

**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 Ireland
<b>Centre ID:</b>	OSV-0004815
<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>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<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 1 day(s).

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

From: 12 May 2015 09:30 To: 12 May 2015 17:00

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 one day.

The centre is a recently acquired house and 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 is to accommodate four residents, all over the age of 18. The four residents who wish to relocate to this house are currently living together in a community house

in a rural area of Co. Limerick. This newly acquired premises is located in Limerick city and is closer to residents' day services and other community amenities than their current home.

The inspector met with the person in charge, the area manager and the acting head of community services. All showed an enthusiasm and commitment for the service they were managing.

Documentation such as personal plan templates, contracts of care, emergency procedures, staffing rosters and policies and procedures were examined. These were clear, organised and easy to retrieve.

The newly renovated house was inspected and found to be decorated to a high standard. Provision was made for each resident to have their own bedroom. Overnight facilities were available for staff. Much thought had been given to how the house should be adapted to suit the needs of the pending residents. Residents had been involved in these discussions. Relatives had been invited to see the new house.

The inspector was informed of how 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. Due to its central location, moving to this new house was seen as a further development in promoting residents independence and opportunities for involvement in the local community.

In most outcomes the centre was found to be in compliance with regulations. The issues which did arise were in relation to the staff roster and the impact it had on providing staff supervision and staff support. The complaints policy had some shortcomings which were being addressed at the time of inspection.

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:**

Residents and their relatives were consulted with, and participated in decisions about residents' move to this new centre. Residents had chosen their own rooms and were free to personalise them prior to and after they moved in. An advocacy service was available for residents. This gave residents access to information about their rights. Each resident's privacy and dignity was considered by the manner in which the house was laid out. There was a plan in place for the on going monitoring of how new arrangements worked once residents actually relocated.

Moving to the new house in Limerick city was expected to increase residents' choice in relation to activities. For example there would be easier access to cinema, gym and restaurants. All these were activities that the residents enjoyed.

However, the complaints policy was under review. The provider was addressing previous deficits noted around documenting whether or not the complainant was satisfied, clarifying who the nominated person to deal with the complaints was and clarifying the appeals process.

**Judgment:**

Substantially 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:**

Staff with whom the inspector spoke were conversant with regards to the different communication needs of residents. Attention was given to ensuring individual communication requirements were highlighted in personal plans. Systems were in place to include multi-disciplinary professional input in order to meet the range of communication needs of residents. Voluntary organisations were also engaged to assist residents with communication needs and provide guidance and support to residents and staff in relation to dealing with impaired hearing and sight loss.

The centre was located in a mature housing estate. Staff spoke of plans for a house warming party for neighbours and friends once residents had settled in. Residents were facilitated to have easy access to radio, television, social media, newspapers, internet and information on local events.

Assistive technology was used in the house to assist one resident who had a hearing loss. The aids and appliances were in place to help promote the client to fulfil their capabilities.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Positive relationships between residents and their family members were supported. Families were involved in the planning for the move to a new home. A plan was in place to review the new arrangements with families in the weeks following the move.

Adequate arrangements were in place for residents to receive visitors. A system was in place whereby families were kept informed of residents' wellbeing and invited (as

appropriate) to engage with an annual review of residents' personal plans.

Arrangements were in place for friends to visit the house. Cognisance was given to the need to maintain links with familiar supports such as day services, personal friendships and continuity of staff.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

Each of the four residents moving into this new centre had an agreed written contract which dealt with the support, care and welfare of the residents. It included details of the services to be provided and the fees to be charged. These contracts were viewed by the inspector.

Significant work, planning and preparation had been done and was on going to ensure the new home met the needs of residents and that the transfer would be smooth. The inspector viewed a detailed action plan of how the move would be managed. The action plan gave dates of when the residents visited the new house, the dates families visited, the dates of meetings that had taken place, the list of items which needed to be moved, the list of documents which needed to be moved, the plan for moving medication and details of who was responsible for what.

**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*

**Theme:**

Effective Services

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

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

**Findings:**

Residents' assessment of their health, personal and social care needs was set out in a specific template common to all the Brothers of Charity Services, Limerick. The plan was divided into three sections under the following headings:

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

A pictorial format of the plan was available to residents. 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, day services were tailored to meet the needs of residents and altered to the expressed preference of residents.

The system in place was for personal plans to be reviewed annually by the key worker. The key worker liaised with the multi-disciplinary team to gather information which would inform the care plan. A system was in place for each resident to have a comprehensive assessment of their health, personal and social care needs.

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.

**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:**

The inspector found that the size and layout of the premises was in line with the statement of purpose. The house was single storey and newly refurbished. It was homely, suitably decorated and clean. It had spacious bathroom and shower rooms. There were designed to suit the needs of residents. For example, one shower room had features in place to assist a partially sighted person to independently use the toilet. The kitchen was domestic in character and again had features to it to assist the partially sighted.

From conversations with staff it was evidence residents were eagerly looking forward to moving into their new home. The residents who are planning to move into this house completed questionnaires and it was evident they were looking forward to the move.

Each resident had their own bedroom and were free to decorate these rooms to their personal tastes. There was adequate storage, dining and communal space. The house had access to a secure garden at the rear.

**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:**

Policies and procedures relating to health and safety were available for inspection. They were current. Awareness around the control of infection was good. There was adequate hand washing and drying facilities.

The risk management policy covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents.

The arrangements in place for responding to emergencies was well set out and seen by the inspector. The person in charge was familiar with it.

The person in charge maintained a copy of staff training. This indicated, staff moving to

work in the centre, had received training in the moving and handling of residents

**Judgment:**

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 inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a proactive and non judgemental approach to managing behaviours that challenge. Specific plans were available to assist residents and staff in finding a satisfactory way of working with such challenges. Such plans detailed the emotional, behavioural and therapeutic interventions to be put in place to assist in achieving a good outcome.

Psychological support was available, if necessary, to assist with specific positive behaviour plans. In discussions with staff it was evident that this house would be a restraint free environment. The manner in which the house was designed supported this.

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. There was a nominated person to manage any incidents, allegations or suspicions of abuse.

Staff moving to work in the centre 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. Records were seen to confirm this training.

**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 inspector found that the person in charge was familiar with the process for recording any incident that occurred in a centre and familiar with the procedure for maintaining and retaining suitable records as required under legislation. The inspector was satisfied that a record of all incidents occurring in the centre would be maintained and, where required, notified to the Chief Inspector.

**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 was planned for and promoted. A proactive approach was taken to ensuring residents had good opportunities for new experiences.

There was an assessment process to establish each resident's employment/activity needs. All four residents due to move to this facility attended day services which were tailored to suit the requirements of residents. Each resident' had a personal development plan. An example of actions for one resident under this plan included travelling to a satellite day centre and from there liaise with a national association that works with those experiencing a hearing impairment.

A process was in place whereby if 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.

**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 inspector saw that a system was in place for staff to carry out a comprehensive holistic assessment in conjunction with the resident and/or their relative. From the assessments, plans of care were devised. Staff with whom the inspector spoke with were well informed as to the needs and requirements of each resident who was to move to the centre. 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 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 ease of access to the GP, psychiatrist, neurologist, dentist and optician.

The plan in place for meals was that breakfast and evening meal was prepared and cooked daily in the residents' home. Residents would either take a packed lunch to their day service or purchase lunch at the day service.

**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:**

Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place. Processes were in place for the safe handling of medicines and there were appropriate procedures for the handling and disposal for unused and out of date medicines.

A locked cupboard was available to store medicines. A new medication dispensing system was due to commence and staff were to given training on this by a pharmacist.

**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 was available to the residents and their relatives. The inspector found that the statement of purpose 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):**

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

**Findings:**

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. 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 who was due to move into the house (pending registration). The person in charge was committed to her own personal development through regular attendance at courses including specific training days around his responsibilities as person in charge.

The person in charge was assigned "on call" duties as part of her roster which meant she assisted in other centres if the need arose. However, the "on call" arrangements, together with a work schedule which resulted in the person in charge working opposite some staff members resulted in the person in charge being unable to provide adequate support to the staff she was supervising. The inspector was informed this matter was being examined.

The provider had established a management structure which included the support of 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. The area manager in turn met with the head of community services. The area manager provided deputising cover when the person in charge was on leave.

A system was in place for the provider nominee or her delegate to visit 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.

**Judgment:**

Non Compliant - Moderate

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> Suitable deputising arrangements were in place for the management of the centre in the absence of the person in charge. The area manager covered for such eventualities. She was well known to both residents and staff</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p><b>Theme:</b> Use of Resources</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> Overall the inspector was satisfied that this centre was sufficiently resourced to support residents achieve their individual personal plans. This was evident from;</p> <ol style="list-style-type: none"> <li>1) the comfortable home provided</li> <li>2) access to transport</li> <li>3) the satisfactory staffing levels and skill mix</li> <li>4) the varied activity programme</li> <li>5) the good family involvement in the life of residents</li> <li>6) the provision of adequate and suitable equipment</li> <li>7) the provision of an on-going training programme for staff.</li> </ol> <p>However, as discussed in outcomes 14 and 17, the rostering arrangements were such that the person in charge was neither available to support or supervise all staff within her normal working week. When necessary the person in charge contacted staff during her "off duty" time to relay important information about residents' care. Some of this deficit in support and supervision was counteracted by the area manager taking on this duty.</p>
<p><b>Judgment:</b> Compliant</p>

**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 inspector was satisfied that the proposed staffing level was appropriate. There was a plan in place for regular staff, known to the residents, to transfer to the new centre to work. These staff had suitable skills and qualifications to meet the assessed needs of the residents. Once occupied, the plan was for residents to be at their home from approximately 16:30hours until approximately 9:30hours the following day. During this time one staff member would be present. This was the same as per the residents' routine in their current home.

Staff were supported in their role by the person in charge but as discussed in outcome 14 the roster arrangements were such that the person in charge was not in a position to support and supervise all staff. The area manager had a role in staff supervision within the centre. However, there were no formal arrangements for staff appraisals

All staff due to move to this centre 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 the inspector on a previous occasion. The files were found to be in compliance with the regulations.

Regular staff meetings were routine in the old centre and this practice was to continue once residents moved in. Minutes of meetings were maintained. Staff with whom the inspector spoke, were aware of the regulations and standards and were also familiar with the centre-specific policies in place in the centre. Copies of regulations, standards and policies were available in the centre.

**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 inspector was satisfied with the quality of documentation and record keeping at the centre. The manner in which they were completed satisfied the inspector that residents would be protected against the risks of unsafe or inappropriate care. There was evidence of on going review of policies.

**Judgment:**

Compliant

## **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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 Ireland
<b>Centre ID:</b>	OSV-0004815
<b>Date of Inspection:</b>	12 May 2015
<b>Date of response:</b>	15 June 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:**

The complaints procedures were such that a record was not always maintained as to whether or not the resident was satisfied with the outcome of the complaint.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a

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

complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

- The revised complaints procedure was approved by the Director of Services on 26th June 2015.
- The revised complaints procedure has been submitted to the HSE for approval as per Service Arrangement requirements.
- We await feedback from the HSE.
- Printing of logs will be progressed following approval by the HSE.

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

**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:**

There were inadequate arrangements in place for the person in charge to effectively 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:**

- There is a clearly defined management structure in place in respect of this designated Centre.
- The roles and responsibilities of the PIC are currently been reviewed and agreed.
- The PIC roster is being reviewed by the Community Management Team including PIC representatives as agreed at a meeting with the PICs on 27th May 2015.
- The roles and responsibilities of other management grades will also be reviewed and agreed.
- Direction has been given to the PICs re the escalation of issues by the PIC through the management structure.
- "On Call logs" maintained by PICs for a number of months are being reviewed by the Head of Community in conjunction with the Provider Nominee in order to review trends and address recurring issues.
- On call arrangement will be reviewed following this analysis. Areas of system weakness/risks will also be addressed.
- Further training for the PICs and the wider management and multi disciplinary teams to be organised focused on the role of the PIC.
- Increased supervision for the PIC.

- Review of Relief Staffing to take place as a priority to ensure there is sufficient staffing in place to cover rosters.

**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:**

The arrangements in place did not adequately ensure that staff were appropriately supervised by the person in charge.

**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:**

- Head of HR has drafted a local support and supervision form for review and agreement by Senior Management.
- Head of HR is providing training in June to PICs and wider management group in the area of supervision and managing poor performance.
- 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