Children First Document to be followed in the event of an allegation of abuse against a child?

A; A report should be made to the health board in person ,by phone or in writing. Each health board has a duty social worker who is available each day to meet with or talk on the telephone to persons wishing to report child protection concerns. In the event of an emergency or the non availability of health board staff, a report may be made to an Garda Siochana at any Garda Station

Also policy document states "in the case of a concern about any form of abuse of children, all information will be given to the Health Board who has the statutory obligation to investigate all allegations of abuse or neglect"

SECTION 3 - Drug Administration

Policies Examined

Name of policy	Policy No	Date
Brothers of Charity Galway Services - Policy relating to Drugs Administration in Community Based Services in Galway City and County (including addendum to Drugs Administration Policy	1998/01	January 2003
Addendum to Brothers of Charity Galway Services – Drugs Administration Policy – Kilcornan Centre	1998/01	15/06/2003

Front Line Staff

Q; How are drugs stored in each area?

A; Drugs will be stored in their original containers in a securely locked press
The press will be attached to the wall.

Q; Who hold the key of the drug press?

A; Staff who administer the drugs regularly will have the key of the drugs press and this key will be held on their person. A register should be held at each centre identifying these staff who hold the keys to the drugs press and who are personally responsible for their key at all times.

Q; What procedure would you follow when administering PRH medication?

A; When a medication is prescribed PRN (administer when necessary), the prescription should state the reasons for usage, how frequently the medication can be given and the maximum dosage in 24 hours

Q; Have you undergone as a non nursing staff member training in the administration of drugs?

A; Policy states the following; Where there is a registered nurse employed in a centre, school or group home this person will administer all drugs. In an area where a registered nurse is not employed or at a time when the registered nurse is absent, another staff member who is nominated for drug administration will administer the drugs. Where necessary, non nursing staff will be nominated and trained for drugs administration. Training for drug administration and refresher courses will be available to all staff who are involved in the administration of drugs.

Q; If answer to the above is yes – what medication can you administer following training in this area?"

A; All oral drugs, rectal drugs in suppository form (which do not have to be mixed or prepared), nutrients or drugs through a gastronomy button, inhalation and topical drugs, oxygen therapy.

Q; Have you any controlled drugs on site and if yes how are they stored?

A; Locked press within a locked press

Q; How do you store drugs that require refrigeration?

A; It is recommended that drugs requiring refrigeration are stored in a locked fridge which are not used for any other purposes. If such a facility is not available then the drugs should be stored in a locked press within a fridge.

Additional Questions asked to Management Grades

Q; How do you ensure that your non nursing staff are qualified to administer drugs in your area?

A; Staff (non nursing) are identified for the administration of drugs and are trained in medication administration.

Q; How are missing drugs dealt with?

A; The team manager will report the missing drugs to the programme manager who following investigations will inform the Director of Medical services.

Q; What is the policy of Brothers of Charity Galway Services regarding errors in drugs or medication administration?

A; “It is the policy of the Brothers of Charity Galway that all incidents of errors in drugs or medication administration should be reported formally on the incident forms to Margaret Mc Donagh at Woodlands Centre, Renmore, Galway. A copy of this incident form is then sent to the relevant sector manager. This information is required for reporting to the insurance scheme known as Clinical Indemnity”

SECTION 4 – Complaints

Policies examined

Name of policy	Policy No	Date
Brothers of Charity Galway Services Complaints Procedure for Service Users, Families and Advocates		

Front Line Staff

Q; Have you read the Brothers of Charity Galway Services Complaints Procedure for Service Users, Families and Advocates

A; Yes is the expected answer

Q; If a family member made a complaint to you – what would you do?

A; Policy refers to informal and formal procedures. Informal- listen attentively to the family or the complainant. Meet informally to discuss the complaint. If unable to resolve the issue inform the team leader.

Formal complaint, this will be a written complaint and the manager will respond to it.

Additional Questions asked to Management Grades

Q; How do you in your management role deal with a complaint?

A; Either through an informal or formal process. The formal process is as follows;
The service user or family will approach the team leader/manger of the service concerned, the sector manager or the Head of the Department if the complaint relates to multidisciplinary staff member or to a multidisciplinary issue. A formal complaint should be written. Service User or family will get a response within 10 days. Team leader or manager will resolve it as quickly as possible. If complaint relates to multidisciplinary staff the sector or manager or department head may appoint an individual or team to look into the matter. The team leader or manager will resolve it as quickly as possible. If complaint relates to multidisciplinary staff member the sector manager or the department head may appoint an individual or team to look into the matter. The team leader, Manager or Head of Department to whom the complaint is made will meet with the service user or family and respond to the complaint and discuss how the service can resolve the issue concerned.

A written response will be issued within 40 days of receiving the formal complaint. If a complaint is against a staff member he or she will be informed of the complaint and his or her comments on the complaint will be sought.

Q; How are service users/ family made aware of the complaints procedure?

A; The responsibility of the team leader.

Q; Where are the complaints files held?

A; Sector Managers /Department head’s office.

Q; What is the role of senior management in receipt of correspondence pertaining to complaints?

A; The manager will receive a copy of the correspondence relating to the complaint. The outcome of the particular complaint should be recorded. The Sector Manager will monitor the complaints procedure to ensure that it is operating effectively.

Q; Who will audit the complaints?

A; The evaluation department on an annual basis.

Q; When can formal complaints be destroyed?

A; When they have been resolved to the satisfaction of the complainant and where there is no likelihood of the litigation by the complainant, all complaints should be held on file in the sector managers or head of department office for one year after which they can be destroyed. Other complaints need to be maintained on file indefinitely.

Q; How as a senior manager would you expect your team leader to deal with a complaint?

A; Either through an informal or formal process.

Q; Can you give an example of a complaint and how it was dealt with?

A; Reviewers to comment and grade example.

SECTION 5 – Challenging Behaviour Policies Examined

Name of policy	Policy No	Date
Policy Guidelines for responding to Challenging Behaviour	1999/07	01/02/2000
Policy on reporting and managing of Aggressive/Assaultive behaviour by Service Users	2004/04	01/05/2004

Front Line Staff

Q; Have you ever dealt with a service user with challenging behaviour?

A; Yes/No

Q; What form of restraint is used in your workplace

A; Restraint refers to verbal, physical or environmental actions that prevent a behaviour from occurring or stop an individual from continuing to exhibit behaviour

Q; What training did you receive during or prior to taking up post with regard to clients with challenging behaviour?

A; Policy states that “Training should be provided before a person takes up duty in a situation where the person may be exposed to physical or verbal aggression”. Studio 111 training is the current training but not referenced in policy.

**Q; There is a violent assault in your workplace of service user on service user
How would you respond?**

A; Render victim safe. Seek extra support/ cover as needed, press panic button, call manager on duty etc. Senior staff on duty ensures medical / emotional support needed by victim. Senior staff on duty fills out incident report that goes to local manager and is copied to programme manager and Sector Manager

Q; Did you have a formal debriefing?

A; Policy refers to “Formal debriefing, as needed by Local Manager”

Additional Questions asked to Management Grades

Q; What guidelines would you ensure as team leader that your staff are aware of for the use of physical or environmental restraint?

A; Physical restraint should only be used as a last resort and must be carried out with the minimum of force required to ensure the safety of the clients and others. The least intrusive form of restraint that prevents the continuance of the behaviour should be employed. Restraint should be withdrawn as soon as possible and when it is believed the behaviour will not recommence. All occasions on which restraint is used should be recorded in a manner which gives a true and accurate reflection of the situation as it was. The overriding concern when employing restraint should be the safety and protection of the individuals and others in the environment. Restraint should only be used in combination with a planned strategy for long term behaviour change.

In cases where restraint is being used on a regular, ongoing or frequent basis its use must be sanctioned and monitored by the multidisciplinary team and relatives should be informed and consulted.

The least intrusive form of restraint that achieves the desired result should be that is used. Staff members should have received training in the use of physical and environmental restraint procedures.

Q; What training have you ensured your staff have received with regard to physical and environmental restraint procedures?

A; Studio 111 training (please note not referenced in policy)

Q; Has the Intensive behaviour team had a role to play in the development and implementation of a training programme?

A; “The intensive behaviour team has a major role to play in the development and implementation of a training programme across the services”

Q; Isolation may sometimes be used as a form of restraint during which time detailed records are kept. What as a manager would you expect your team to record for a service user in isolation?

A; Detailed records are kept. Time at which procedure is put into operation. Time at which procedure finishes. Time person spends in isolation. Behaviour exhibited prior to isolation. Behaviour exhibited whilst in isolation. Behaviour on release from isolation. Signature of person implementing procedure.

Q; There are a number of prohibited procedures that the BOC have stated in policy with regard to the use of interventions involving an aversive element. If you were advising frontline staff regarding same, what would the prohibited procedures be?

A; The use of any form of physical punishment. The use or the presentation of any noxious or unpleasant event as a punishment for engaging in a behaviour. Such events would include acts such as giving a person a cold shower. The withdrawal of basic rights as a punishment. Leaving people in conditions of discomfort for example in wet or soiled clothes for periods of time. Emotional or psychological harm including acts of harassment, threats, denigration, humiliation, derisory comments. Withdrawal of opportunities to engage in social activities on a regular basis. If there is occasion to withdraw or restrict access to social activities this should be documented and discussed and agreed at team meetings.

Q; What is the follow up post an aggressive outburst?

A; Short term- Review, strategic meeting, all records completed. Long term – Risk assessment/ detailed assessment, drawing up of intervention plan and its implementation.

Appendix Three Comments by Staff on completion of Interviews

Frontline Staff – 41 Responses

I know service users are safe in general. There are some services users who are a risk to themselves.

We have a meeting every six weeks and everything (policies etc) is handed out

No concerns about the safety of service users

Very good awareness of protection

Yes it is safe but demands observation, supervision and vigilance

The law of the land should apply

Fire exits an issue – due to upstairs in particular. All clients would need help and concerned if staff were on own.

Have arrangements to get some help in an emergency

Generally everything is dealt with well. Concerns for a service user in hospital and how they would manage

Concerns about what to do in case of a fire.

Children are safe and there is a good system in place.

Staff are aware of the policies

As a staff group we are aware that abuse is everyone responsibilities.

Clients are well safeguarded and we are well aware of what is appropriate

Safety is a major issue where I work

We use a low arousals approach and a good behaviour support plan.

Try new thing with planning, get out. Client struggles with choice

100% safe. Since I started there is more about reporting and awareness. Homes are better with services users in own rooms.

There is always room for improvement due to process of abuse.

No fire exit for upstairs.

The main safety issue now is the threat to services users in residential settings from dominant and bullying characters.

Using advocacy

I was aghast at past history

There has been a change in the culture – due to new policies, investigation by the HSE and self advocacy process which has played a significant role

I am happy that children are safe. Protection is an evolving process and this is another step

Service users through staff members are safe.

Service users are very safe.

Staff are very watchful and careful around the clients

I have some concerns about the safety of service user to service users e.g. the houses are too small and there is a lack of staff.

We are currently looking at risk.

There has been a change in the mindset of the organisation especially since the designated process – the person in that job has made huge progress.

Happy that clients are safe.

Has improved an awful lot.

Staff are very interested in the safety of service users

Programme on sexuality very important for service users.

In the past 5 years there has been a big improvement and big changes. We are more aware of procedures and that all staff are responsible for client safety – due to policies and procedures.

Service users are safe unless from challenging behaviour.

Staff have good awareness, which has improved in the past 2/3 years.

Services have improved in past 5 years.

In this service clients are well protected.

There is a good advocacy system. Less able clients may not have as good a service.

Personal outcomes have made a big change in last three years.

Not having bothers in charge may have helped.

We need to address conflict between service users.

In the last 5 years a lot of changes – all for the good

Relative safe in the unit

All the staff that know them

New staff are thoroughly supervised.

I would be happy if a relative of mine came to live here.

There is anxiety about the previous report and I hope that it comes out soon.

There is still a lot of ambivalence there is a need for more leadership

The process is not tight enough.

There needs to be a commitment to care at all times and this is not always present

I think that service users are very safe in this service

Things have improved especially with personal outcomes. People are seen as individuals.

People are more aware – willing to report things.

I have seen improvement and going somewhere definite.

Personal outcomes have been integrated into community life

The quality of life is good for clients.

*No worries about the safety of service user now.
I think that they are safe. I would be happy if my own family were in the service.
Improvements in past 4/5/ years.
Personal outcomes have helped a lot.*

*Service users are 100% safe.
The staff are kind and warm and there is a good atmosphere.
I would be happy if my own family were here.*

*I have no concerns about the service; definitely think that service users are safe.
Things are done with due consideration.*

*I am satisfied that service users are safe at the moment. There has been a high emphasis on client safety in the past 7/8 years
There are lots of policies now.*

*There has been a lot of emphasis on client safety in the last 5 years and overall improvements in past 10 years.
Clients are safe from abuse.
The staff situation is very tight and stressful. Staff want to do more.*

*We talk to the residents and ensure that they can talk to us about anything.
We are not protecting the two lads. (Note this is a reference to two service users who are clashing personalities)*

*Emphasis on protection has evolved especially since the abuse scandal. I would have noticed this particularly since the 1990s.
I have no reservations about safety.
Everyone is very vigilant.*

*I think that the organisation does its best. You can do all you can but you have to be vigilant.
The policy is there now and can report issues and know that reports have to be acted upon.
Still need to be very careful.*

*The pick up of abuse would be quite good. - There have been a number of years of awareness.
I would think that the organisation would deal with it.
The education of nurses is better and better. There is more understanding.
Very Client orientated and very focussed and the quality of care has gotten better.*

*Moving forward very much had to address the challenging behaviour.
Dignity of service user more paramount.
Groups are smaller and more divided can see immediate improvement.
Personal outcomes are very good.
Would have seen the change and improvement about 98/99*

Most people are aware of abuse with a greater emphasis on protection.

*I have seen huge changes – policies and procedures, staffing, funding.
There is a better quality of life for service users and a lot more to do.
There are means of communication and in past we weren't listening.
Reactive strategies, which were introduced, have made a big difference and have
helped staff to be consistent.*

*I am proud that in my unit the staff will stand up for the service user.
I have not seen evidence of abuse.*

*110% safe – big emphasis on safety.
One of the service users has a better social life than staff members*

*My only concern is if there was a fire at night and I was on my own.
I see no weakness in the system*

*I think that children are well protected
Staff are very cautious and vigilant especially with children who are not
communicative.*

Management Staff – 11 responses

*Very confident that service users are safe
Learning all the time
Elements that require certain resources
Personal outcomes have given a clear benchmark as to where the organisation is
heading with regard to people's lives
Greater awareness in the last 10 years in particular
The HSE enquiry report is preparing staff for past scandals
More protections there now*

*Cant guarantee that everyone is safe all the time – there is always the potential for
abuse.*

*Have done a lot of work
Staff are very well informed
Improving systems and this will need to continue
Last 10 years there has been an improvement
Client protection course is excellent
Too many policies
Good practice guidelines excellent
Follow thru is very important
Always room for improvement*

*Changed from one extreme to another – fear in the past to too many policies. Extreme
of bad practice to getting others to examine practice
Big changes in the past 5 years Laffoy and regress. Mountain of work in the past 5
years to do with abuse.
Confidence in staff*

*People are a lot more aware now so it is better
A lot more living in the community*

*Not moving quickly enough to meet the needs e.g. more space is needed
More dependent service users now.
Bungalows not designed to meet the needs of high dependency service users.
Improved in the past 5 years.*

*Policies not user friendly – too wordy there are a lot of policies.
Need to be clear about process*

*Services are not safe because of unmet need.
Safety is foremost in our minds – that people go to bed safe and are not living in fear
There are some people – services users who are getting hit (by other service users) and living in fear.
About 10 more service users who should be living on their own*

*Could put in extra staff.
Fire a problem and there are fire escapes needed
Really thing that abuse has changed – more alertness.
When staff were suspended – that send out a strong message.*

*Policies need to be tightened – too wide and varied and some are difficult to understand
Process for middle management is not clear and over complicated
Staff to service user – no concerns about abuse
Service user to service user – needs to change.
There is big accountability about abuse in the organisation because of the history.*

*Things are very good and very safe.
Staff ratio is high compared to other places.
Because of what has happened in the past staff are encouraged to talk about the issues of abuse.
Course on abuse not long enough
Concerned about the safety of staff on their own in units – worry about staff protection
BoC would manage any investigation well
Worried about the mixed age groups,*

Appendix Four Dates of Interviews and Service Visits

Dates of Interviews

2006

19/10/06

20/10/06

26/10/06

27/10/06

02/11/06

03/11/06

30/11/06

01/12/06

08/12/06

15/12/06

2007

19/01/07

25/01/07

07/02/07 – Meeting in the evening with ACT parents

10/12/07

16/02/07

02/03/07 – Meeting in the evening with service users.

22/03/07

11/07/07