

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
<b>Centre ID:</b>	OSV-0004832
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Norma Bagge
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	Paul Dunbar
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	12
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
18 February 2015 09:30	18 February 2015 18:30
19 February 2015 09:00	19 February 2015 16:00

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

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

**Summary of findings from this inspection**

This was the first inspection of the centre carried out by the Health Information and Quality Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

The centre is part of the services provided in a community setting by the Brothers of Charity Limerick; a voluntary organisation set up to support the needs of persons with a diagnosis of an intellectual disability. The centre comprised of three separate houses, with each house accommodating between three and five residents. Both

male and female residents were accommodated and all were over the age of 18. The houses were located in Limerick city.

As part of the inspection, inspectors met with residents and staff. Inspectors observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

The three houses were in two different housing estates. They were domestic in both design and décor. The premises were clean, tastefully decorated, in good repair, warm, homely and safe. Each resident had their own bedroom, which was personalised and reflected the interests of the resident. Overnight facilities were available for staff.

Overall, inspectors found that a high standard of care and support was delivered by staff who demonstrated commitment, enthusiasm and respect for residents. Staff were knowledgeable regarding each resident's needs and the inspectors were satisfied that individual needs were being met. Residents appeared relaxed in their home and in the company of staff and fellow residents. A number of relatives completed questionnaires, all of which commented on the good level of support provided to their family members.

The inspectors saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. One relative commented that "my son has improved greatly, got very independent".

Residents were consulted in the planning and running of the centre and in decisions regarding their own care. Minutes of house meetings were available for inspection. Arrangements were in place to monitor and improve key areas in the provision of safe, quality care. Relatives commented on the positive improvements which had taken place over the past few years, albeit that there was also comments that some activities, such as going to local football matches, were less frequent than had been previously.

In most outcomes the centre was found to be in compliance with regulations. The issues which did arise were in relation to staff not having specific training to communicate with a resident; the absence of staff appraisals and one of the required policies was not in place. These issues are discussed 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:**

Inspectors found that residents were consulted and participated in decisions related to the running of the centre. There was a residents' committee which met monthly in each individual house within the centre. Residents told inspectors that they looked forward to these meetings as they could discuss activities that they would like to participate in and choose destinations for day trips and holidays.

Staff were observed to carry out their work in a way that maximised the residents' independence and choice. A number of the residents were using public transport independently and this was actively encouraged by staff. Some residents were also facilitated to be present in the centre without staff supervision and this was done in a safe way. Each resident had their own bedroom and was able to exercise choice in how to decorate the room and what personal effects to have there.

There was a policy on residents' personal possessions. Each residents' file contained a log of possessions which was updated when any new purchases were made or gifts received. Inspectors reviewed the record-keeping around residents' finances and found no anomalies. While there was a system in place to account for expenses incurred on behalf of residents, there was scope to further augment this so that both staff and residents were protected. This was discussed at the time of inspection with both the person in charge and the provider nominee. Bedrooms had adequate storage space for clothing and other items such as televisions and radios.

Residents had opportunities to engage in activities of their own choosing. A number of residents had interests outside of the centre. For example, one resident expressed a wish to join a gym and this was facilitated by staff. Residents spoke to inspectors about

the range of activities that they would regularly engage in such as meals out, bowling and music concerts. Some residents were engaged in courses at a local third level education provider.

There was a complaints policy in the centre which included an easy-to-read version. The provider informed inspectors that this policy had been introduced in the past number of weeks. No complaints had been made since the log was introduced. The provider's procedure on complaints identified the complaints officer and outlined the process involved in escalating a complaint if the complainant was not happy with the resolution. The inspectors were satisfied that this policy was in compliance with the Regulations.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Inspectors found that residents' communication needs were facilitated by staff. However, there were improvements required in relation to one resident and in the provision of a policy on communication.

The centre had made easy-to-read versions of some of their core policies available in each of the houses in the centre. Easy-to-read and pictorial tools were also used throughout the centre to make information available to residents. For example, there were parts of residents' person-centred plans that were in pictorial format. Pictorial versions of weekly activities were also displayed on a noticeboard in each house in the centre.

Residents' communication needs were highlighted in their personal plans. Residents had access to a variety of media and most residents had a television and radio in their bedroom. There were a number of residents who used mobile phones.

One of the residents in the centre had hearing difficulties. There was a poster on display in the sitting room of this resident's house illustrating some basic sign language. Inspectors observed staff interacting with this resident and noted that the resident's key worker was in a position to communicate effectively with the resident. However, other staff were not in a position to communicate as effectively, primarily because they had not received training in Irish sign language. Inspectors noted details in this resident's file

stating that he could become frustrated when trying to communicate with staff. One of the goals in this resident's person-centred plan was to be able to better communicate with staff through sign language. While there was evidence that staff at the resident's day service had undertaken training in Irish sign language, there had been no training to date for the staff in the centre.

**Judgment:**

Non Compliant - Major

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Inspectors were satisfied that the residents in the centre were supported to maintain positive family relationships and community links. A number of residents spoke to inspectors about their regular contact with family. Visits of family members to the residents' homes were encouraged and residents also frequently travelled to their families to stay overnight or for holiday periods. Residents spoke positively about these arrangements and the outings were greatly anticipated. A relative commented "when on holidays, he loves going back to his house. He has great independence".

Residents were given the option of inviting family to their person-centred planning meetings. Staff also included families in decisions concerning residents. This was done in a way that maximised the residents' choice and independence. For example, staff told inspectors of a situation where a resident wished to purchase a new television for their bedroom. The staff member phoned one of the resident's family and advised that this purchase was to be made. The staff member was firm in the belief that the decision to make a purchase was ultimately at the discretion of the resident.

Residents were also supported to maintain friendships with other service users of the same provider. Many residents attended a day service at different centres in the locality. The person in charge informed inspectors about a recent change in the configuration of day services which meant that some residents may not have seen their friends as often as previously. Inspectors noted, both in person-centred plans and in conversation with staff, that arrangements were made to maintain friendships as this was seen as important to the residents.

Residents are involved in activities in the community. One resident was actively involved in preparing for religious ceremonies at a local church. Another resident attended a club

which catered for people with hearing impairment. Each house in the centre had adequate space available should residents wish to meet with their friends or family in private.

**Judgment:**  
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**  
Effective Services

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

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

**Findings:**

Inspectors found that each resident had a contract in place. The contract set out the terms and conditions of accommodation in the centre and also the responsibilities of the resident and the provider. Each contract was signed by the resident, a representative of the provider and, where applicable, a family member. The contracts set out the total fee to be charged to the resident and clearly stated that all additional items were at the expense of the resident i.e. activities, clothing, toiletries etc.

The provider had recently introduced a new policy on admissions, discharges and transfers. Inspectors were informed that the new policy was person centred and gave precedence to the choices and preferences of the resident. Staff informed inspectors that admissions to the centre had not always been carried out in a manner which prioritised the residents' choice. There had been no new admissions, discharges or transfers in the centre since the introduction of the new policy.

Inspectors were satisfied that the centre had made improvements in the manner in which admissions, discharges and transfers of residents were arranged. This was confirmed by relatives responses. One resident informed inspectors that he visited the house on a number of occasions prior to admission. Another resident was admitted in an emergency situation without having had time to prepare for this transfer. Staff informed inspectors that this resident required reassurance in the period immediately after their admission. Inspectors were satisfied that this was handled in an appropriate manner and efforts were made to assist the resident to settle in. This resident confirmed to inspectors that he was happy in his current home.

**Judgment:**  
Compliant

## **Outcome 05: Social Care Needs**

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

### **Theme:**

Effective Services

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

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

### **Findings:**

Each resident had a comprehensive assessment of their health, personal and social care needs. The plan was divided into three sections under the following headings:

- 1) my life
- 2) my world
- 3) my dreams

Residents had a pictorial format of the plan. This was a synopsis of the more detailed plan and it was set out in an easy to read format. It was a document that a resident could take with them to day services or a new environment. It was particularly useful if a resident had to attend an outpatient appointment or be admitted to hospital.

There were arrangements in place to meet identified social needs; for example, behavioural management support was sought to assist a resident with their social and behaviour skills; a notice board was in place in each house to show residents what staff was on duty as this information was important for them.

As mentioned in earlier outcomes, much emphasis was placed on supporting residents to integrate into the community. In addition to previously mentioned activities, residents also were encouraged and supported to visit their local library and borrow compact disks. Residents were happy to show inspectors their latest borrowing's. Photographs on display in the houses showed residents enjoying formal dinner dance events, graduation ceremonies and holiday trips.

Staff confirmed residents were offered counselling as the need arose. At the time of inspection one resident was receiving support with a grieving process. As part of residents ingoing connection with their families and communizes, residents are facilitated to visit family members in hospital or in a nursing home.

The personal plans were reviewed annually by the key worker. The key worker liaised with the multi-disciplinary team to gather information which would inform the care plan.

Residents decided if they wished to have their family involved in the planning meeting. Review meetings included an evaluation of the residents' needs, choices and preferences and whether goals had been met for the previous year. The care plan was reviewed on a three monthly basis by the person in charge. In instances where goals were not being achieved a structure was in place where by the key worker would identify the barriers to achieving the goal and escalate the matter to the attention of the person in charge. If unresolved at this level it was further escalated until such time as a conclusion was made as to how it could or could not be achieved. This was then communicated to the resident and their key worker.

As reported to the inspectors, the introduction of the barrier reporting form was seen as a positive development in ensuring the best outcomes for residents. In relation to the barrier form it was noted that there was a difference between terminology used on the form and that used in practice. To avoid ambiguity the same terminology should be used.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

Inspectors found that the size and layout of the premises was in line with the statement of purpose. All three houses within the centre were well maintained, homely, suitably decorated and clean. All residents who spoke to inspectors confirmed that they were happy with their accommodation.

Each resident had their own bedroom and were free to decorate these rooms to their personal tastes. There was adequate space for storage and sufficient cooking, dining and communal space. Each house had access to a garden at the rear. Residents were involved in the decoration of the houses. For example, residents' paintings and cards made in arts and crafts classes were displayed on the walls and mantelpieces.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

Inspectors were satisfied that the centre was well managed in terms of health and safety and the identification of risks. However, there were some discrepancies in terms of the risk management policy.

The centre had an emergency plan in place. The plan covered events such as loss of power, loss of water, loss of heat etc. The plan included the procedure to be followed should any event occur and the contact details of the relevant persons/authorities to be notified. The risk management policy outlined the procedure for identifying risks, assessing the risks and the placing of controls to mitigate risks. Inspectors were satisfied that the person in charge had properly assessed risks to residents in the centre e.g. use of public transport without assistance, being present in the house without supervision and administration of medication. There were also regular checks of the centre to ensure that the environment was safe and to identify maintenance requirements.

The centre's risk management policy included measures and actions in place to control the unexpected absence of a resident, accidental injury to residents, staff or visitors, and aggression and violence. However, there was no policy in place to address self harm.

A record of all incidents/accidents involving residents was kept in their personal file. Inspectors reviewed a number of these records and found that they were clearly documented and well maintained. In addition, there was evidence to support that there was learning from any adverse events.

The centre had fire equipment available in each house. There was a smoke alarm in place and this was tested regularly by staff. There were regular fire drills and the person in charge maintained records of these drills. An evacuation plan was available in a prominent place in each house in the centre and each resident also had a personal egress and evacuation plan. The provider had contracted a suitably qualified person to carry out a fire safety audit on each house in the centre. The provider confirmed to inspectors that each of the recommendations of the audit would be implemented in full.

**Judgment:**

Substantially Compliant

**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 systems were in place to protect residents from being harmed or suffering abuse. 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 and the 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 and families were also involved in these. There was documentary evidence that the interventions put in place were effective, while at all times promoting a restraint free environment and protecting the privacy and dignity of the resident. The restraint-free environment was evident from the manner in which the house was designed and on observing how staff and residents interacted.

Policies had recently been updated 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 inspectors 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 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 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. Further training updates in this area were planned. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way. As discussed in outcome 1, inspectors reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspectors found that the person in charge was familiar with the process for recording any incident that occurred in the centre and familiar with the procedure for maintaining and retaining suitable records as required under legislation. The inspectors was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that the general welfare and development needs of residents were promoted. A proactive approach was taken to ensuring residents had good opportunities for new experiences. Residents had been afforded the opportunity to attend various activities such as visiting their own home on a regular basis and over-nights with family members; attending music events; going for walks; visiting restaurants; swimming, going to the cinema and attending social evenings. Residents had access to a secure garden.

There was an assessment process to establish each resident's employment/activity needs. All residents attended day services which were tailored to suit the requirements of residents. Each resident had a personal development plan included. An example of actions for one resident under this plan varied from support with travelling independently, attending a local third level institution and shopping. The plan also outlined the importance, from the residents perspective, to get encouragement, guidance, reassurance and praise from all staff.

When it was identified that a resident's educational/development goal had not been achieved, it was escalated through the review process conducted by the person in charge. The provider was in the process of appointing a "Job coach" who would have responsibility for sourcing and supporting residents and staff in securing appropriate work placements for service users..

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspectors saw that 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 inspectors were detailed and showed that many disciplines (psychologist, occupational therapist, behavioural therapist) were involved in drawing up and implementing the plan. Staff with whom the inspectors 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.

The dietician and speech and language therapist were available if needed, to lend support and guidance in the planning of good nutritional care for residents. There was evidence of referral and access to the GP, psychiatrist, neurologist, dentist and optician. Where other specialist services were required such as consultation with agencies for the hearing impaired, these were facilitated. Discussions took place around end of life care and these were documented.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents either took a packed lunch to their day service or purchased lunch at the centre.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

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

**Findings:**

The inspectors were satisfied that there were systems in place to ensure that medication management practices were safe. Practice was guided by policy. The inspectors saw that medications were securely stored and formal records were maintained of the return of unused or unwanted medication to the pharmacy. At the time of this inspection staff spoken with confirmed that one resident had been assessed as having the capacity to safely manage their own medication. Several residents were liaising directly with the pharmacist for advice and guidance around their medication. Residents were provided with information on their medication regime in a format that was appropriate to the needs and abilities. Non nursing staff administered medications and had received training in the safe administration of medications.

The inspector reviewed the medication prescription and the medication administration chart and both were seen to be completed in line with the centre's policy on medication administration. The prescription charts demonstrated medication review in line with the resident's changing needs. There was evidence of regular blood tests including where indicated, blood checks of medication levels.

Near misses and/or medication errors were recorded through the critical incident reporting system. There was evidence that the strong links with family (as discussed in outcome 3) were maintained with regular home visits and procedures were in place to enable this, including safe and appropriate medication management practices.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by Schedule 1 of the Regulations.

The statement of purpose was kept under review and last reviewed in February 2015 and was available to the residents and their relatives. The inspector found that the statement of purpose was clearly implemented in practice and reflected the ethos of providing a comfortable and safe environment.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that the person in charge had the appropriate experience and qualifications for the role. He was in the role of person in charge for approximately eight months and worked full-time. The person in charge was knowledgeable regarding the requirements of the Regulations and Standards, and had clear knowledge about the support needs of each resident. The person in charge was committed to his own

personal development through regular attendance at courses including specific training days around his responsibilities as person in charge. The person in charge worked aside another similar post holder. They covered annual leave duties for each other and each person in charge was assigned "on call" duties as part of their roster. The person in charge "on call" assisted in other centres if the need arose. The person in charge confirmed this did not impact unduly on his commitments to his own substantive post. A system was recently put in place to monitor how the on call system impacted on the core responsibilities of the person in charge.

The provider had established a clear management structure. The structure included supports for the person in charge to assist him to deliver a good quality service. These supports included an area manager, head of community services, quality manager and director of services. The person in charge met with the area manager on a regular basis and had formal fortnightly meetings with her. The area manager in turn met with the head of community services. The area manager was contactable almost all the time. If she was not available another area manager covered for her. While this level of available support was reassuring for staff and did not appear to be particularly burdensome for the area manager, it was a practice that needed to be reviewed in order that the management and support structures were sustainable.

The provider nominee or her delegate visited the centre unannounced approximately every six months. The purpose of this was to carry out audits and provide feedback to the person in charge as to the quality of the service provided to residents. If indicated, recommendations were made as to how the service could be improved further. The person in charge responded to these recommendations within 21 days.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There had not been any occasion where the person in charge was absent for 28 days or more. Suitable deputising arrangements were in place for the management of the centre in the absence of the person in charge. Another person in charge covered for such eventualities, in conjunction with the area manager.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

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

**Findings:**

Overall inspectors were satisfied that this centre was sufficiently resourced to support residents achieve their individual personal plans. This was evident from;

- 1) the comfortable homes provided
- 2) access to transport
- 3) the satisfactory staffing levels and skill mix
- 4) the varied activity programme
- 5) the good family involvement in the life of residents
- 6) the provision of adequate and suitable equipment
- 7) the provision of an on-going training programme for staff.

However, there was a gap in staff training in relation to communicating with a resident with hearing impairment. This is discussed in outcome 2. While activities available to residents were good, there was scope to develop them further. This is discussed in outcome 5.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

Inspectors were satisfied that the centre had an appropriate staffing level with suitable skills and qualifications to meet the assessed needs of the residents. Residents were normally present in the centre from approximately 4/5 o'clock in the evening until approximately 9/10 am the following morning. During this time there was one staff member present in each house in the designated centre. There were occasions when residents were present without supervision but this was appropriately risk assessed and done in a safe manner. Day staff came on duty at 9.30 am in order to transport some residents to their respective day services. This staff member also assisted in transporting residents home in the afternoon at which point the evening/sleepover staff came on duty. Other residents travelled independently to and from the centre via public transport. There was a planned and actual staff rota which reflected the shift pattern conveyed to inspectors by staff.

Staff were supported in their role by the person in charge. The person in charge had a central office in a different location during the day and was in the centre for the evening hours when the residents were present. The person in charge also worked two sleepover shifts in a fortnight. Staff told inspectors that they felt supported in their role by the person in charge. All staff had up-to-date training in moving and handling, fire, detection and prevention of abuse and non-crisis intervention. Staff files were maintained in a central administrative location and were examined by inspectors on a previous occasion. The files were found to be in compliance with the regulations.

There were regular staff meetings held in each of the houses in the designated centre. The minutes of these meetings were made available to the inspectors. Staff were aware of the regulations and standards and were also familiar with the centre-specific policies in place in the centre. There were currently no volunteers connected to the centre or to any residents in the centre.

Inspectors were satisfied that staff were supervised appropriate to their role. Both the person in charge and the area manager had a role in staff supervision within the centre. However, there were no formal arrangements for staff appraisals.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

The inspectors were generally satisfied with the quality of documentation and record keeping at the centre. However, there were two policies which were not available on the day of inspection. In addition, some policies had not been reviewed within the timeframe required by the Regulations. For example, the policy on the creation, access, retention, maintenance and destruction of records was in place since 2009. The policy on staff training and development was in place since 2008.

The centre maintained up-to-date records on residents in terms of healthcare, referrals to allied health professionals and person-centres plans. The records were easily retrievable and available to residents in the centre. As discussed in Outcome 2, there was no policy on communication. In addition, the centre did not currently have a policy on the provision of information to residents.

**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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
<b>Centre ID:</b>	OSV-0004832
<b>Date of Inspection:</b>	18 February 2015
<b>Date of response:</b>	18 March 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 02: Communication

**Theme:** Individualised Supports and Care

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

There were inadequate supports in place for staff to enable communication with a resident who used sign language.

**Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

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

- Staff will be identified who require this training.
- These staff will be trained in use of sign language.
- 10 week course will be given by professional accredited by ISIL.
- Commencement date will be in March 2015.

**Proposed Timescale:** 30/06/2015

**Theme:** Individualised Supports and Care

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

There was no communication policy in place.

**Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

- A local draft Policy on Communication and Information to Residents has been reviewed by the Policy Review Group on 5th March 2015.
- Policy will be fully implemented when approved by Policy Review Group at their meeting scheduled for 16th April 2015.

**Proposed Timescale:** 30/04/2015

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The risk management policy did not include the measures and actions in place to control self harm.

**Action Required:**

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

- Included in our Health and Safety Statement, updated in June 2014, is a generic risk assessment setting out the standardised mitigations that are put in place to manage aggressive behaviour including self harm.
- Mitigations include the use of:-
  - o Staff training in non violent crisis and intervention
  - o Restrictive practice guidelines and decision making forms.

- o Behaviour Support Plans
- o Person Centred Plans
- o Multidisciplinary team supports
- o Accident and Incident reporting
- o Policy on the management of aggression
- Nationally within the Brothers of Charity Services a group has been set up to develop a policy on positive behaviour support which will include self harm.

**Proposed Timescale:** 30/09/2015

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff did not receive adequate supervision because there were no staff appraisals.

**Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

- A national policy on Staff Support and Supervision has been developed by Brothers of Charity Ireland. This policy will be implemented in the designated centre when passed
- A draft of this policy has been circulated
- 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 18: Records and documentation**

**Theme:** Use of Information

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

Some policies had been in place for more than three years without review.

**Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

- All policies due for review were identified by Policy Review Group at meeting on 5th March 2015.
- Person to lead review of each policy was identified.
- Reviews will take place over the next four months

**Proposed Timescale:** 31/07/2015

**Theme:** Use of Information

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

There was no policy on the provision of information to residents.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- A local draft Policy on Communication and Information to Residents has been reviewed by the Policy Review Group on 5th March 2015.
- Policy will be fully implemented when approved by Policy Review Group at their meeting scheduled for 16th April 2015.

**Proposed Timescale:** 30/04/2015