

**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-0004840
Centre county:	
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):	Paul Dunbar
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 January 2015 09:00 To: 02 January 2015 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This centre consisted of two community houses accommodating nine residents with an intellectual disability. It was operated by the Brothers of Charity, Limerick. Both houses were adjacent to each other in a mature housing estate. 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 one day following receipt of information. The inspectors met with residents, staff, the person in charge and senior management of the Brothers of Charity, Limerick. The inspectors observed practices and looked at documentation such as residents' care plans, complaints process and residents' accounts ledgers.

Overall, inspectors were satisfied that residents were cared for by staff who were knowledgeable with regards to the needs of residents. Residents looked relaxed and comfortable in the company of staff. The governance arrangements had recently undergone a change in structure and a change in personnel. The new structure was regarded as a positive development. The person in charge had a regular presence in the centre to support both residents and staff.

The premises were well maintained, homely and comfortable. Each resident had their own bedroom which was decorated to reflect the personalities and interests of residents. Residents were facilitated to engage with their preferred interests and hobbies.

An alarm and monitor system was in place to assist with the safety and security of residents, especially at night. These night time arrangements were kept under

regular review.

Indications were that there were few complaints made. However, the way they were recorded and followed up upon was unclear and this is discussed under outcome 1. The accountability surrounding the way residents' finances were managed needed review and this is discussed in outcome 8. Other areas which needed attention included fire drills and staff appraisals.

Inspectors informed the person in charge and the area manager of information they received anonymously which triggered this inspection. Inspectors discussed with management personnel the need for monitoring the on-going quality and safety of service. Inspectors did not find evidence to substantiate the matters raised in the information provided.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspectors were satisfied that residents' choice was encouraged and respected. This was evident from the observations of the inspectors of the interactions between residents and staff. All interactions observed were respectful and caring; and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of residents' preferences and this was supported by information in the care plans and the residents' file notes. Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and developmental needs. For example, one resident enjoyed horse riding, another visiting the swimming pool and another socialising

The inspectors noted that residents retained control over their own possessions. For example, each resident had their own wardrobe space, each resident had their own bedroom which was decorated in a manner that reflected their individuality. Residents, in so far as possible, were supported to choose and purchase their own clothes. Residents' grooming needs had received attention and there was specific detail documented in residents' notes. The inspectors saw residents going out for a drive, taking a nap when they wished, choosing the music they wished to listen to and independently feeding themselves.

The effectiveness of the complaints process was unclear. It was vague as to how complaints were logged or where they were logged. Staff and management personnel reported a low number of complaints and that complaints were generally resolved locally. Local resolution is to be commended; however, with the absence of any documentation it was not possible for inspectors to determine if complaints were fully addressed, appropriate measures put in place to prevent a reoccurrence or if the

complainant was satisfied with the outcome. In so far as could be determined, a complaint made several months ago had not been concluded. An easy-to-read format of the complaints policy was not available but residents did have the house meeting forum to raise issues. The inspector saw minutes of these house meetings. Issues discussed included menu choice, outings and activities.

Residents had access to the Brothers of Charity advocacy support structure. However, there was scope to give residents greater involvement in the advocacy forum. This would augment the advocacy already provided by the key worker and the person in charge. It would also assist in facilitating residents to have access to an advocate should they wish to make a complaint.

A number of residents communicated in a non verbal manner. From speaking with staff and from observing, inspectors noted residents were able to communicate if they were anxious, worried or in need of assistance. The inspectors noted that residents were listened to. When a care intervention was taking place it was explained to the resident in a friendly and genuine manner.

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 inspectors found that staff were trained in the protection of vulnerable adults. All staff reported there were no barriers to reporting any concerns they may have and were confident that reported matters would be addressed.

There was a pro active and non judgemental approach to managing behaviours that challenge. Specific plans were put in place to assist residents and staff in finding a satisfactory way of working with such challenges. Plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a good outcome. Psychological support was sought to assist with specific positive behaviour plans. There was documentary evidence that the interventions put in place were effective, while in so far as possible, promoting a restraint free environment and protecting the privacy and dignity of the resident. The use of restrictive practices for one resident had reduced significantly over the previous 12 months and this was evident

from the documentation and what was observed by inspectors.

The inspectors 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 inspectors interacted with residents and were satisfied that residents felt safe in the centre and had access to staff with whom they could communicate with. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

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.

The inspectors reviewed the system in place to ensure residents' financial arrangements were safeguarded. The person in charge carried out random checks on the documentation of the transactions made by staff on behalf of residents. Inspectors were satisfied that receipts were maintained for items purchases using residents' funds. In the random sample of receipts checked by inspectors no discrepancies were noted. However, inspectors considered the practices in place (one staff signature) compromised staff and inadequately protected residents from a risk of the mismanagement of their monies.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The management structure had undergone recent changes. Staff reported that the new structure was an improvement to the previous system and that all staff were still getting familiar with the new system. The person in charge was in her post since September 2014 and was based in the centre. She worked 18 hours per fortnight as a rostered member of staff. This provided her with a good insight into the needs of residents. It also provided her with opportunities to supervise and mentor staff. No formal staff supervision or staff appraisal system was in place.

The person in charge had introduced a number of audits in her brief time in the post including audits of financial transactions, quality of service provided and the residents person centred plan.

The person in charge was known to residents. Staff stated they received support from her. She worked full time and reported to the area manager, who in turn reported to the head of community services. The person in charge had the required skills, qualifications and experience to manage the centre. Weekly meetings were held between the person in charge and her line manager. Monthly staff meetings were conducted.

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 had been employed in the organisation for a number of years. The inspectors observed the person in charge and staff interacting and speaking with residents in a friendly, respectful and sensitive way. Staff members were knowledgeable of residents' individual needs and this was evident in the personalised person-centred plans seen by inspectors. The inspectors spoke with staff on duty who showed they were aware of their roles and responsibilities. Staff stated they felt supported by the person in charge.

The inspectors found that at the time of inspection the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. Relief staff were rostered from a regular bank of staff and were known to residents. There was a staffing roster showing staff on duty including the hours they worked. One member of staff was on duty to cover both houses from 22:30 hours to 08:00 hours. An alarm system and monitors were in place to assist with night time observations. These arrangements were reviewed and risk assessed on an on-going basis.

Staff confirmed they had received mandatory training. Dates for such training were not confirmed as records were maintained centrally. Fire drills needed to become a more regular practice. The person in charge had already identified this need. Staff were provided with training in managing behaviours that challenge and food safety. As discussed in outcome 14, a staff appraisal system was not in place. Information sessions

on the Authority and the relevant legislation had been provided to staff.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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-0004840
Date of Inspection:	02 January 2015
Date of response:	04 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:

Advocacy services warranted further development to ensure that each resident has access to advocacy services and information about his or her rights.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access

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

to advocacy services and information about his or her rights.

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

- Person in Charge will ensure that advocacy agenda will be discussed at weekly meeting in the designated centre so that residents can raise issues that affect their lives.
- A full review of the advocacy structure in the community has taken place and a proposal has been submitted for approval and implementation.
- When new structure is approved a resident from the designated centre will be nominated to elevate any concerns/issues raised by residents for discussion/action by the local advocacy group and will feed back response to residents.

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:

The advocacy service needs to be augmented to ensure that residents have access to advocacy services for the purposes of making a complaint.

Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

- Person in Charge will ensure that advocacy agenda will be discussed at weekly meeting in the designated centre so that residents can raise issues that affect their lives.
- A full review of the advocacy structure in the community has taken place and a proposal has been submitted for approval.
- When new structure is approved a resident from the designated centre will be nominated to elevate any concerns/issues raised by residents for discussion/action by the local advocacy group and will feed back response to residents.

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:

A copy of the complaints policy was not on display.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

- The Complaints Policy is under review by the Director of Services and will be finalised with the next 2 months.
- A copy of the present Complaints Policy (Easy-Read) will be put on display in the

kitchen area of each house immediately, to be replaced when updated policy is passed.

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:

It was unclear if all complaints were 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:

- As part of the review of policy a revised complaints log for formal and informal complaints will be issued.
- Until the revised log is printed staff will log complaints in a specific book.
- Person in charge will monitor the book weekly.
- A copy of complaints logged will be sent to the Area Manager and Head of Community Services.
- A copy of all complaints will be sent to Director of Services on a monthly basis.
- Staff will be supported to record all complaints received.

Proposed Timescale: 30/04/2015

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) 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:

- From the date of inspection all receipts in the designated centre are being signed by 2 staff members or 1 staff member and PIC.
- All entries to residents' ledgers will in future be initialled by 2 staff members or 1 staff member and PIC.
- Person in Charge will continue to audit ledgers of residents at least once a month.
- A new Personal Assets Policy has been approved and will be rolled out when an accounting technician has been recruited.

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:

An effective arrangement 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 was not in place.

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:

- A national policy on Staff Support and Supervision is being developed by Brothers of Charity Ireland. This policy will be implemented in the designated centre when passed
- Managers will continue to visit designated centres to meet staff and to provide support and supervision for all staff working in the centre.
- Monthly staff meetings will take place and will be documented.
- Checklist that is completed by Person in Charge is used to support staff in performance of duties. This process will be extended during 2015.

Proposed Timescale: 30/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff training updates, including fire drills were not as frequent as recommended.

Action Required:

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

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

- Area Manager will access training records for all staff in the designated centre to ensure that all staff have up to date and appropriate training in order to perform duties and for professional development.
- Appropriate Training and refresher training will be organised through liaison with Training Department with particular reference to mandatory training as defined by the organisation.
- Person in Charge will ensure that fire drills will take place in compliance with recommendations.

Proposed Timescale: 31/03/2015