

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
Centre ID:	OSV-0004752
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Norma Bagge
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
20 January 2015 11:45	20 January 2015 18:00
21 January 2015 10:15	21 January 2015 20:00
22 January 2015 14:30	22 January 2015 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This congregated setting for people with intellectual disabilities is operated by the Brothers of Charity, Limerick. In total 87 people were accommodated on this site. The campus consisted of 15 bungalow style houses. The 15 houses were grouped under three separate centres and each centre had a person in charge. The centre to which this report refers to, catered for 30 residents.

This was the first inspection of the centre carried out by the Health Information and Quality Authority (HIQA). It was unannounced and took place over three days. The inspector met with residents, staff, the person in charge and senior management of the Brothers of Charity, Limerick. The inspector observed practices and looked at documentation such as residents' care plans, medical records, policies and procedures and risk assessments.

The centre comprised of four bungalows with between six and eight residents in each bungalow. This was a nurse-led facility and many of the residents were of high nursing needs dependency. A number of residents had behaviours that challenged. Both male and female residents were accommodated in this centre. The majority of residents had their own bedroom but some did share. Where sharing of rooms occurred, the needs of residents did not appear to be compromised. The inspector

was informed that the longer term plan was to have single rooms for each resident and if a resident in a multi occupancy room left the centre, someone new would not be admitted to that room. Each bungalow had a sitting room, kitchen, bathroom, office and storage space. Three of the houses had a sitting room where residents could meet visitors in private. In the fourth bungalow arrangements were made to facilitate such meetings in a nearby house. The houses were clean, recently painted, and rooms were personalised. Upgrading of the shower facilities was taking place in one bungalow at the time of inspection. Overall the houses were comfortable but in need of upgrading such as replacing windows, water tanks and other works to make them more homely and modern. The provider was in the process of securing funds for such upgrading.

Staff were well informed about each resident's needs and helped residents to make decisions and choices about their lives. Overall residents looked relaxed and comfortable in the company of staff. Residents had detailed care plans and they were written in a respectful and meaningful way. However, the review of the layout of these plans were such that they were not easy to follow. Staff expressed similar challenges with the care plans and the inspector was informed the layout of the plans was under review. Residents had easy-to-read versions of their care plan which described their likes and dislikes in picture format.

The health care needs of residents were met. There was good access to general practitioners (GP), occupational therapists (OT), behavioural therapist, psychiatry, dental and other health professionals. Records were maintained of accidents and incidents and measures were put in place to minimise a re-occurrence of the accident. A health and safety committee was in place but a number of its members had retired and it was not as visible as it could be. This matter was being addressed at the time of inspection.

Staff with whom the inspector spoke with had received mandatory training and expressed no barriers to reporting any concerns they may have, in particular in relation to protecting vulnerable adults. Staff were satisfied that if they expressed such concerns they would be addressed by management personnel.

A complaints process was in place and the inspector was satisfied that staff were receptive to receiving complaints and acting on them. However, the process lacked clarity due to there being a formal and informal complaints book and there been some confusion as to who the designated person was to deal with complaints. This is discussed in outcome 1.

In general residents were facilitated to engage with their preferred interests and hobbies. However, due to competing residents' needs and limitations to staffing levels, the number of outings and trips to the swimming pool were not as many as deemed appropriate. Risk assessments had been conducted around this matter and the matter escalated; however, it had not received an appropriate intervention and the risk around the lack of provision of adequate activities for residents remained high.

The person in charge was due to leave her post the day following inspection. This was a planned absence. Staff did not know who was covering this post and the person in charge was unaware of who she was handing over to. It was confirmed to the inspector prior to completion of the inspection, that interim measures were in place to cover the absence of the person in charge. However, this planned absence had not been attended to in an adequate and timely manner.

In summary, the inspector found that a good standard of care was provided to residents in a clean and nicely decorated environment. Residents were shown respect, their health care needs were attended to and a lot of work was done to help residents manage as independently as possible. It had already been identified by the provider and the inspectorate that significant resources were required to bring this centre and other centres on this campus up to an acceptable level of accommodation. The provider nominee was pursuing ways to address these matters. This report identifies four main areas which needed improvement. These are;

- * the provision of adequate meaningful activities for residents
- * the review of management and leadership practices to ensure matters which are escalated such as risk assessments and cover for person in charge, are addressed in a timely manner
- * the putting in place of more formal structures around staff appraisals
- * the management of complaints.

These are discussed further in the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Overall, the inspector was satisfied that the rights, privacy and dignity of residents were promoted. Residents were encouraged to make choices and these choices were respected; however, not all residents' choices could be met, such as their preferred activities. This is discussed in outcome 5 and was primarily due to restrictions on resources. The inspector saw staff encouraging residents to have free movement around their house, go out and about unaided and choose when and what to eat. All interactions observed were respectful and caring. Staff had an in-depth knowledge of residents' preferences and this knowledge was recorded in the written care plans that each resident had.

The inspector saw that residents had control over their own possessions. For example, each resident had their own wardrobe and some had their own bedroom key. The way bedrooms were decorated showed each resident's individual tastes. The Brothers of Charity had a written policy on how residents' personal property was to be managed and an updated draft version of the policy was seen by the inspector. The manner in which residents' finances were managed needed to be strengthened and this is discussed in outcome 8.

The inspector saw minutes of weekly house meetings that were held with the residents. This showed residents' voices were heard and where residents expressed a wish to have a particular meal or attend a particular event this was generally accommodated.

The complaints policy was displayed. There was evidence of a culture of accepting complaints and in so far as possible addressing the matters identified. However, the complaints process needed review. There were two complaints log books in use, formal and informal. There was a lack of clarity as to what purpose having two books served. It was not clear in the complaints policy that the person in charge was the nominated person to deal with complaints even though in practice, all complaints were notified to her. The outcome/resolution of the complaint was not always recorded and it was not stated in all instances whether or not the complainant was satisfied. In some cases the name of the complainant was not recorded. While the policy did identify an appeals process, there was scope to have a more easily identifiable appeals process within the organisation prior to the complaint going to an outside agency

Residents had access to advocacy support and were represented on the local, regional and national advocacy group. Staff reported that this was a successful forum for issues to be raised and addressed. However, some residents were not in a position to be part of such a forum. There was scope to improve the manner in which their voices were heard either via staff advocacy being strengthened or having an independent advocate for such residents. Each resident had a named key worker. This person also advocated on behalf of the resident as did the person in charge.

A number of residents communicated in a non-verbal manner. The inspector saw that non-verbal residents were able to communicate if they were anxious, worried or in need of assistance. Residents' care plans showed a good level of attention given to ensuring residents' needs and preferences were documented, respected and acted upon. For example, a resident with impaired eye sight had the support of a national agency for the visually impaired and suggestions made by this agency around safety matters for the resident were acted upon.

Residents were facilitated to fulfil their religious rights. When Sunday mass was not available on site residents were accompanied by staff to the local church. Residents right to vote was somewhat challenged because a ballot box was not made available on site. Residents were assisted in some cases to go to a local polling station but this did not suit all residents and some were unable to exercise their voting rights.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector had mixed findings in relation to how the service attended to the social needs of residents. The documentation showed, and residents confirmed, that much time and energy had been put into meeting many of the residents' needs. In many instances the quality of life for residents improved because their needs were met. For example, one resident who experienced poor mobility had assistive equipment provided to ensure she was able to attend day services. Another resident was helped to protect himself and others from injury by having one to one care during the day. Staff hired the services of a personal assistant, a music therapist and a reflexologist for some residents. These interventions were enjoyed by residents, helped residents relax and provided residents with something to look forward to.

Daily mass and in particular Sunday mass, was very important to some residents and staff acknowledged this by facilitating residents to attend church services on site or in a local church. Being able to go outdoors independently was important to residents and residents were seen enjoying this activity.

There was a well maintained swimming pool, Jacuzzi and gym on the campus which residents used. Community groups also used the pool and this provided opportunities for the centre to be part of the local community.

Improvements were underway to improve the social environment. An unused canteen space was being renovated at the time of inspection to facilitate day services.

Residents' plans were comprehensive and kept under regular review but they were not always fully implemented. For example, residents of one house were facing daily challenges from living in a house which accommodated eight residents whose activity needs could not always be met by the available staff.

There were other instances of assessed needs being unmet. For example, it was documented that a resident enjoyed having familiar staff around him; however, a number of staff changes were imminent in this house. There was documentation to show that plans for going out for breakfast or swimming were cancelled due to competing needs of other residents.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

As with previous outcomes, there were many good practices in place and there were issues that required attention. The centre had policies and procedures relating to health and safety. A health and safety committee was in place albeit that it needed to be rejuvenated and become more active. Fire safety arrangements were good in that staff with whom the inspector spoke had fire training and confirmed regular fire drills took place. Fire equipment was serviced annually and records were maintained of this. Each resident had a personal egress evacuation plan. It was kept within the large "My profile, my plan" folder. There was a need to review the practical use of keeping the evacuation plan in this folder as opposed to in a location where it could be easily retrieved in the event of an emergency.

There was a risk management policy that met the requirements of the regulations and hazards within the centre had been identified. A structured assessment system was in place for risk assessment. Persons in charge had received training in the use of the assessment tool and the quality safety officer provided valuable support in implementing the recently revised risk assessment process. However, some of the risks assessed as being high had inadequate measures put in place to minimise the risk. These pertained mainly to the risk around residents not being facilitated to partake in the activity assessed as being appropriate for them; issues around staff "burn out" and the risk of altered behaviour in residents due to lack of activities and subsequent increased risk of injury to residents and staff.

Records were maintained of accidents and incidents and these were audited on a quarterly basis and seen by the inspector.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a non judgemental approach to managing behaviours that challenge and specific plans were put in place. The plans detailed the emotional, behavioural and therapeutic interventions to assist in achieving a good outcome. Psychological support was sought to assist with specific positive behaviour plans and families were also involved in these. There was documentary evidence that the interventions put in place were effective, while promoting, in so far as possible, a restraint free environment.

Policies were in place in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and had access to staff with whom they could communicate with. There was a designated person to manage any incidents, allegations or suspicions of abuse.

Staff had specific training and considerable experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way. Restrictive practices were kept to a minimum and where used the practice was kept under regular review.

The inspector reviewed arrangements in place for managing residents' finances and found that residents, with the aid of their key worker, had access to their monies. A ledger was kept for each resident detailing income and expenditure. The balance in the account was checked on a regular basis by the resident's key worker. Receipts were kept for items purchased on behalf of the resident and these were sent to the person in charge. If a query arose about any expense incurred by a resident, the receipts could be checked. However, the system would benefit from having an arrangement whereby random receipts were regularly verified by a person other than the key worker. The practice at the time of inspection did not provide adequate protection to residents or staff from allegations of money mismanagement.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector saw that a comprehensive holistic assessment was carried out by staff in conjunction with the resident and/or their relative. From the assessments, plans of care were devised. The plans seen by the inspector were detailed and showed that many disciplines (psychologist, occupational therapist, social worker) were involved in drawing up and implementing the plan. Staff with whom the inspector spoke with were well informed as to each resident's needs and requirements. The practices in place showed that good health was promoted; for example, healthy eating and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided.

The records showed that blood tests were carried out on a regular basis. Blood pressures were checked and residents were weighted regularly albeit that the policy of weighting monthly was not adhered to.

The dietician and speech and language therapist were available to lend support and guidance in the planning of good nutritional care for residents. There was evidence of referral and access to the GP, psychologist, psychiatrist, dentist and optician. Where other specialist services were required such as consultation with agencies for the visually impaired, these were facilitated. Discussions took place around end of life care and these were documented. Hospice care was available to support staff in caring for residents in their own house at the end of their life. Staff spoke to the inspector of how hospice support had been provided to a resident the week prior to inspection. Religious and spiritual care needs were assessed and attended to.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents had their lunch delivered to them from a contract catering company. Good communication took place between the contract catering company and the centre in relation to specific dietary requirements. For example modified consistency diets were catered for. Mealtimes were flexible. The inspector saw that staff supervision and assistance was in place and that residents were facilitated to be as independent as possible.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The recent appointment of an increased number of clinical nurse managers 1 (CNM1) augmented the management structure. Staff reported satisfaction with the leadership this gave for staff in the individual houses. CNM1 regularly worked weekend shifts which gave managerial support at out of office times. There was scope to further strengthen this role and facilitate protected time for CNM1 to fulfil managerial and leadership responsibilities.

The person in charge was well known to staff and provided good support and guidance to staff. She had the required skills, qualifications and experience to manage the centre. Weekly meetings were held between the person in charge and her line manager. The person in charge confirmed her line manager was available to meet at any time. However, the person in charge was leaving her post the day following inspection and inadequate arrangements were made as to how the vacancy was going to be filled. This was a planned departure. The person in charge did not know who she was handing over to nor did staff know who was taking over this position. The post had been advertised outside the organisation in the days preceding the person in charge's departure. Prior to the end of inspection a person was identified to fulfil this role on an interim basis.

A system was in place whereby the provider nominee with assistance from the quality officer, conducted six monthly unannounced inspections and from the inspection wrote a report and action plan. This system reviewed the quality and safety of care and support in the centre and assessed if the care and support was in accordance with standards. The inspector saw the detailed report from this visit and the actions that had been addressed following the inspection. In order to enhance the quality review system further, it would be helpful to include in the audits, action plans which need to be attended to by the provider and timeframes as to when such actions would be implemented. This would further enhance communication between front line staff and management. Staff meetings took place but there was scope to develop these further and include as many staff as possible.

Systems were in place to ensure that feedback from residents and relatives was sought and led to improvements. These included weekly house meetings between staff and residents; advocacy meetings and the complaints process. It was evident resident

complaints and requests were listened to. For example, residents requested to meet with the director of services and this was facilitated.

Staff appraisals did not take place. The inspector examined a random sample of staff files which were held centrally in an offsite administration office and found them to be in compliance with regulations.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The person in charge stated that most of the staff, including herself, had been employed in the centre for a long time. This meant there was a high level of continuity of staffing. This was confirmed to the inspector by staff. It was also clear from observation and the care plans examined, that continuity of staff was important to residents. During the inspection, the inspector observed the person in charge and staff interacting and speaking with residents in a friendly, respectful and sensitive way. Based on observations of the inspector, staff members were knowledgeable of residents' individual needs and this was reflected in the personalised person-centred plans seen by the inspector. Residents spoke positively about staff saying they looked after them well. The inspector spoke to staff on duty and all appeared competent. They were aware of their roles and responsibilities. Staff stated they felt supported by the person in charge.

A number of staff changes were imminent; for example change of person in charge as discussed in outcome 14 and staff requesting to move to a different area as referred to in outcome 7. There was some apprehension as to how these changes were managed and to the impact they would have on residents. As discussed in outcomes 7 and 14 a more proactive approach needed to be taken to minimise the impact and the likelihood of such changes.

All houses had staff on duty all night and some houses had the assistance of extra staff up to 22:30 hours. Staff from the different houses assisted each other during the night if the need arose. The night sister also provided support to night duty staff. The day time

staffing levels varied with some houses having adequate staff and one house in particular challenged to meet the daily needs of residents. This has been discussed under outcome 7.

As discussed in outcome 5, the inspector concluded that day time staffing levels curtailed activities for some residents. The mix of residents in some houses led to competing demands and all demands could not all be fulfilled.

As discussed in outcome 14, the person in charge and staff confirmed that no formal staff meetings or staff appraisals took place. This was actioned under outcome 14.

Staff with whom the inspector spoke confirmed they had received mandatory training in fire prevention, adult protection and moving and handling. Other training was also provided such as food safety and managing behaviours that challenge. As discussed in outcome 14, staff files checked were complete in the detail required by regulations. These files were held in an administration office off site and were examined separately to this inspection.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Margaret O'Regan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
Centre ID:	OSV-0004752
Date of Inspection:	20 January 2015
Date of response:	16 February 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Inadequate arrangements were made to ensure that each resident could exercise his or her political rights.

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

Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

- All residents are on the Register of Electors;
- An alternative polling station was provided on site up to 2013. This service was discontinued by the local authority at the time of the last voting;
- A number of residents were assisted to vote in a local polling station at this time;
- Person in Charge will contact the local authority to endeavour to arrange the provision of an alternative polling station on site for the next election.

Proposed Timescale: 28/02/2015

Theme: Individualised Supports and Care

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

Some residents, in particular those who were non verbal in their communications, did not have access to advocacy services.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

- Monthly documented advocacy meetings are held in each residence;
- Weekly house meetings are held in each residence;
- While the service has a named staff member for the area, the Person in Charge will now nominate a named staff member in each residence who will be responsible for linking with the local advocacy group to ensure that issues are brought forward on residents' behalf.

Proposed Timescale: 28/02/2015

Theme: Individualised Supports and Care

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

There was inadequate provision of opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

- Review of activities will be undertaken by the Person in Charge with support from Multi-Disciplinary Team members for all residents to ensure that meaningful activities are in place based on the priorities identified in the Person Centred Plans;
- Person in Charge will review activity checklist monthly;
- A vacant building, originally the canteen, has been identified as a location in which to offer increased opportunities for activities for service users in the centre during the day and in the evening. Renovations including painting and flooring have been completed;
- Consultation with residents through the Advocacy structure to elicit preferences from residents on what programme/activities they would like for this building has commenced and will inform the activities that will take place in this area;
- Some social activities are presently being offered in this facility where residents have a choice to attend.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

A number of complaints did not have a documented outcome or resolution. Therefore it was unclear if they had been investigated promptly.

Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

- A review of the Complaints Policy and procedures is presently taking place to ensure:
- Clarity for residents, staff & families;
- Streamlined documentation;
- Who complaints are reported to;
- Feedback to the complainant;
- A clear appeals process.

Proposed Timescale: 30/03/2015

Theme: Individualised Supports and Care

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

From examining the policy and from speaking with staff it was unclear who the nominated person was to deal with complaints.

Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints

by or on behalf of residents.

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

- A review of the Complaints Policy and procedures is presently taking place to ensure:
- Clarity for residents, staff & families;
- Streamlined documentation;
- Who complaints are reported to;
- Feedback to the complainant;
- A clear appeals process.

Proposed Timescale: 30/03/2015

Theme: Individualised Supports and Care

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

It was unclear from some of the documentation whether or not the complainant was informed promptly of the outcome of their complaint and, where appropriate given details of the appeals process. In some instances the complainant's name was not recorded.

Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

- A review of the Complaints Policy and procedures is presently taking place to ensure:
- Clarity for residents, staff & families;
- Streamlined documentation;
- Who complaints are reported to;
- Feedback to the complainant;
- A clear appeals process.

Proposed Timescale: 30/03/2015

Theme: Individualised Supports and Care

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

From the documentation seen and from what was observed by the inspector it was not clear if adequate measures required for improvement in response to a complaint were put in place.

Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

- A review of the Complaints Policy and procedures is presently taking place to ensure:
- Clarity for residents, staff & families;
- Streamlined documentation;
- Who complaints are reported to;
- Feedback to the complainant;
- A clear appeals process

Proposed Timescale: 30/03/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Inadequate arrangements were in place to meet the assessed needs of each resident.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- In consultant with the multidisciplinary team develop a meaningful program of activities for each resident that will be valued by the resident and improve their quality of life as referenced in their Person Centred Plans;
- Person in Charge will review activity checklist weekly;
- A vacant building, originally the Canteen has been renovated to offer activities and choices to residents in the centre;
- Consultation with residents is presently in process through the Advocacy structure and house meetings;
- While a programme of activities will be designed around the feedback and needs of the residents some sessions are presently being offered in this facility where resident have a choice to attend;
- A house has been identified to relocate some residents from the campus which will provide opportunities on site to deliver more individualised accommodation for a resident who has been identified to require same thus alleviating the competing needs of residents in one house. A plan for renovation of this house is presently in train and once funding is agreed works will commence;
- Programme supported by additional experienced staff and Multi-Disciplinary Team members is in place to support an individual whose complex needs affects other residents. This allows the remaining residents to participate in activities to improve their quality of life.

Proposed Timescale: 31/03/15; 31/12/15; On-going

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Adequate measures were not in place to control the risks identified. Risks such as;

*residents not receiving activities for which they were assessed

*staff burn out leading to changes in staff and this impacting negatively on residents

*altered behaviour in residents due to lack of activities and subsequent increased risk of injury to residents and staff.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

- Multi-disciplinary Team is being convened week beginning 15/02/15 to review the quality of life of residents in a home with complex needs with a view to managing the risks and ensuring that meaningful activities are in place based on the priorities identified in the Person Centred Plans. This team will support the staff in addressing the risks and support the activities. Person in Charge will review activity checklist weekly;
- Risk management policy & procedures in place;
- Escalated Risk will be dealt with on a timely basis.
- Fortnightly MDT meetings to support both residents and staff in the area;
- Employment Assistance Programme in place for all staff;
- A fulltime CNM1 post is rostered in the area of high needs to support the provision of activities for residents and to support the staff;
- Scheduled staff meetings with CNM1 will take place fortnightly commencing week beginning 15/02/15;
- A vacant building, originally the Canteen has been renovated to offer activities and choices to residents in the centre;
- Consultation with residents is presently in process through the Advocacy structure and house meetings;
- While a programme of activities will be designed around the feedback and needs of the residents some sessions are presently being offered in this facility where resident have a choice to attend;
- A house has been identified to relocate some residents from the campus which will provide opportunities on site to deliver more individualised accommodation for a resident who has been identified to require same thus alleviating the competing needs of residents in one house. A plan for renovation of this house is presently in train and once funding is agreed works will commence;
- Programme supported by additional experienced staff and Multi-Disciplinary Team members is in place to support an individual whose complex needs affects other resident. This allows the remaining residents to participate in activities to improve their quality of life.

Proposed Timescale: 31/12/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The practices in place (one staff signature and receipts not regularly verified) compromised staff and inadequately protected residents from a risk of the mismanagement of their monies.

Action Required:

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

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

- Policy on Handling of Adult Service Users Personal Assets has been adopted and will be adopted in full once Ac Tach in place;
- The recruitment of an Accounting Technician to set up and support this service will be advertised on 13/02/15;
- Person in Charge will review 12.5% of residents' financial records quarterly commencing immediately.

Proposed Timescale: 30/04/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Inadequate arrangements were in place to appoint a person in charge to replace the planned departure of the person who was in that post.

Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

- Expression of Interest was circulated internally on 22/12/14 with closing date of 6/1/14. A successful candidate was not identified;
- External advertisement place on line on 19/01/15;
- RNID/Clinical Nurse Specialist in Challenging Behaviour with a Post Graduate Diploma in Intellectual Disability in Age Related Care redeployed to the position as Temporary Person in Charge pending successful recruitment; Notice of change communicated to area 23/01/15;
- Out-going Person in Charge's contract ceased on 31/01/15;
- For annual leave between 26th to 30th January, the CNM1 managed the area on a supernumary basis.
- NF30 submitted to HIQA offices by 23/02/15;

Proposed Timescale: 16/02/2015

Theme: Leadership, Governance and Management

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

Effective arrangements were not in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

- Monthly staff meetings will take place chaired by CNM1 with agenda and minutes and will commence in centre week beginning 15/02/15.
- Minutes of meetings will be available in the centre.
- Unscheduled meetings with staff will be documented in a communication book held in the residence. This will commence week beginning 15/02/15.
- Meeting between Person in Charge and CNM1 will take place every 2 weeks commencing 22/02/15.
- Use of target setting for staff will be implemented as part of performance management in 2015. The use of a computer system to support this process is being rolled out to managers.
- A proposal is presently being developed by Head of Integrated Services to further support the management structures within the centre to deliver a quality and safe service.
- The Brothers of Charity Services Ireland are at National Level developing a staff support and supervision policy and it is expected that this would be finalised by the end of Q2 and begin being rolled out also at this time to be fully introduced by Q1 of 2016.

Proposed Timescale: 30/06/2015