

**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-0004836
<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>	10
<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 3 day(s).

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

From:	To:
06 October 2015 09:45	06 October 2015 19:30
07 October 2015 10:15	07 October 2015 18:00
08 October 2015 09:00	08 October 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 three days. The centre is part of the services provided in a community setting by the Brothers of Charity Limerick; a voluntary organization set up to support the needs of persons with a diagnosis of an intellectual disability.

The centre comprised of two separate houses. One of the houses was subdivided into a self contained single occupancy apartment, a single bedsit and the main section of the house accommodated four residents. The second house accommodated 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, the inspector met with residents and staff. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

The two houses were domestic in both design and décor. The premises were clean and had kitchen and dining facilities. However, some areas were in need of upgrading and this is discussed under Outcome 6. Each resident had their own bedroom. Generally they were personalized but due to changes in accommodation needs not all residents were facilitated adequately in this regard. This is also discussed under Outcome 6.

Overall, the inspector found that a good 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. However, the inspector was not satisfied that individual needs were being fully met. Most residents appeared relaxed in their home and in the company of fellow residents. However, there were issues with the inappropriate placement of one resident which the provider was in the process of addressing. A number of relatives completed questionnaires, all commented on many of the good aspects of care experienced by their family member. However, a number of relatives commented on the "disconcerting" effect on residents that occurs with frequent changes of staff.

The inspector 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 her family member had "become very independent" since moving to his current house.

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 were curtailed due to staffing limitations.

In many of the outcomes the centre was found to be in compliance with regulations. The issues which did arise were in relation to impact of resident transfer on other residents, the use of monitoring device, the limited availability of social work and behaviour support, the impact of staff changes and the absence of staff appraisals. 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:**

The inspector found that generally residents were consulted and participated in decisions related to the running of the centre. There was a residents' meeting held weekly in each house. Residents told the inspector 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. However, these meetings were conducted on Saturdays and at the time of this inspection one resident was with his family every Saturday.

The inspector noted there was limited consultation with a resident when it became necessary for another resident to use his bedroom and he had to be temporarily discommoded.

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 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. The inspector 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. A number of residents had interests outside of the centre. For example, one resident liked shopping, others enjoyed social evenings and several enjoyed going out for meals. One resident had completed advocacy training in a local college.

There was a complaints policy which included an easy-to-read version. The provider informed the inspector this policy was under review. 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.

Residents were facilitated and supported to exercise their political rights and voted in elections. Residents were facilitated to attend local religious services in line with their religious beliefs.

**Judgment:**

Non Compliant - Moderate

**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:**

The inspector found that residents' communication needs were facilitated by staff. Minutes were generally maintained of weekly meetings; however, minutes of the previous two meetings were not available.

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; communication cards were used to connect with one resident and a visual staff roster was in place to inform residents of who was on duty.

A number of residents used mobile phones.

**Judgment:**

Substantially Compliant

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**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:**

The inspector was satisfied that the residents in the centre were supported to maintain positive family relationships and community links. A number of residents spoke to the inspector 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. Relatives commented that they were kept informed about their family member. One relative referred to the Brothers of Charity motto which is "love and respect in every action", and stated, "These are not just words, the excellent staff do this every day".

Residents were given the option of inviting family to their person-centred planning meetings. Staff also included families in decisions concerning residents.

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.

Residents were involved in activities in the community. For example, residents attended mass in the local church, enjoyed meals in local restaurants and visited local shops.

Each house in the centre had 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:**

The inspector found that contracts were arranged for each new resident. Many of the residents who had been in the centre prior to the introduction of regulations also signed this contract. However, not all families had signed them. A record was maintained of contact with families with regards to the contracts.

The contract set out the terms and conditions of accommodation in the centre and also the responsibilities of the resident and the provider. The contracts set out the total fee to be charged to the resident and stated that all additional items were at the expense of the resident, i.e. activities, clothing, toiletries.

The provider had recently introduced a new policy on admissions, discharges and transfers. The inspector was informed that the new policy was person centred and gave precedence to the choices and preferences of the resident. Staff informed the inspector that in some instances admissions to the centre had not always worked out as planned. There was evidence of this in the centre at the time of inspection. There was ongoing discussions taking place with regards to how best to meet the challenges that arose with one placement.

A number of relatives informed the inspector that they visited the house prior to the admission of their family member. Another resident was admitted in an emergency situation without having had time to prepare for this transfer.

**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.

In most instances there were arrangements in place to meet identified social needs. However, staff reported, and it was evident from relatives responses and from care plans viewed, that there was limited social work support available. In addition, multidisciplinary meetings did not always have the professionals involved in the resident's care in attendance. It was unclear whether this was due to inappropriate planning of meetings, staff not having the time to attend or a lack of awareness as to the importance of such meetings.

A plan was in place for personal plans to be reviewed annually by the key worker. The key worker liaised with the resident, their family and the multidisciplinary team to gather information which would inform the care plan. However, some relatives stated in the questionnaires returned, that they were not adequately involved in the personal plans of their family member. The inspector concluded that it would be appropriate for these family members to have a greater involvement in care planning.

When review meetings took place they included an evaluation of the residents' needs, choices and preferences and whether goals had been met for the previous year. A system was in place for care plans to be reviewed on a three monthly basis; however, this did not occur. In some instances annual reviews were not conducted within the 12 month timeframe set out in regulations.

In instances where goals were not being achieved a structure was in place whereby 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. This was a good process; however, it was not realised as care plans were not reviewed as frequently as required or with full input from the multi disciplinary team.

One resident who required transfer to a self contained apartment within the centre was transferred without adequate consultation or thought given as to how this impacted on another resident having to move out of his apartment. Neither did it fully assess the risks to the resident moving into the apartment or the intrusion caused to the resident by the placing of a monitor in his bedroom. This decision was taken without adequate consultation with the person in charge.

**Judgment:**  
Non Compliant - Major

#### **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:**

Overall, the inspector found that the size and layout of the premises was in line with the statement of purpose, albeit as discussed in Outcome 5, two residents were temporarily poorly accommodated. Internally both houses were generally well maintained, homely, and clean. However, some repairs and upgrading was needed. For example, a torn couch needed to be replaced and the bedsit was in need of upgrading to make it more homely. Plans were in place to address both these issues. Externally, at one of the houses, there was an uneven back yard which was a trip hazard and unsuitable for all residents to use. A dilapidated garage to the side was an eyesore and also deemed to be structurally unsafe.

There was adequate space for storage and sufficient cooking, dining and communal space. Generally, residents were involved in the decoration of their home. For example, one resident choose the wall colour for his apartment; he also choose furniture and displayed his paintings. Photographs of residents were on display throughout.

Each resident had their own bedroom and were free to decorate these rooms to their personal tastes. However, due to recent changes in residents' living arrangements, one resident was sleeping in the sitting room (on a temporary basis) and another resident was in a bedsit which did not adequately meet his needs. Plans were at an advanced stage to address the inadequacy of the bedsit arrangements.

**Judgment:**  
Non Compliant - Moderate

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

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

**Theme:**  
Effective Services

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

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

**Findings:**

Both a Health and Safety statement and a risk register were held in the centre. 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.

The inspector saw a range of completed risk assessments both centre and resident specific. These assessments indicated that the process of risk management was kept under review. The inspector saw that staff sought to strike a reasonable balance between resident autonomy and independence and safety. There was evidence that staff adhered to internal procedure and escalated some risks, such as the unsafe garage at the side of one house. However, at the time of inspection, the unsafe garage and the uneven surface in the back yard remained a risk to residents, staff and visitors.

A policy was in place for the management of accidents and incidents. A record of incidents/accidents involving residents was kept. The inspector reviewed a number of these records and found that they were well maintained. There was evidence to support that there was learning from any adverse events.

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. There were regular checks of the centre to identify maintenance requirements. For example, a railing had been put in place on the outside path and a handrail was ordered for one house.

There was documentary evidence that vehicles used by residents and staff were maintained on a regular basis so as to ensure their safety and roadworthiness. Staff were trained in moving and handling.

The provider was in the process of obtaining an independent fire officer report which would be forwarded to HIQA once completed. There was a fire procedure and evacuation procedure. Staff had received fire safety training. Fire drills were convened on a regular basis and evacuation times were approximately one minute thirty seconds. Staff tested the fire detection devices on a weekly basis. Fire fighting equipment was in place and serviced annually. Exits were indicated by running man signs. Residents had a personal emergency evacuation plans.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. In general, there was a pro active and non judgemental approach to managing behaviours that challenge. The inspector saw, for some residents, specific plans to assist residents and staff in finding a satisfactory way of working with such challenges. The plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a good outcome. However, the level of behaviour support available was limited and this had an impact for one resident who had challenges in adapting to her environment. The lack of adequate social work support was also a factor in the deficits found in this resident's care. This is also discussed under Outcome 5.

Multidisciplinary support was sought to manage behaviours that challenge. However, there was a lack of clarity around some of the decisions made, in particular the decision to use a monitoring camera in a resident's room. The rights of the resident were not adequately considered in this instance. This matter had been addressed and the camera removed prior to the day of inspection.

Apart from this instance, interventions put in place to minimise behaviours that challenge were generally effective. They promoted a restraint free environment and protected 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 constituted as abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and generally had access to staff with whom they could communicate with. However, the lack of staff continuity did have a negative impact on residents in that residents felt less secure. Relatives were particularly keen to make this known to the inspector. There was also an acknowledgement by relatives that the matter of staff continuity was being addressed and they were awaiting to see the impact of changes made to the staffing arrangements.

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, the inspector 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:**

Non Compliant - Moderate

**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 the 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 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 was 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 albeit, one of the garden accesses needed repair as discussed under Outcome 6.

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. An example of actions for one resident under this plan was to learn how to send text messages. The inspector saw that this resident was making progress with this goal.

If it was identified that a resident's educational/development goal had not been achieved, a process was in place for it to be escalated through the review process conducted by the person in charge. A "Job coach" had recently been employed. This person had responsibility for sourcing and supporting residents and staff in securing appropriate work placements for service uses.

**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 an holistic assessment was carried out by staff in conjunction with the resident and/or their relative. From the assessments, plans of care were devised. The plans seen by the inspector were generally detailed and showed that many disciplines (psychologist, occupational therapist, behavioural therapist) were involved in drawing up and implementing the plan. However, staff and relatives referred to the lack of social work support. This is actioned under Outcome 5. In some instances the level of specialist behaviour support was less than optimal. This is also referenced in Outcome 5.

Staff with whom the inspector spoke with were well informed as to each resident's needs and requirements. The practices in place showed that good health was promoted; for example, healthy eating and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided.

The dietician and speech and language therapist were available if needed, to lend support and guidance in the planning of good nutritional care for residents. However, feedback received from relatives indicated further dietetic support was required for a resident who was prone to weight gain. 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 a physician, 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:**

There was a reviewed and redrafted medication management policy. The policy was comprehensive and addressed the salient aspects of medication management. However, practice was not fully reflective of policy. For example staff reported a colour coded procedure for the recording of medication administration that was not referred to in the policy.

Each resident had three possible prescription records for long term, PRN and episodic prescriptions (medication that may be required but not on a regular or scheduled basis and medication prescribed only for a specific period of time). Policy and procedure required of staff that they check the accuracy of all medications supplied to the centre; staff spoken with confirmed that this included both the quantity and content of the blister pack. However when staff recorded the administration of medication they recorded only that the blister pack was administered rather than each individual medication as indicated on the prescription record.

There were facilities for the safekeeping of medications. Medications that were supplied were used for the resident for whom they were supplied. Records were maintained of the return of unused or unwanted medication to the pharmacy. 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 administration of medications.

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:**

Non Compliant - Moderate

**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 was available to the residents and their relatives. The inspector found that the statement of purpose was implemented in practice.

**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. She had been in the role of person in charge for approximately twelve 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 her own personal development through regular attendance at courses including specific training days around her responsibilities as person in charge. However, the inspector had concerns that the management systems were such that the person in charge was not fully involved in the operational management of the centre. For example, the person in charge was not as involved in multidisciplinary planning and decisions as would be expected.

The person in charge was supported in her role by an area manager, the head of community services and the 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 was contactable almost all the time. While this level of area managerial support was reassuring for staff, it was a practice that was in the process of being reviewed so 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:**

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

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

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

**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. The area manager covered for such eventualities.

**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, the inspector was 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 a new transport vehicle
- 3) the satisfactory staffing levels and skill mix including extra staff when resident needs indicated extra staffing
- 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, the absence of adequate social work support and the many demands on the behavioural therapists support indicated that support from these professionals were in need of extra resources. This is actioned under Outcome 5. The need to ensure staff continuity, as discussed in earlier outcomes, was an area that was being addressed but needed to be monitored and resourced appropriately.

**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:**

The person in charge confirmed that the staffing rota was planned and circulated in advance to each house. The rota identified staff on duty and also the availability of the person in charge and the manager on call.

Based on these inspection findings the inspector was satisfied that the staffing arrangements met the needs of the residents. Residents normally attended daily structured day services Monday to Friday.

Training records indicated that staff had attended mandatory training in fire safety, manual handling, safeguarding and the management of behaviours that challenged. Other staff training included medication management, food safety and person centred planning.

The person in charge and area manager were involved in the centre on a daily basis and confirmed that staff, care and practice were supervised on an ongoing basis. There were structured staff meetings, grievance and disciplinary policies and procedures. However, as established on all inspections to date staff confirmed that there was no formal process for supervising and developing staff within the organisation.

The inspector's observations of staff interactions with residents were positive. The feedback received from residents and relatives was positive. However, relatives did express concern about the issue of staff continuity and how this impacted on residents. Relatives acknowledged this matter was being addressed.

**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 generally satisfied with the quality of documentation and record keeping at the centre. The required policies were in place.

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 well organised, easily retrievable, up to date and available to residents in the centre.

Evidence of insurance cover was available and a residents directory was maintained.

**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 Limerick
<b>Centre ID:</b>	OSV-0004836
<b>Date of Inspection:</b>	06 October 2015
<b>Date of response:</b>	14 January 2016

### 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:**

One resident was routinely at his family home the day house meeting took place. Therefore his input into the organisation of the centre was impacted on.

**1. Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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

and participates in the organisation of the designated centre.

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

- As far as possible all residents to be involved in the weekly meetings taking place in the designated centre and in discussions around the management of the centre.
- The day of the weekly meeting will be changed to a different day to accommodate all residents when residents have gone home for weekends to ensure that everyone has an input into the planning of the designated centre.

**Proposed Timescale:** 01/02/2016

**Theme:** Individualised Supports and Care

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

There was limited consultation with one resident with regards to his temporary move to a different bedroom.

**2. Action Required:**

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

- A review of the process around decision making, including the MDT process, has been agreed with an external psychologist who will examine the process for decision making using this example as a case study.
- Learning from this examination will inform future practice.
- The decision to transfer the resident on a temporary basis was taken as a result of significant challenges in the designated centre around the inappropriate placement of one individual.
- An alternative placement has now been secured and this individual will relocate to this new placement shortly.
- The resident that was moved was relocated back to his bedsit following the inspection.

**Proposed Timescale:** 31/03/2016

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Minutes of the previous two resident meetings were not available.

**3. 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:**

- Staff to document all weekly resident meetings in the house meeting book. There is a process to minute meetings of a weekly meeting.
- The important of documenting staff meetings and recording the minutes of each meeting in line with the organisations guidelines will be discussed as part of staff supervision.

**Proposed Timescale:** 01/02/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Inadequate social work support was available to meet the assessed needs of residents.

**4. Action Required:**

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

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

- The appointment of two new Social Workers within the organisation took place on the 11.01.2016.
- There will be a full time Designated Person working solely on any allegations of abuse.

**Proposed Timescale:** 01/02/2016

**Theme:** Effective Services

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

At the time of inspection the premises inadequately met the assessed needs of two residents.

**5. Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

- One resident has been residing in Nursing Home Care due to a compound fracture arising from an accident.

- This resident has an upstairs bedroom in this designated centre and as a result is not suitable to meet his needs while he is recovering from this fracture based on a risk assessment carried out after an assessment with his Physiotherapist, an Occupational Therapist and his General Practitioner on the resident using a stairs. There was a high risk of another fall.
  - Resident is due to return to hospital for further surgery on the 20th January 2016.
  - Resident is happy in the nursing home and is visited regularly by the PIC and house staff.
- 
- Another resident has been identified for a transfer to alternative accommodation that would suit his current needs. This centre is in the process of registration.
  - An MDT meeting took place on 16th November 2015 to discuss and approve this move as per admissions policy.
  - This move has been discussed with the Resident and he is happy for this move to happen.
  - The Resident has visited new proposed accommodation twice along with family members and is excited at the proposed move to this location.
  - Funding for this new designated centre has been agreed with the HSE.

**Proposed Timescale: 28/02/2016**

**Theme: Effective Services**

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

Personal plans were not always reviewed on an annual basis.

**6. Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- Staff's role as keyworker and their responsibility around completing and reviewing personal plans will be discussed with them at a meeting scheduled on 20th January 2016.
- At this meeting Quarterly and Annual Review dates will be agreed.
- Adherence of these dates and reviews of the quality of the PCPs will be monitored by the PIC and Area Manager.

**Proposed Timescale: 28/02/2016**

**Theme: Effective Services**

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

Not all plans had adequate multidisciplinary input.

**7. Action Required:**

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

- The Services employs a compliment of psychiatry, social work, behaviour support and psychology where residents in community services can access when necessary.
- All residents have had an MDT review and files were reviewed at each meeting as part of this process in 2015. This was coordinated by the PIC.
- Where residents do not wish to have their MDT support involved in their PCP this is accommodated where appropriate.

**Proposed Timescale:** 28/02/2016

**Theme:** Effective Services

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

Some relatives stated they were not adequately involved in the personal plans of their family member. The indications were that it would be appropriate for these family members to have a greater involvement in care planning.

**8. Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- As per agreed process around the development of person centred plans Staff will be reminded of the important of contacting families, with the approval of the person being supported, in order to assist in inform goals and priorities for the person.
- Families to be given adequate notice of planning meetings prior to being held and in conjunction with the resident, agree priorities for the year.

**Proposed Timescale:** 30/06/2016

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Some aspects of the premises needed repair such as the replacement of a torn couch, the repair of a back yard and the making safe of an unused garage.

**9. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- Resident was assisted to buy a new couch for his apartment.
- The back yard was concreted and made accessible for all residents to use.
- The shed roof was repaired to structurally secure the roof to the building to make the shed safe
- This house is owned by a housing association who have funded these works.

**Proposed Timescale:** 14/01/2016

**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:**

There were inadequate measures and actions in place to control the risks associated with the uneven back yard and the unsafe garage.

**10. Action Required:**

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

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

- PIC to review risks appropriately and escalate to Senior Management if required.
- The back yard was concreted and made accessible for all residents to use
- The shed roof was repaired to structurally secure the roof to the building to make the shed safe

**Proposed Timescale:** 14/01/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The level of behaviour support available was limited and this had an impact on one resident who had challenges in adapting to their environment.

There was a lack of clarity and consultation around some of the decisions made, in particular the decision to use a monitoring camera in a resident's room.

**11. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and

alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- PIC has linked with Behaviour Support Team in relation to organising support for one resident displaying behaviours. Guidelines have been written up for staff by Behaviour Support Team Manager in January 2016 in the absence of a Behaviour Support Team member working with resident to assist resident in dealing with her current situation. Staff to adhere to these guidelines.
- A review of the process around decision making, including the MDT process, has been agreed with an external psychologist who will examine the process for decision making using this example as a case study.
- Learning from this examination will inform future practice.
- The decision to transfer the resident on a temporary basis was taken as a result of significant challenges in the designated centre around the inappropriate placement of one individual.
- An alternative placement has now been secured and this individual will relocate to this new placement shortly.
- A decision to buy an audio monitor was decided at and MDT meeting. In error the Area Manager purchased a visual monitor. The residents were consulted with about the use of the monitor and the behaviour support specialist called out to the designated centre in advance of the monitor being used in order to explain the rationale for the use of the monitor. An easy read document of why the monitor was being used for the resident was also given to the resident. The Area Manager also called to the designated centre that evening and informed the staff of what was happening.
- The visual monitor has been removed.
- The PIC will be central to decision making. Where a decision is made in a emergency situation when the PIC is off duty the PIC will be informed of same promptly when they return to duty. MDT meeting minutes to be circulated amongst the team for all working with the resident to be aware of any changes

**Proposed Timescale:** 31/03/2016

**Theme:** Safe Services

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

The lack of staff continuity had a negative impact on residents' sense of security.

**12. Action Required:**

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

- Following complaints received from families in respect of inconsistent staffing a decision was made by the PIC and Area Manager to change the staffing in the

designated centre in order to address the family concerns.

- In September 2015 two full time staff were recruited to work in the designated centre – both were existing organisation employees.
- The PIC organised for a 4 week shadowing and changeover period between the new staff coming in and the other staff leaving.
- The residents have been spoken to in relation to the new staff and all have stated they are happy with the staff.
- In the other community residential house in this designated centre, a new staff has been appointed since November 2015. Residents have been spoken to and have stated they are happy with this staff member working with them.
- There is full time, regular staff employed in the designated centre. The PIC completes two sleepovers in one of the houses in the designated centre.

**Proposed Timescale:** 14/01/2016

### **Outcome 12. Medication Management**

**Theme:** Health and Development

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

Medication management practice was not fully reflective of policy.

#### **13. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

- Staff have been following the up to date medication management policy and the practices which the staff are completing are in line with the organisational policy.

**Proposed Timescale:** 14/01/2016

### **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:**

The person in charge was not fully involved in the operational management and administration of the centre, in that decisions which affected residents were taken without her input.

#### **14. Action Required:**

Under Regulation 14 (4) you are required to: Where a person is appointed as a person

in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

- The PIC will be central to decision making. Where a decision is made in a emergency situation when the PIC is off duty the PIC will be informed of same promptly when they return to duty. In the instance quoted in the report the PIC was on a scheduled day off and the Area Manager who is acting PIC in the absence of the PIC and is also PPIM held an emergency MDT to try and find a solution to the emerging crisis situation.

**Proposed Timescale:** 01/01/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff continuity had been an ongoing issue for the centre. This issue was in the process of being addressed at the time of inspection.

**15. Action Required:**

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

- Following complaints received from families in respect of inconsistent staffing a decision was made by the PIC and Area Manager to change the staffing in the designated centred in order to address the family concerns.
- In September 2015 two full time staff were recruited to work in the designated centre – both were existing organisation employees.
- The PIC organised for a 4 week shadowing and changeover period between the new staff coming in and the other staff leaving.
- The residents have been spoken to in relation to the new staff and all have stated they are happy with the staff.
- In the other community residential house in this designated centre, a new staff has been appointed since November 2015. Residents have been spoken to and have stated they are happy with this staff member working with them.
- There is full time, regular staff employed in the designated centre. The PIC completes two sleepovers in one of the houses in the designated centre.

**Proposed Timescale:** 14/01/2016

**Theme:** Responsive Workforce

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

There was no formal process for supervising and developing staff.

**16. 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 draft policy has been sourced by the Head of HR and a group has been identified to agree this policy and set out a plan for its implementation.
- The Head of HR post will be vacated shortly and a recruitment process has commenced to fill this role. This will result in a delay in the roll out of this supervision process but it will be a priority for the newly appointed Head of HR.

**Proposed Timescale: 30/06/2016**