

**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-0004834
<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>	8
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From:	To:
29 March 2016 10:30	29 March 2016 19:00
30 March 2016 09:30	30 March 2016 16:30

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

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

**Summary of findings from this inspection**

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

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 and questionnaires completed by residents and

relatives.

The centre is part of the services provided in a community setting by the Brothers of Charity, Limerick; a voluntary organisation set up to support the needs of persons with a diagnosis of an intellectual disability. The centre comprised of three separate houses. One of the houses was a single occupancy self contained apartment which was part of a complex of apartments providing supported living accommodation. The other two houses were semi detached two storey houses in housing estates in Limerick city. All three houses were within easy commuting distance of each other. The houses accommodated between one and four residents. All houses were occupied by male residents over the age of 18.

All residents had their own bedroom. Each house had comfortable sitting rooms, well equipped kitchens and utility rooms, domestic style bathrooms, storage cupboards for linen and household equipment and office space with overnight accommodation for staff. Each house had a garden. The premises were clean, tastefully decorated, in good repair, warm, homely and safe. The bedrooms which the inspector saw were personalised and reflected the interests of the residents.

Overall, the inspector found that a high standard of care and support was delivered by staff who demonstrated commitment, enthusiasm and respect for residents. Staff were very knowledgeable regarding each resident's needs and the inspector was satisfied that individual needs were being met. Residents appeared relaxed in the care of the 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. Residents were consulted in the planning and running of the centre and in decisions regarding their own care. Relatives were complimentary of the care provided with one relative stating, "I believe the centre provides an excellent standard of living."

There was evidence of a robust governance system within the organisation and there were arrangements in place to monitor and improve key areas in the provision of safe, quality care.

The centre was found to be in compliance with 13 of the 18 outcomes inspected. It was in substantial compliance with three outcomes and in moderate non compliance in the areas of complaints management and fire safety arrangements.

**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 was satisfied that the rights, privacy and dignity of residents were promoted and residents' choice was encouraged and respected. This was evident from the observations of the inspector of the interactions between residents and staff. All interactions observed were respectful and caring. Cognisance was given to residents who expressed a wish for their bedroom to remain private. This wish was supported and respected. Staff had in-depth knowledge of residents' preferences and this was supported by information in the care plans and the residents' file notes.

The inspector noted that residents retained control over their own possessions. The organisation's policy on residents' personal property was centre specific. Residents, in so far as possible, were supported to choose and purchase their own clothes and residents were keen to show the inspector such purchases. The inspector saw residents returning from day services, and carrying out their preferred routine which varied from chatting with staff, watching television, planning an evening outing.

Residents were seen to be given choice in relation to what food they wanted. For example, a planned shopping list and menu were discussed at house meetings. Residents choose what activities and outings to go on. On the evening of inspection, some residents went for a drive and a walk in the country, others went shopping and others listened to music.

The inspector reviewed the system in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. When possible, financial transactions were signed by residents. Transactions were checked by staff on

duty. The person in charge checked the financial record book monthly. The management of residents' finances was guided and supported by the organisations financial support officer. Receipts were maintained for all purchases.

The inspector was informed by staff and residents that regular house meetings took place. Minutes were maintained of these meetings. Residents expressed satisfaction with such meetings.

The complaints policy was available and provided detail on how to make a complaint. The focus of the policy was around providing and maintaining a quality service. Staff displayed an openness about receiving complaints, the number of complaints received was low and complaints received were documented. However, complaints were not investigated promptly or in line with the organisation's policy. In one instance the complainant did not receive an acknowledgement within five days as per the policy. A report on the progress of the investigation of the complaint was not available within 30 days of it being made as per the centre's policy.

Residents had access to advocacy support. Documentation was available with names and contact numbers for residents and/or their families who wished to use this service. Each resident had a named key worker and this person also advocated on behalf of the resident as did the person in charge, area manager and day services staff.

A number of residents communicated with limited verbal ability. From speaking with staff and from observing, it was clear that these residents felt comfortable communicating their needs and that staff were well able to interpret what they were saying. Residents' care plans showed a good level of attention given to ensuring residents' preferences were documented, respected and acted upon. When a care intervention was taking place it was explained to the resident in a friendly and genuine manner.

Five relatives and all residents completed questionnaires with regards to the service provided in the centre. These questionnaires were sent to HIQA. Residents showed they had good awareness of their rights. In particular, they were aware of their right for respect and the right to make a complaint. One resident commented, "I make decisions for myself". Another resident felt enabled to express his dislike of his current living arrangements. He was supported to make a formal complaint with regards to this and the matter was being followed up with at the time of inspection. Relatives were also positive with regards to how their family member's rights were protected.

**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:**

Effective and supportive interventions were provided to residents to ensure their communication needs were met. Staff were qualified and experienced in the care of residents with a disability and this was evident in the expertise they displayed in communicating with all residents. For example, staff understood residents' facial expressions, body movements and general demeanour.

Each resident's communication needs were set out in individual care plans. Residents, their families, day centre staff, house staff and other disciplines were involved in completing and reviewing these plans. The actions set out in the plans were seen implemented in practice. Good documentation was in place to support the decisions taken at the personal care planning meetings. Overall, there was a strong sense of a team approach to ensuring residents' communication needs were met.

Staff were seen to communicate with residents in a manner that created an emotional contact between resident and staff member and affirmed the resident in his communications. For example, staff were able to allay the genuine fears a resident held with regards to the outcome of the general election.

Each resident directed their own care preferences and this was possible because communication between residents and staff; between staff and families and amongst members of the wider multi-disciplinary team was effective. For example, residents decided their social activities, families were invited to care planning meetings and referrals to members of the multi-disciplinary team were made in a prompt manner and in consultation with the resident.

Residents had easy access to television and radio. Residents' preferences in terms of what programmes or music they preferred were facilitated. The families of residents in the centre were involved in ensuring the resident visited the family home and many went home for visits at at the weekend.

The inspector saw that picture notices were on display as an aide memoire for residents. For example, a photograph of the staff on duty was on display in each house. It was evident from resident care plans and incident reports that having regular staff was on duty was important to residents. Staff and management of the house were equally aware of the importance of this and how disruptions to routine impacted on residents. Relatives were positive in their comments with regards to how staff communicated with their family member. One commented that residents were, "always helped to

communicate their needs and wishes". However, one relative appeared not to be aware of residents care plans.

**Judgment:**  
Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**  
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. Some residents travelled to and from day services independently.

The inspector reviewed a number of care plans and noted that a log of family contacts was maintained. Family members were invited to participate in the personal care plan meetings. Some residents went home at the weekend and at holiday times.

Visitors were welcome to the centre. Arrangements were made for residents to meet with friends from another centre. Residents regularly went on outings such as shopping trips, the cinema, walks in the country and meals in a restaurant or bar.

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):**

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

**Findings:**

The admissions policy was outlined in the statement of purpose along with the procedure for emergency admissions. The inspector was satisfied that new admissions to the centre in so far as practicable, were given opportunities to familiarise themselves with the environment prior to their arrival. Consideration was given to the prospective resident's daily routine and the centre took steps to facilitate this routine. For example, a resident was facilitated to gradually become familiar with his day service prior to attending full time. Placements were kept under review and where there were difficulties with placements they were referred to the admissions, discharge and transfer team. This team met on a monthly basis.

Contracts of care were available for the inspector to review. These listed the services to be provided by the centre to the resident. Fees were also stated. The contracts examined were signed by the resident.

**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. They also had a pictorial format of the plan. The plan was divided into three sections under the following headings:

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

Arrangements were in place to meet the residents' identified social needs. For example, behavioural management support was sought to assist a resident with their social and behaviour skills.

Emphasis was placed on supporting residents to integrate into the community. In addition to previously mentioned activities, residents were encouraged and supported to partake in horse riding, attending football matches, attending the monthly social, partaking in photography and bowling. Photographs on display in the houses showed residents enjoying outings and celebratory events. Residents went on holidays and both residents and staff reported these to have been very successful.

Much emphasis was placed on promoting residents' self confidence. There was evidence of residents making significant progress in this regard.

The personal plans were reviewed annually by the key worker. The key worker liaised with the multidisciplinary team to gather information which would inform the care plan. Residents decided if they wished to have their family involved in the planning meeting. In instances where goals were not being achieved a structure was in place where by the key worker would identify the barriers to achieving the goal and escalate the matter to the attention of the person in charge. If unresolved at this level it was further escalated.

**Judgment:**  
Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**  
Effective Services

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

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

**Findings:**

The inspector found that all houses were homely, attractively decorated and well maintained. The design and layout of the houses was in line with the statement of purpose and met the needs of the residents whilst promoting safety, dignity, independence and wellbeing. Overall, the premises were free from significant hazards that could cause injury.

Each resident had a private bedroom with wardrobe and storage space. Family photographs and other memorabilia adorned the walls and the shelves of communal rooms.

The houses had comfortable sitting rooms. One of the houses had converted an upstairs bedroom to a small sitting room which was available for residents to meet with visitors in private or watch a different television programme to their fellow residents.

An office with overnight facilities, was available in each house for staff. The houses had well equipped domestic style kitchens with adjacent utility rooms. Each house had a well maintained garden.

Laundry was facilitated in house by staff with assistance from residents. Refuse bins were stored in a safe area and waste was collected by a local domestic refuse company.

Residents told the inspector they liked their home and one resident stated, "it is close to rugby and GAA stadiums and close to the bus station". This was of particular importance to this resident. One resident expressed the view that he would like to have different living arrangements. This was being investigated at the time of inspection.

Overall there were satisfactory facilities in place to support staff in their work. However, a chair used by staff was in disrepair and had potential to cause an injury.

**Judgment:**  
Substantially Compliant

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

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

**Theme:**  
Effective Services

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

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

#### **Findings:**

Overall, the inspector found that there were adequate arrangements in place with regards to health, safety and risk management including policies and procedures relating to such matters. Hazards had been identified and assessed. These assessments were seen by the inspector and were found to be site specific. Each resident had assessments in their file notes of risks which pertained specifically to them. Control measures were put in place to minimise the hazards. There was evidence that learning took place from both internal audits and from HIQA reports to other centres. For example, a visual roster was put in place after an internal annual review, the glass in internal doors was removed following a risk identified.

An emergency plan was in place. A list of phone numbers of maintenance personnel was available and the person in charge confirmed maintenance matters were attended to swiftly. There was a system in place for incident reporting and investigation of same. The inspector reviewed the incident log book and found that it was completed as

required and appropriate actions were taken to minimise a recurrence. The person in charge had analysed the incidents and was aware of the trigger factors which caused the incidents.

There were satisfactory arrangements in place for the prevention and control of infection. Hand washing facilities were in place throughout.

Suitable fire safety equipment was provided and there were adequate means of escape. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Residents' mobility and cognition had been accounted for in the evacuation procedure. Evacuation times were between 30 seconds and one minute and 30 seconds. These evacuation fire drills took place during the day and night. Residents had evacuation plans in place; both in their files and at the front door entrances. Residents told the inspector about the evacuation process and indicated in the questionnaires they completed that they were familiar with such drills.

The inspector reviewed service records and found that fire fighting equipment was serviced on an annual basis. The smoke alarms were checked weekly. However, there was no emergency lighting in place. Each resident had a torch for use in the event of a power cut.

**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. There was a proactive and non judgemental approach to managing behaviours that challenge. Specific plans were put in place to assist residents and staff in finding a satisfactory way of working with such challenges and the plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a good outcome. Psychological support was sought to assist with specific positive behaviour plans and families were also involved in these. Where appropriate, social

workers were also involved in behavioural plans. There was documentary evidence that the interventions put in place were effective, while at all times promoting a restraint free environment and protecting the privacy and dignity of the resident.

The restraint free environment was evident from observing how staff and residents interacted. Staff had specific training and considerable experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way. There were a number of examples where the restrictive practice in use had been removed following a reassessment of its need and following good management of the behavioural issues. For example, a resident who required restraint while travelling had, following good interventions, had this restraint removed.

Policies were in place with regards to protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in their homes and had access to staff with whom they could communicate with. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person. Residents stated in the questionnaires, "It is safe here and I love it". Another resident who previously lived in an unstaffed house stated, "It is safe because there is staff here". Relatives were unanimous in their view that their family member was safe in the centre.

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:**  
Compliant

#### **Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

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

#### **Findings:**

The inspector found that the person in charge was familiar with the process for recording any incident that occurred in 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 were promoted. A proactive approach was taken to ensuring residents had good opportunities for new experiences. Residents were afforded the opportunity to attend various activities such as visiting their own home on a regular basis, staying over-nights and weekends with family members, going on holidays both in Ireland and abroad, attending concerts, listening to music, going for walks, dining in restaurants, going to the cinema, horse riding, bowling, attending football matches and attending social evenings. Residents commented on how much they, "liked going on trips".

Residents also indicated how much they enjoyed the monthly social evening. The social evening was a place for residents to meet with friends both inside and outside the Brothers of Charity organisation. The monthly socials were running for 25 years and was an integral part of the social scene within disability services in the Limerick area. The social was held in a local hotel, it was well attended and was organised and run by staff from the Brothers of Charity and other disability services staff.

There was an assessment process to establish each resident's employment/activity needs. Residents attended day services which were tailored to suit their requirements. One resident had part time employment and plans were underway for two other residents to engage in employment. From discussions with residents and staff it was clear to the inspector that appropriate employment opportunities was important to residents and something which gave them self confidence.

**Judgment:**  
Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector saw that a comprehensive holistic assessment was used by staff in conjunction with the resident and/or their relative to assess each resident's needs. From the assessments, plans of care were devised. Staff spoken with were knowledgeable and informed as to each resident's needs and requirements. There was evidence of a health promoting ethos to care. For example, healthy lifestyle including diet and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided. One relative commented that, "every time I see X, he always looks healthy, clean and happy". Residents confirmed there was good medical attention provided for them.

The dietician and speech and language therapist were available to lend support and guidance in the formulation of nutritional care plans and specific plans for a resident with a swallowing difficulty. There was evidence of referral and access to the general practitioner (GP), psychologist, behaviour therapist, dentist and optician. Where other specialist services were required these were facilitated and staff attended hospital appointments with residents if required.

Reviews of care plans took place annually or more frequently if required. The resident, their family, day service staff, key worker and centre staff were involved in the care planning meetings. In general relatives were satisfied they were kept informed of residents changing needs and were familiar with their family member's priorities. However, in one instance the relative was not aware of the resident's personal plan.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents had their lunch and other daytime snacks at the day services. The inspector saw that meals, mealtimes and the provision of snacks were dictated by residents' routines and choices and residents had their meal at a time of their choosing. For example, the inspector saw dinner was prepared on time for a resident to go shopping after dinner. The inspector saw that a healthy warm evening meal was prepared for residents, with some assistance from residents.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector was satisfied that there were systems in place to ensure that medication management was administered as prescribed. However, the practice was not in line with the policy. The prescriptions chart and medicine administration chart in use was not the ones indicated in the medicine policy which was revised in May 2015. This is actioned under Outcome 18, policies and procedures.

The inspector saw that medications were securely stored and unused or out of date medicines were returned to the pharmacy. At the time of this inspection a number of residents had been assessed as having the capacity to safely manage their own medication. A number of residents liaised directly with the pharmacist and collected their own medication. Policies were in place which included detailed self medication assessment guidelines.

Staff had received training in the safe administration of medications and there was documentary evidence of this. This training was in the process of being reviewed, strengthened and kept in line with the organisation's policy.

There were good systems in place for the ongoing review of medications. Prescription charts were reviewed by the resident's general practitioner (GP) on a regular basis and when there were changes to the resident's medication.

A system was in place for the recording of medication errors. There was a healthy "no blame" approach to recording such errors. The person in charge was aware of such errors and measures were put in place to avoid a reoccurrence.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The statement of purpose was updated in March 2016. It affirmed the aims and objectives of the centre along with the services and facilities available to the residents. It was available to residents. All of the items required under Schedule 1 of the regulations were contained in the statement of purpose. The inspector was satisfied that the services provided at the centre were reflective of what was outlined in this document.

**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 was in the role of person in charge for three 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 mandatory training requirements.

The person in charge was assigned "on call" duties as part of their roster. The person in charge "on call" assisted in other centres if the need arose. The person in charge confirmed this did not impact unduly on her commitments to her own substantive post. In addition, the appointment of a staff members to assist with "on call" duties had been helpful.

The provider had established a clear management structure. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included an area manager, head of community services, quality manager and director of services. The person in charge met with the area manager on a regular basis and had formal fortnightly meetings with her. The area manager in turn met with the head of community services. The area manager was contactable almost all the time. If she was not available another area manger covered for her.

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.

There were ineffective arrangements in place 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. The inspector was informed this matter would be addressed with the immanent appointment of a new head of Human Resources.

**Judgment:**  
Substantially Compliant

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

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

**Theme:**  
Leadership, Governance and Management

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

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

**Findings:**

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. The provider was aware of the need to notify HIQA if the person in charge was to be absent for more than 28 days.

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

The resources that were available appeared to be appropriately utilised.

**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 inspector was satisfied that the centre had an appropriate staffing level with suitable skills and qualifications to meet the assessed needs of the residents. Residents were normally present in the centre from approximately 4pm until approximately 9am the following morning. During this time there was one staff member present in each house in the designated centre. There were occasions when residents

were present without supervision but this was appropriately risk assessed and done in a safe manner. Staff transported a number of residents to and from their day services. Other residents travelled to and from home independently.

There was a staff roster in place which reflected the shift pattern conveyed to the inspector and matched with the staff that were actually on duty. Staff were supported in their role by the person in charge. The person in charge had a central office in a different location during the day and was in the centre for the evening hours when the residents were present. The person in charge also worked two sleepover shifts in a fortnight. This gave her front line knowledge of the needs of residents. However, it also impacted on the time she had available to supervise staff and in particular the shift which worked opposite to her. This had been brought to the attention of the area manager and management were examining ways of how the person in charge could have greater contact with her opposite shift.

Staff told the inspector that they felt supported in their role by the person in charge. All staff had up-to-date training in moving and handling, fire safety training, protection of vulnerable adults and non-crisis intervention training. Staff files were maintained in a central administrative location and were examined by the inspector on a previous occasion. The files were found to be in compliance with the regulations.

There were regular staff meetings held in each of the houses in the designated centre. The minutes of these meetings were made available to the inspectors. Staff were aware of the regulations and standards and were also familiar with the centre-specific policies in place in the centre.

Both the person in charge and the area manager had a role in staff supervision within the centre. However, as discussed under Outcome 14, there were no formal arrangements for staff appraisals.

**Judgment:**  
Compliant

### **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:**

Overall, records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. A record of residents' assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident, including any treatment or intervention, was maintained. Residents' files were found to be complete and were kept accurately and up to date. For example, a record was maintained of referrals/appointments and residents' notes were updated accordingly with the outcome of the appointment.

Records relating to communication needs, money or valuables, complaints, notifications, fire safety and staff rosters were maintained, stored securely and were easily retrievable. The policies required under Schedule 5 of the regulations were in place.

Details of current insurance cover was available for inspection.

As discussed under Outcome 12, medication prescription and administration policies were not implemented in full. The policy was reviewed and updated in May 2015 but the documentation in use was not the same as that referenced in the policy.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
<b>Centre ID:</b>	OSV-0004834
<b>Date of Inspection:</b>	29 March 2016
<b>Date of response:</b>	29 April 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:**

Complaints were not investigated promptly or in line with the organisation's policy.

**1. Action Required:**

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

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

A new complaints policy implemented in February 2016.

The Implementation of this policy is to be reviewed three months post implementation- May 2016.

The management of escalated complaints is to be considered as part of this review. The specific complaint identified on inspection was investigated and the complaints officer met with the complainant.

**Proposed Timescale: 31/05/2016**

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

A chair for use by staff was in disrepair.

**2. Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The Chair has now been removed and replaced.

**Proposed Timescale: 30/04/2016**

**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:**

Emergency lighting was not provided.

**3. 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:**

The HSE have been informed of the costs associated with the fire safety upgrade and funding has been requested.

The HSE has advised that "all required funding for Fire and Safety work will be reviewed and prioritized for approval".

Measures in place to mitigate against the risk of fire include;

- \* regular fire drills
- \* day time and night time drills
- \* swift evacuation times -
- \* staff trained in fire safety
- \* risk assessments in place and regularly reviewed
- \* individual egress plans for each resident
- \* fire safety equipment on site and serviced annually
- \* serviced fire alarms in each house
- \* weekly in-house checks to ensure fire alarms are working
- \* running man signs in place
- \* evacuation procedure in place and displayed in a prominent position
- \* each resident has a torch for use in the event of a power failure.

**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:**

There were ineffective arrangements in place 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.

#### **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:**

A draft policy has been sourced by the outgoing Head of HR and a group has been identified to agree this policy and set out a plan for its implementation.

A new Head of HR was recruited in April 2016. The roll out of this supervision process is identified as a priority for the new appointee.

**Proposed Timescale: 31/12/2016**

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

Medication prescription and administration policies were not implemented in full.

**5. Action Required:**

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

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

Full policy review scheduled May 2016, appendices to be reviewed in conjunction with this.

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