

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
Centre ID:	OSV-0004829
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Norma Bagge
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
13 July 2016 09:00	13 July 2016 18:30
14 July 2016 10:00	14 July 2016 16:00

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

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

Summary of findings from this inspection

Background to the inspection

This was an announced inspection carried out to inform a registration decision and monitor compliance with the regulations and standards.

How evidence was gathered

As part of the inspection, the inspector met with all nine residents who were residing in the centre. Overall, residents were satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them. The inspector noted that since the January 2015 inspection, a number of residents were

provided with improved living arrangements. For example, new day services were provided for residents with autism and a new house was provided for three residents.

The inspector noted the good quality of life that residents enjoyed. The flexibility around care practices helped to minimize the occurrence of incidents around behaviours that challenge. Residents were independent in so far as possible and residents appeared happy. Providing this level of care required staff flexibility with the roster, cooperation and a cultural awareness of how residents' needs are best met.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which 'makes every effort to provide each resident with a safe, homely environment which promotes independence and quality care based on the individual needs and requirements of each person'. Accommodation was in three two-storey semi-detached houses. Between one and five residents occupied each house or apartment. Each unit had a sitting room, kitchen, single occupancy bedrooms, sanitary facilities and laundry facilities. The mission of the Brothers of Charity, as set out in its statement of purpose, is 'to support and promote the wellbeing and dignity of each individual in its service'. It aims to achieve this through 'person centred planning that supports life choices of service users'.

The centre is part of the organisation's community living facilities. The service is available to both male and female residents.

Residents were able to get out and about almost on a daily basis. The houses were well maintained. Residents availed of day services from Monday to Friday. Transport was provided to and from the day services.

Overall judgement of our findings

The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw residents going on outings, being able to spend leisure time together and develop friendships. Residents were offered independence while their security was safeguarded.

Improvements were identified as being required under Outcome 7 (Health and Safety and Risk Management), Outcome 12 (Medication Management), Outcome 14 (Governance and Management) and Outcome 17 (Workforce).

These findings are outlined under each outcome 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that residents' rights and dignity were respected and that residents were consulted about how the house was run. Feedback was sought and informed practice. For example, the inspector heard residents telling staff about their likes and dislikes. Arrangements were made to accommodate these preferences. These preferences were also seen to be documented in the resident's plans of care.

Residents had access to advocacy services and information about their rights. For example, a discussion on advocacy was a standard agenda item at all house meetings. Residents told the inspector about their involvement in the local and national advocacy forums and the vibrant social element to the advocacy structure.

There were policies and procedures for the management of complaints. Residents were aware of the complaints process and were confident that complaints would be listened to and addressed. The complaints process was displayed in the hallway and was also discussed at house meetings. The inspector saw that a complaint about having to get up early from Monday to Friday was addressed by the resident being facilitated to have a late start at their day service on a Friday. The complaint had been detailed, investigated and satisfactorily resolved.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Residents were encouraged to maintain their own privacy and dignity by being facilitated to lock their bedroom door.

Residents were facilitated to have private contact with friends, family and significant others. For example, going out to dinner together. Residents' personal communications were respected. For example, resident gestures were interpreted to good effect. In recent times, staff had received further training in communicating with residents who were non-verbal.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents had flexibility around what time they got up and went to bed, where they went shopping and who they met.

Residents are facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care. Residents attended Sunday mass and a number of residents voted in recent elections.

Residents were enabled to take risks within their day-to-day lives. For example, go for walks, go on holidays and enjoy a social drink.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Residents were facilitated to do their own laundry if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, watching particular television shows, attending a day service or chatting with staff. Individual residents engaged in their own specific interests outside of the centre such as joining a local Tai Chi group, attending cookery classes and visiting the family home.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were assisted and supported to communicate. Staff were aware of the different communication needs of residents, including non-verbal communication. There were systems in place including internal and external professional inputs, where

necessary, to meet the diverse communication needs of residents. These professional inputs included speech and language therapy, audiology screening, communication guidance from experts in dementia care and behavioural psychologist support. Specialists in pictorial communication were working in conjunction with staff to develop a library of appropriate picture communication aids. Families were supportive of this and eager to learn ways of enhancing their communication with their relative. Individual communication requirements were highlighted in personal plans and reflected in practice. These plans were respectful in tone and in practice.

All three houses in this centre were part of the local community. Residents were well-known in the locality and enjoyed good relations with their neighbours. Staff reported and residents confirmed that local people frequently greeted residents and chatted with them. Residents were involved in community events such as barbeque and house parties.

Residents had access to radio, television, social media, newspapers, internet and information on local events. Residents were facilitated to access, where required, assistive technology such as mobile phones, ipads and laptops. Such aids assisted in promoting residents' full capabilities. For example, residents went shopping independently and phoned staff when ready to return home.

A number of residents took responsibility for their communication diary. This diary travelled with them between their home and day service. Residents enjoyed having this responsibility and ensuring staff completed the diary. It was particularly important for those with limited verbal skills.

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):
No actions were required from the previous inspection.

Findings:
The centre provided opportunities for residents to maintain links with family, friends and the wider community. Residents had access to a variety of day services. The day services were tailored to support the needs of residents. For example, in 2015 a day service was established specifically for residents with autistic needs. Staff reported this to be beneficial for the residents who attend and the inspector noted how enthusiastic one resident was when transport arrived to drive them to the day service.

The inspector reviewed a number of care plans and noted that family contacts were laid out. Much effort was taken to ensure family members were invited to participate in the personal care plan meetings. For example, one resident had a lot of challenging medical and social needs and the resident's family were kept informed throughout this difficult time. Relatives told the inspector they were "invited to view all aspects of the service". One resident went home for overnight stays on alternate weekends. Other residents visited the family home for a few hours on a regular basis.

Visitors were welcome to the centre. Residents regularly went on outings such as shopping trips, the cinema, concerts and meals in a restaurant or bar. Residents attended a monthly social evening and this was an important part of the residents' social lives. Three residents told the inspector about their upcoming holiday to Spain. This had been a long-term goal for these residents and was being fulfilled this year. Staff gave their time voluntarily to accompany residents on this trip.

Cognisance was given to ensuring that residents' boundaries were not infringed by other residents. For example, staff closely observed interactions between residents, used distraction techniques if necessary and explained in a sensitive and respectful manner to residents how their actions impacted on others.

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):

No actions were required from the previous inspection.

Findings:

Residents' admissions were in line with the centre's statement of purpose. The admissions process considered the wishes, needs and safety of the individual and the safety of other residents living in the service. For example, new residents were given as much time as they needed to get familiar with their new environment and new routine before they moved full-time to the centre.

Staff monitored how residents adapted and settled into their new home. Residents were supported to maintain as much family contact as needed. Admissions, discharges and transfers to the centre were organised through the organisation's admission, discharge and transfer team.

Each resident had a written contract. The contract set out the services to be provided and the fees to be charged. Details of additional charges were also included.

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):

No actions were required from the previous inspection.

Findings:

Residents and their representatives were actively involved in an assessment to identify residents' individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, one resident was provided with achieving the goal of going on a two night hotel break. Given the complex needs of this resident, providing such an activity required much staff cooperation and support from the management team.

Residents and their family members were consulted with and involved in the review process. For example, the mother of one resident was involved in the development of a picture communication system, the family of another resident was involved in learning new ways to communicate with their family member who was developing dementia.

There was good detail in the plans of care with regards to what really matters to the resident. For example, a resident with medical needs did not like attending doctors and this was seen to be managed in a very accommodating and supportive way. Feeling safe was particularly important for one resident and this was reflected in their care plan. This resident was provided with a key to the front door and familiar staff cared for the resident.

Residents were provided with a social model of care. They were involved in a varied activities programme which included swimming, bowling, art, walks, drives in the car, Tai Chi, cooking. In anticipation of the inspector's visit, one resident had made a delicious cheese cake.

There was a general relaxed and friendly atmosphere in all three houses. Residents had good flexibility around their daily routine. For example, residents influenced which day service they attended; following a risk assessment residents were able to remain on their own in the house on occasions when they did not wish to attend day service; residents walked to the shops on their own; residents had their own bedrooms; residents were facilitated to arrive late to their day services in order for them to have a sleep in or take a leisurely breakfast.

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):

No actions were required from the previous inspection.

Findings:

The centre comprised of three separate houses. Between one and five residents lived in each house. Within the five-person occupied house, one of the residents had their own apartment. All houses were homely and well maintained. The design and layout of the centre was in line with the statement of purpose. The premises met the needs of residents and promoted residents' safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. The house was free from significant hazards which could cause injury. There were sufficient furnishings, fixtures and fittings. The centre was clean and suitably decorated.

There was adequate private and communal accommodation. There was a well equipped kitchen with sufficient cooking facilities and equipment. There were adequate toilets, bathrooms and showers which were adapted to meet the needs of residents.

There were suitable outside areas for residents, including secure gardens with garden furniture. All houses had access to vehicles for their transport. The vehicles had appropriate road safety documentation.

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):

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. There were satisfactory procedures in place for the prevention and control of infection. The risk management policy was implemented and 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. However, a risk assessment had not been conducted with regards to unrestricted upstairs windows.

There were arrangements in place for responding to emergencies. The emergency folder contained contact phone numbers and plans for emergency accommodation. It was kept beside a phone near the front door at each house. Reasonable measures were in place to prevent accidents. A log was maintained of incidents and accidents occurring in the centre and the measures put in place to prevent a reoccurrence. Staff were trained in moving and handling of residents where required.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at one to six monthly intervals and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment. However, emergency lighting was not in place.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. An easy-to-read version of the safeguarding policy was in place as were easy-to-read versions of residents' safeguarding plans.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. Residents in the centre told the inspector they felt safe. There was a designated person on the staff team who took responsibility for following up on allegations of abuse. Any incidents, allegations or suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

Efforts were made to identify and alleviate the underlying causes of behaviours that challenge for each individual resident. Specialist and therapeutic interventions were implemented in consultation with the resident and their family member through their personal plans. Interventions were regularly reviewed to assess their impact on improving behaviour of concern and improving the lives of the resident.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was carefully monitored to prevent abuse or overuse. Family members were informed of the use of restrictive procedures. Staff were trained in the use and implications of restrictive procedures.

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):

No actions were required from the previous inspection.

Findings:

A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within three days of occurring. A quarterly report was provided to the Health Information and Quality Authority (HIQA).

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):

No actions were required from the previous inspection.

Findings:

The educational achievement of residents was valued and proactively supported by practices in the centre. There was a robust assessment process to establish each resident's goals. Residents were engaged in social activities internal and external to the centre.

Arrangements were in place to facilitate residents' independence in so far as possible. Arrangements were in place for residents to attend training such as cookery classes.

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):

No actions were required from the previous inspection.

Findings:

Residents' healthcare needs were met through timely access to general practitioner (GP) services, psychiatry and appropriate treatment and therapies. Individual residents' healthcare needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied healthcare services which reflected their diverse care needs.

The inspector noted that diligent, person-centred care was provided to all residents. This was specifically noted for one resident who had been very unwell for a number of months. The care provided by staff, which was well supported by management, enabled this resident to avoid admission to the acute services. The resident's history was such that admission to the acute services would be particularly traumatic for them. Their health and wellbeing had much improved and continued to be well managed.

The care delivered encouraged and enabled residents to make healthy living choices. Residents were actively encouraged to take responsibility for their own health and medical needs. End-of-life care was provided in a manner that met the needs of the resident and in line with best practice.

Food was nutritious, appetising, varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner. Some residents were facilitated to have a leisurely breakfast when other house occupants had left. This met their need for quiet and unrushed meal times.

Residents were supported to prepare their own meals as appropriate to their ability and preference. The advice of dieticians and other specialists was implemented in accordance with each resident's personal plan. Referrals to the dietician occurred via the primary care services. Residents' weight was monitored and monthly records were maintained of their weight.

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):

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. This policy was revised in May 2016.

Adherence to the policy was incomplete. For example, the date in which medication was discontinued was not recorded; not all staff had up-to-date medicines management training; no recent records were available for the collection of medicines. Medicines management training was scheduled in the weeks following inspection.

A medication audit was carried out in March 2016. This was the first quarterly medication audit. The inspector requested audits for 2016 be forwarded to her to ensure matters identified on audit were appropriately addressed by the following audit.

There was a good culture of reporting medication errors. Most errors related to the refusal of medication by residents or the incorrect coding on the medication administration sheet. This approach to documenting medication errors was commendable. However, once identified there was a delay in addressing the inaccuracy in documentation in order to prevent a reoccurrence. There was a lapse in keeping day service staff up-to-date with changes in medication.

The practice in place of writing the administration code on the medication label was unsafe. It was unclear who wrote this on the label. The practice was akin to transcribing and was not in line with the centre's policy or best practice guidelines.

Some of the prescription charts had been changed a number of times and were difficult to read. Some of the times of administration of medicines were not in line with the actual prescription. The medication times on the prescription charts needed to more accurately reflect the actual time of administration.

There were appropriate procedures for the handling and disposal for unused and out-of-date medicines.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which were to be provided for residents.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

It was kept under review and any changes which affected the purpose and function of the centre were communicated to the Chief Inspector in writing prior to being made.

It was available in a format that was accessible to residents. Staff were familiar with the statement of purpose.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. Good structures were in place around how meetings were arranged and conducted.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was supported in her role by the area manager. Both the person in charge and the area manager were well known to residents. The person in charge supervised staff. However, there was no formal system in place to conduct staff appraisals.

The management team were responsive to the demands of the centre. For example, a day centre to support those with autism needs was developed when a need was identified. When soft closing devices needed to be put on doors because a resident had developed a habit of banging them, the devices were provided.

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):

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the centre for more than 28 days at any one time. The provider was aware of the need to notify HIQA one month in advance if such an absence was expected. In the case of an emergency absence the provider knew to notify HIQA within three days of its occurrence.

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):

No actions were required from the previous inspection.

Findings:

Overall there appeared to be sufficient resources to support residents achieving their individual personal plans. There was transparency in the planning and deployment of resources in the centre. For example, staffing levels were adjusted as needs dictated, equipment was provided and regularly serviced, the premises were well maintained, and the vehicles in use were in working order. The inspector was informed of the challenges faced in providing resources to ensure all three houses were provided with appropriate emergency lighting.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Staffing levels took into account the statement of purpose and size and layout of the building.

There was an actual and planned staff rota. It was displayed on the notice board in the centre.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. For example, staff were trained in pictorial communication for residents with limited verbal communication skills. However, staff had not received appropriate and up-to-date medicines management training. One new staff member was recorded as not having had fire safety management training. Given that this staff member was a lone worker, the importance of receiving this training was

high.

Education and training provided reflected the statement of purpose. For example, the statement of purpose stated care was delivered to residents with an intellectual disability. Staff were trained and qualified in intellectual disability. Staff were competent to deliver care and support to residents because their learning and development needs had been met.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre.

There were effective recruitment procedures that included checking and recording required information.

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):

No actions were required from the previous inspection.

Findings:

Complete records were maintained in the centre. Records were generally accurate and up-to-date. Records were kept secure but easily retrievable. Residents to whom records referred to could access them.

Residents' records and general records were kept for not less than seven years after the resident to whom they related ceased to be a resident in the centre.

There were centre-specific policies which reflected the centre's practice. Policies were seen to be implemented in practice. Easy-to-read versions of the policies were available.

Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

A resident register was in place. Records were maintained of times residents were not in the centre. For example, times they were on holidays or at home with their families.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
Centre ID:	OSV-0004829
Date of Inspection:	13 July 2016
Date of response:	12 August 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 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:

Risk assessments were not conducted to assess the safety of the upstairs windows.

1. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated

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

centre.

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

Risk assessment completed 10/08/2016 for each residence within the designated centre. These will be monitored as per the risk assessment process.

Proposed Timescale: 10/08/2016

Theme: Effective Services

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

Emergency lighting was not provided in the houses.

2. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- Business case submitted to the HSE for the additional works and no funding received to date. Further clarification sought following recent HIQA inspection and confirmation received from the HSE on 25/07/16 that no funding is available for the additional works.
- Monthly fire drills are in place in each residence, with night time fire drills included as a part of this.
- Fire exits are kept clear at all times
- All staff have received fire training to date, refresher training available to staff 20th September.

Proposed Timescale: 12/08/2016

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:

The practices in place did not adhere to the centre's policy and were not suitable to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed.

3. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Medication audits carried out quarterly in designated centre as per medication policy, an agreement was made with the inspector that the next 3 medication audits will be copied to her.

Medication training has taken place for PICs and PPIM (August 2nd) with roll out to frontline staff (day & residential) beginning 23d August. Medication kardex will be replaced for all residents in line with the policy. An assessment for staff will form part of the training.

Proposed Timescale: 31/12/2016

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:

A staff appraisal system was not in place.

4. 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:

Supervision policy has been approved by senior management at time of completion of action plan, this will be rolled out to all staff in September 2016.

Proposed Timescale: 31/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were gaps in staff training including fire safety training and medication management training.

5. Action Required:

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

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

Medication training will be provided for frontline staff on August 23d, with a view to all staff having this completed by December 2016.

Fire training has been completed by the staff member concerned (2nd August) and will continue to be available to all new staff and as a refresher to those who have received training previously.

Proposed Timescale: 31/12/2016