| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Southern Services |
| Centre ID: | ORG-0008462 |
| Centre county: | Cork |
| Email address: | annarrcentre@eircom.net |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Southern Services |
| Provider Nominee: | Una Nagle |
| Person in charge: | Anna Buckley |
| Lead inspector: | Breeda Desmond |
| Support inspector(s): | Geraldine Ryan |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 4 |
| Number of vacancies on the date of inspection: | 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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 14 April 2014 08:50
To: 14 April 2014 17:30

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

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Summary of findings from this inspection
Centre ORG-0008462 was the first designated centre under the auspices of the Brothers of Charity Southern Services to have a monitoring inspection carried out by the Authority.

The centre provides full time accommodation to four residents. After the inspection, an immediate action plan was issued by the Authority as the registered provider did not ensure that effective fire safety management systems were in place.

As part of the monitoring inspection, inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as the centre’s statement of purpose, person-centred care plans, records of residents’ finances, medical and nursing records, the menu on offer, activities, staff training records, staff files, policies and procedures, complaints and the residents’
Inspectors met with the appointed person in charge (PIC), who was based off site. The PIC stated she was familiar with the Regulations and Standards and stated she was committed to working towards compliance with regulatory requirements.

There was evidence that the centre was well managed locally. It was warm and homely. Residents stated they enjoyed living there, enjoyed the outings, activities and spoke highly of the staff. Residents’ documentation was maintained in an orderly fashion.

The Action Plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. These were discussed in detail with the section manager and the PIC at the feedback meeting at the end of the inspection.
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 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

Judgement:
Non Compliant - Minor

Findings:
Staff were observed interacting with the residents in a respectful manner. It was evident that staff had in-depth knowledge of the residents and their backgrounds.

Minutes of a weekly meeting held with the residents were reviewed. It was evident that residents were consulted with and participated in, discussions with regard to their expectations for the forthcoming week. However, it was difficult to ascertain if the proposed plans as discussed at the weekly meeting materialised as the feedback from such meetings was not recorded. Residents voiced how they had an opportunity to air their views. Residents had access to transport, provided by the centre, to go on excursions and outings and confirmed that they regularly went out to lunch, shopping and on excursions/trips. Local amenities were within walking distance of the centre.

There was documented evidence indicating that some residents’ confidential medical information was discussed at some of the weekly meetings. This process did not ensure or protect the residents' privacy and dignity.

The PIC stated that she regularly met with the residents and it was evident that the residents were very familiar with and engaged well with the PIC.

The centre had a complaints policy dated March 2014. The complaints procedure was in an accessible and appropriate format. However:
- the complaints procedure was not displayed in a prominent position in the centre
- there was no named nominated person who was not involved in the matters the subject of complaint, available to deal with complaints by or on behalf of the residents
- there was no named nominated person, independent of the person nominated to deal with complaints, available to ensure that all complaints were appropriately responded to.
Residents had access to an advocacy service. However, the details of how to contact the service was not readily available.

The centre did not have a complaints log. The sector manager stated that the log book was in the process of being implemented. The PIC stated that any issues or concerns were addressed as they arose.

Residents had their own bedroom and all were personalised. There was adequate room for residents to store personal possessions by ample provision of bedside lockers, wardrobes, chests of drawers and seating. Residents could secure some items in the centre's safe as a lockable facility was not available in the residents' bedrooms. Each resident had his/her own television in their bedroom. One sitting room with a television was available to residents.

The centre had a policy on residents' finances and personal property. Each resident had a book complete with clear records and receipts of any financial transactions. However, it was not evident that the residents co-signed the transactions. While residents had inventories of personal property, they were not dated and were not robust. This is captured under outcome 8.

Laundry facilities were provided and staff attended to the residents' laundry.

It was evident that personal care practices respected residents' privacy and dignity and that residents were encouraged to maintain their own privacy and dignity.

A telephone was available in the centre. While internet access was available, residents did not have full access to it as it was based in the staff office/overnight facility.

One resident held the keys to her bedroom; the remaining residents' bedrooms remained unlocked.

**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

**Judgement:**
Non Compliant - Moderate

**Findings:**
While internet access was available, residents did not have easy access to it as it was based in the staff office/overnight facility. This room also contained private and confidential information/records pertinent to all residents, locked medication storage and staff communications. One resident who liked word search exercises used a computer at
the day service he attended. However, a computer was not as available to him when the
day service was closed as the computer in the centre was located in the staff office.
The PIC gave an undertaking to follow up on this item.

The centre had a policy on communication. There was one television in the sitting room
and residents had a wall mounted television and a radio in their bedrooms.

The residents invited the inspectors to have morning tea and during this time residents
expressed how they went out on outings, shopping for groceries, personal shopping, to
the day services, on holidays, visited their families and other excursions.

Residents had access to psychology and speech and language therapy services. There
was evidence that residents' communication needs were assessed as the residents' PCPs
contained a communication profile for recording the individual communication
requirements/prompts of each resident. Staff members spoken with by inspectors were
knowledgeable of the communication needs of residents and were observed interacting
with residents in a respectful manner.

### 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

**Judgement:**
Non Compliant - Moderate

**Findings:**
It was evident from speaking with residents and staff that, where possible, relationships
with families were facilitated and supported and families were kept informed of
resident's well-being. However, it was not evident, that efforts were documented.

There were no restrictions on visits by friends except when requested by the resident.
However, residents did not have access to a private space should they wish to entertain
visitors.

Residents were supported to develop and maintained personal relationships and links
with the local community.

There was one staff member on duty at any one time. Should a resident wished to go
out, particularly at weekends; this was accommodated by a process of utilising a bank of
staff 'support hours'. These were staff hours allocated to accompany residents on
excursions. The centre had its' own designated transport and all staff members were
approved drivers.
### 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

#### Judgement:
- Non Compliant - Major

#### Findings:
Residents did not have a written agreement which dealt with the support, care and welfare of the resident in the centre and details of the services to be provided for that resident.

### 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

#### Judgement:
- Non Compliant - Moderate

#### Findings:
While each resident had a PCP, some residents had a number of copies of PCPs and it was not clear which was the most recent. The centre's statement of purpose stated that each resident was involved in the development and review of their PCP and there was evidence of this in the PCP. Documentation included details of the resident, a communication profile, 'my life now', 'my life story', activities, money skills, inventory of personal belongings, details of allied services, individual rights assessment, individual intimate and personal care protocol, an easy read version of the resident's PCP, day service, medical review and a daily record of care.

Residents had some opportunities to participate in activities. Activities included attending friendship clubs, social gatherings, out for lunch/coffee, social outings and seasonal outings to events. However, it was unclear if the activities on offer were purposeful to the residents and suited their needs, interests and capacities, particularly at evenings and at weekends. It was evident in residents' personal care plans (PCPs) that efforts
were made to capture residents' expressed preferences. However, one resident expressed to the inspector that he would like to do some cooking. This information was not captured in his PCP.

General observations made by inspectors following a review of the PCPs included:
- activity records did not contain reference to the actual activities that the resident engaged in the day services
- while PCPs did identify individual needs, choices or aspirations, there was no evidence of goals identified by the residents, plans in place to enable goals to be met or who was responsible to help the residents achieve their goals
- evidence-based tools used for assessing residents' dependency and for assessing clinical risks were not available in the centre
- some of the easy read PCP were not signed or dated by the staff member or the resident
- some PCPs were not updated to reflect the changing needs of residents; for example: the nutritional aspect of one resident's PCP did not include any reference to the resident's recent weight loss or the fact that he was on a particular diet.

Residents had access to allied services (dietician, optical, speech and language, psychology services, psychiatry services, chiropody, and audiology). While there was evidence that residents' abilities, skills and needs were assessed with appropriate professional assistance, some assessments were out of date. The care plans set out the services and supports to be provided to enhance residents' quality of life and to realise their goals, such as:
- healthcare needs
- social care needs
- development, where appropriate, of a network of personal support
- transport services
- the resident's wishes in relation to where he/she want to live and with whom
- the resident's wishes or aspirations around friendships, belonging and inclusion in the community
- the involvement of family or advocate. The role of the family and the support services to be provided were documented in most care plans.

However, information with regard to residents' access to assistive devices and technologies or education, lifelong learning skill was not clearly set out in residents' PCPs.

The residents attended day services from Monday to Friday each week. Residents expressed how they enjoyed going to the day services, meeting friends and going to the cafe and partaking in activities. The day service schedule evidenced that a variety of activities were provided. While the day service timetable highlighted the activities available to residents, it was not clear as to what activities the residents did or did not engage in.
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

Judgement:
Non Compliant - Moderate

Findings:
The centre was homely, tidy and warm. The centre was a single story building accessed via a private drive way. Residents had access to a front and rear garden. An apartment, complete with shower/en suite and separate to the main building was located to the side of the main house and this was occupied by one resident. A shed was located behind the apartment. Access to the centre was via the front door. A raised step up to the front door and a raised lip on the door saddle required review so as not to pose a risk to a resident. A grab rail was available on the wall adjacent the front door. The ground floor comprised an L-shaped hallway, a sitting room, a kitchen/dining area, a separate staff overnight facility/office, a shower/bathroom, a linen press and three bedrooms accommodated by residents. One of the resident's bedrooms had a shower en suite. The centre had an intruder alarm.

General observations included:
- the main bathroom was used by two residents and staff
- the shower seat was in an unclean state
- a shower stool was in a state of disrepair and rusty
- flooring in bathroom was stained
- wooden shelving in the bathroom was in a state of disrepair
- a wall in the bedroom en suite was damaged
- ceiling light flexes were dusty
- ventilation ducts were dusty
- chipped paint on the kitchen walls
- adhesive tape was used on a light switch in the kitchen
- the floor covering in the dining area required review to ensure it did not pose a trip hazard to residents
- a first aid box located adjacent the front door was unlocked and the base was in a state of disrepair/rusty
- a small table located in the kitchen was in a state of disrepair
- walls, particularly in the sitting room were scuffed and marked
- a vacuum cleaner was stored in the dining area.

Both the sector manager and the PIC stated that while a regular maintenance and painting/decor programme was not in place, general maintenance was addressed in response to issues/requests. A list of contacts were available for staff to contact in the
event that urgent maintenance was required. Access and arrangements in relation to ongoing maintenance and general upkeep of the premises, required review. This will be discussed under outcome 7.

While residents' bedrooms were personalised, inspectors noted the following:

- none of the bedrooms had a facility for the residents to alert staff should they require assistance 
- while one resident accommodated in the apartment held her own bedroom door key and two residents in the main house were able to lock their bedroom; one resident's bedroom door did not have a locking mechanism

A washing machine and dryer and a general refuse bin were located in the kitchen. While colour coded mops and buckets were stored in an outhouse, the cleaning buckets were filled from the kitchen taps. The centre had three sinks; one in the kitchen, one in the bathroom and one in a resident's en suite. Arrangements in relation to housekeeping and storage required review.

The dining room area was a bright space and could accommodate all residents and staff.

## Outcome 07: Health and Safety and Risk Management

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

### Theme:
Effective Services

### Judgement:
Non Compliant - Major

### Findings:
The organisation had an up to date health and safety statement.

The centre did not have a risk management policy. While a risk register was included in the health and safety statement it did not include all the specific risks as required under Regulation 26. There was no systematic process in place for investigation and learning from serious incidents and adverse events involving residents. The PIC stated that issues were discussed locally.

While the centre had an emergency plan, it did not address the safe placement of residents in the event of an evacuation.

On foot of findings in relation to fire safety systems, an immediate action plan was issued to the provider. A procedure for the safe evacuation of residents and staff in the event of fire was not displayed in the centre. While staff were aware of what to do in the event of a fire, there was no documented evidence that the mobility and cognitive understanding of residents had been adequately accounted for in the evacuation procedure. Records of fire drills were reviewed, but it was not evident as to who
participated in the drills. The PIC confirmed that the residents were involved in the fire drills.

Housekeeping duties were carried out by care staff. Procedures in place for the prevention and control of infection (alcohol hand gels, disposable gloves) required review in order to comply with the centre's policy on the prevention of infection. The following observations were made by inspectors:
- personal protective equipment (PPE) disposable gloves (to handle food or for housekeeping) were provided. However, as observed on the day of inspection, not all staff availed of the PPE while handling food
- a communal cloth bath towel was noted in the residents' bathroom/staff shower facility
- unidentifed toothbrushes were stored in a container in the bathroom.

Specific alginate bags used for soiled laundry (alginate bags are a high density translucent red polythene bag that are designed to prevent the need to personally handle soiled/potentially contaminated garments), were available.

The induction folder included some cleaning schedule instructions and guidance for staff in regard to regular deep cleaning of curtains, carpets, general high dusting was not in place. There was no plan or schedule for the regular review of the decor, painting or general maintenance of the centre. Inspectors were informed that maintenance was carried out in response to a request rather than a planned approach.

Oil central heating was used in the centre and was on a timer.

Waste (domestic and recycling) was stored in a designated bins and an arrangement was in place for the regular collection by an external agency.

The PIC stated that, while incidents and accidents were recorded and submitted to the safety officer, it was unclear if any review of such incidents resulted in the instigation of precautionary measures, or if learning outcomes were discussed with staff.

Admission to the centre was via a front locked door and a back door leading directly into the kitchen. While residents did not have a house key, the PIC outlined the arrangements that were in place should a resident need to return to the centre outside of the usual times.

**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
Judgement:
Non Compliant - Minor

Findings:
The centre had a policy on residents' finances and personal property. Each resident had a book complete with clear records and receipts of any financial transactions. However, it was not evident that the residents co-signed the transactions. While residents had an inventory of personal property, they were not dated and were incomplete.

There was a policy on, and procedures in place, for the prevention, detection and response to abuse. Staff members spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse. However, not all staff had received up-to-date training on abuse and other staff had last attended training in 2009 and 2010.

There have been no incidents, allegations or suspicions of abuse. Both the section manager and the PIC stated that systems were in place to protect residents through regular interactions with residents and supervision of staff. Inspectors observed staff members interacting with residents in a respectful manner.

Restrictive measures were not in use at the centre.

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

Judgement:
Non Compliant - Minor

Findings:
Residents had the opportunity to attend two day service facilities operational from Monday to Friday, and returned to the centre each evening. A range of activities were on offer in both centres and these activities included attending friendship clubs, social gatherings, out for lunch/coffee, social outings and seasonal outings to events. As discussed under outcome 5, it was not possible to determine if the individual preferences of residents in relation to activities were facilitated, particularly in the evenings and at weekends. Bus trips were organised at the weekends. However, it was unclear if staffing levels determined whether a resident could choose to stay in the centre.

As PCPs did not identify employment or training goals of residents, it was also not possible to determine if these were being met.
Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme: Health and Development

Judgement: Non Compliant - Moderate

Findings:
Residents had access to general practitioner (GP) services, including out-of-hours, and there was evidence of regular review.

Even though there was evidence of assessment by multidisciplinary services in the past, records indicated residents were not reviewed on an ongoing basis. For example; the food and nutrition provided in the centre particularly in the evenings and at weekends had not been reviewed for some time. A recent occupational therapy assessment for one resident was located in the health and safety statement. However, the information arising from the assessment was not captured in the resident's PCP.

Staff were knowledgeable about residents’ health and social care needs. PCPs were developed for each resident, but they did not adequately capture or describe the healthcare needs of residents. There was no link between residents' personal support plans and the care that was delivered to them. For example, one resident’s PCP did not capture a recent loss of weight.

From Monday to Friday residents had their main meal in the day services. Residents had their breakfast and their tea in the centre each day and usually had all of their meals in the centre at weekends. Residents regularly dined out. Meals in the centre were prepared by the staff. While staff reported that menu choices were discussed at the weekly meeting held with residents, there was no documented evidence to support this and no clear indication of what residents could have for their evening tea. Residents were able to articulate to inspectors their food likes and dislikes. Staff members stated that the menu was varied, however records available in the centre did not demonstrate the provision of a varied and wholesome diet. Training records indicated and staff confirmed that they had not received training on nutrition, including food safety particularly when cooking raw food, and basic food hygiene.

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme: Health and Development
Judgement:
Compliant

Findings:
The centre had up to date operational policies relating to medication management.

Each resident had a prescription chart signed by the GP and each resident had a medication administration chart. Photographic identification, the resident's date of birth and GP were noted on the medication prescription chart. Medications were signed as being administered by staff.

Processes in place for the handling of unused and out-of-date medicines were satisfactory.

Medications were delivered in a pre-packed pouch supplied by the external pharmacy supplier. Currently, there were no residents in the centre who required medications to be crushed or prescribed medications that required strict controls (MDAs).

The PIC stated that all staff had completed a training course on medication management. A sample of staff training records reviewed evidenced this.

The centre did not have a separate fridge to store medication that required storage at a particular temperature. Subsequent to the inspection, the PIC informed the inspector that a medication fridge was on order.

Residents' medication was transferred daily in a secure facility to the day service where it was administered by the staff.

There was evidence of regular review of psychotropic medications.

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

Judgement:
Non Compliant - Minor

Findings:
The centre had a statement of purpose. While it outlined many of the items listed in Schedule 1 of the Regulations, the following omissions were noted:
- it did not adequately describe the fire precautions and associated emergency
procedures in the designated centre
- the size of the rooms in the designated centre.

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

Judgement:
Compliant

Findings:
Management systems were in place to ensure that service provided was effectively monitored. There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The PIC worked full-time and had the qualifications, skills and experience necessary to manage the centre. She was also the PIC of other centres within the auspices of the Brothers of Charity Southern Services. There was evidence that the PIC had engaged in continued professional development.

Both the PIC and the section manager stated they met regularly on a formal basis.

Inspectors were satisfied that there was satisfactory supervision of the centre to assure that the care being delivered ensured the needs of residents were met.

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

Judgement:
Compliant

Findings:
There were suitable arrangements in place for the absence of the PIC and this was confirmed by the both the section manager and the PIC.
**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

**Judgement:**
Non Compliant - Moderate

**Findings:**
Resources allocated to maintenance, housekeeping, decor, education and training of staff required review to ensure the effective delivery of care and support in accordance with the statement of purpose. It was evident efforts were made to address issues as they arose. However, no formal arrangements were in place for the regular deep cleaning of the centre and the review of furnishings.

**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

**Judgement:**
Non Compliant - Moderate

**Findings:**
The centre had a policy for the recruitment of staff. An induction folder to guide and inform staff was available in the centre. A sample of personnel records reviewed evidenced that the records contained most of the documents required by Schedule 2 of the Regulations. However, not all records contained a full employment history or photographic evidence of a staff member.

The staff roster reflected the number of staff on duty. There was one staff member on duty in the centre each day from 17:00hrs onwards and slept in the centre overnight and was on duty until 09:30hrs. A day staff member collected the residents to take them to their day service and returned the residents in the evening. There was one staff member on duty on Saturday and Sunday, inclusive of the overnights.

Staff were knowledgeable of residents' individual needs and preferences. A record of
staff training, reviewed off site by an inspector, indicated that while staff had attended a broad range of training, not all staff had attended training in welfare and protection. Some staff who had attended training in welfare and protection, last attended training in 2009 and 2010.

Cognisant of the fact that care staff prepared meals and cooked raw food it was not evident that all staff had training in basic food hygiene.

Fire training for staff was captured in the immediate action plan issued on the 15 April 2014.

### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Breeda Desmond  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID: ORG-0008462
Date of Inspection: 14 April 2014
Date of response: 07 May 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not displaying a copy of the complaints procedure in a prominent position in the designated centre.

Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
Current system:
• An accessible version of the complaints procedure is available in the living room in The Centre.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
• All Service Users and next of Kin (as appropriate) have been issued with a copy of the Complaints Brochure ‘I am not Happy’. This brochure explains how to make a complaint and is in accessible format.

Action:
• A flowchart of the complaints procedure has been developed from the accessible version of the Complaints Brochure. It has been framed and is now hanging on a wall in the Kitchen.

Proposed Timescale: 07/05/2014
Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not ensuring that a person who was not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

Action Required:
Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

Please state the actions you have taken or are planning to take:
Current system:
• Complaints can be made to the staff on duty, the supervisor or the PIC. The PIC reports to the Sector Manager who has overall responsibility for The Centre and who is the Complaints Officer. If the Sector Manager is deemed to be involved in matters the subject of the complaint the matter is referred to another Complaints Officer.

Action:
• A Sector Manager with no responsibility for the Centre has been appointed as the Complaints Officer.

Proposed Timescale: 07/05/2014
Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not ensuring that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a
complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

Current system:
• Formal complaints are logged by the Complaints Officer

Action:
• The new complaints log records both formal and informal complaints within each house

**Proposed Timescale:** 07/05/2014

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**Outcome 02: Communication**

**Theme:** DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have easy access to the computer as it was based in the staff office/overnight facility. One resident who liked word search exercises used a computer at the day service he attended. However, a computer was not as available to him when the day service was closed.

**Action Required:**
Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

Current system:
• The current person centred planning system explores individual communication support requirements for individuals

Action:
• The benefits of assistive technology, aids and appliances will be explored for the individuals as part of their forthcoming person centred planning review. Based on the outcome of the review process, the residents will be supported to purchase and use whatever assistive technology is considered to be of benefit to them.

**Proposed Timescale:** 30/06/2014

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

**Theme:** DCAD10 Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not providing a suitable private area, which was not the resident's room, to a resident in which to receive visitors, if required.

**Action Required:**
Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

**Please state the actions you have taken or are planning to take:**
Current system:
- Staff ensure that any resident who receives a visitor is given time and privacy for the duration of their visit with least disruption to the other residents.
Action:
- The suitability of the current system will remain under review.

**Proposed Timescale:** 07/05/2014

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not ensuring that residents had a written agreement capturing the services provided for the resident which included the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
Current system:
- Formal contracts were not issued to the residents at the time of admission which was many years ago. Since 2009 All new residents are issued with a full Admission Pack.
Action:
- Formal contracts will be issued to the current residents.

**Proposed Timescale:** 30/06/2014

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**Outcome 05: Social Care Needs**

**Theme:** Effective Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not ensuring that personal plan reviews assessed the effectiveness of each plan and took into account changes in circumstances and new developments.

**Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**
Current system:
- The Services Quality System Co-ordinator has a role in monitoring the effectiveness of plans. The Personal Plans do take into account changes in circumstances and new developments.
Action:
- The Person in Charge has arranged for all plans to be reviewed by the Services Quality System Co-ordinator in conjunction with local Management and Key Workers to ensure their effectiveness, taking into account changes in circumstances and new developments.

**Proposed Timescale:** 07/05/2014

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not ensuring that recommendations arising out of each personal plan review were recorded and included any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Action Required:**
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**
Current system:
- The Personal Plans do take into account changes in circumstances and new developments.
Action:
- The Person in Charge has arranged to review current plans to ensure that all recommendations arising out of each personal plan review are recorded to include any proposed changes to the personal plan; the rationale for any proposed changes, and that the names of those responsible for pursuing objectives in the plan are clearly identified and timescales, and that the current system is fully implemented and audited.
Proposed Timescale: 07/05/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not ensuring that each personal plan was amended in accordance with any changes recommended following a review.

Action Required:
Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

Please state the actions you have taken or are planning to take:
Current systems:
• The Personal Plans do take into account changes in circumstances and new developments. Multi-disciplinary reports may be requested as part of this review.

Action:
• The Person in Charge has ensured that all personal plans are amended in accordance with any changes recommended following a review.

Proposed Timescale: 07/05/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not providing premises which was kept in a good state of repair externally and internally.

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

Please state the actions you have taken or are planning to take:
Current system
• An annual site specific assessment to update the Hazard Log is undertaken to identify any issues that need to be addressed to ensure the premises is maintained in a good state of repair.
• All maintenance requests are submitted by front line staff directly to the Transport & Maintenance Officer who organises the work accordingly. Where maintenance works are of significant cost, the request will be prioritised by the Person in Charge and Sector
Manager as appropriate.

Action
• All of the issues identified in the report are being dealt with, with some complete.
• The annual Hazard Identification/Log update due in June will be reviewed to ensure repair, externally and internally, are identified.

**Proposed Timescale:** 27/06/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not providing premises which was clean and suitably decorated.

**Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
Current system:
• There is a cleaning schedule in place and decoration work is planned for and prioritised in response to requests.

Action:
• All of the issues identified in the report are being addressed.

**Proposed Timescale:** 30/05/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not ensuring that the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were met.

**Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
Current system:
• There is currently adequate private and communal accommodation for the residents.  
• Rooms are of a suitable size and layout, for the needs of the residents.  
• The residents have adequate space and suitable storage facilities for their personal use.  
• There is adequate space for the residents for their social, cultural and religious activities.
• The ventilation, heating and lighting is suitable for the residents.
• The kitchen and dining area are combined making the centre homely and appropriate to the needs of the residents.
• The centre has 3 bathrooms, 2 ensuite and one main bathroom which is fully accessible
• There are arrangements in place for the safe disposal of general waste. Currently, there is no clinical waste generated at the centre.
• Residents are supported and encouraged to take responsibility for their own laundry

Action:
The storage facility for cleaning equipment is being reviewed.

**Proposed Timescale:** 30/05/2014

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre did not have a risk management policy inclusive of hazard identification and assessment of risks throughout the centre.

**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 centre.

**Please state the actions you have taken or are planning to take:**
The risk management policy will be updated to include hazard identification and assessment of risks throughout the designated centre.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not putting systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
Current system:
• The overall corporate Risk Assessment policy is developed for the organisation and local Site Specific Registers and evacuation plans are now being implemented in the Centre.
• fire fighting equipment was tested in March 2014 and fire drills are being conducted at the premises.

Action:
• The policy and local Risk Register will be rolled out with staff training.
• The Emergency Plan is written up (complete)

Expert opinion has been sought in relation to Fire Risk Assessment. All recommendations will be in place by 14th May with the exception of fire alarm detector and fire doors (awaiting additional information) Following the additional information the recommendations will be included in the local Hazard log for the June 2014 update and prioritization.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not ensuring that residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Current system:
• The organisation’s current Infection Control policy is in line with best practice, as guided by the HSE Infection Control policy and the Infection Control Nurse for Intellectual Disability services, with whom we liaise with regularly

Action
• All specific issues raised are now addressed
• A review of the standards for the prevention and control of healthcare associated infections published by the Authority in addition to seeking advice from the Infection Control Nurse for Intellectual Disability Services in the HSE is being undertaken to review current practices and update our policy to ensure measures are appropriate to and necessary for a community based intellectual disability residential service
**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not ensuring that all staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

**Current system:**
- All staff have attended a 1-day training course on the Protection and Welfare of vulnerable adults.
- Every staff member has a folder containing all relevant policies and procedures that aim to ensure staff are fully aware of and understand their duties and responsibilities to ensure the protection and safety of the people they support, including the reporting procedures in the event of having a concern, witnessing an incident or receiving a disclosure.

**Action:**
All staff due Welfare & Protection Training have been scheduled for this training for September 2014 (exact dates to be agreed)

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**Proposed Timescale:** 30/09/2014

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not protecting residents from all forms of abuse by ensuring that all financial transactions were signed by two persons; of which one signature where possible, is the residents.

**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

**Current system**
- At present staff sign for all financial transactions

**Action:**
- The Person in Charge has instructed staff to ensure that service users are actively
supported to participate in and co-sign all financial transactions.

**Proposed Timescale:** 07/05/2014

### Outcome 10. General Welfare and Development

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not ensuring that residents were supported to access opportunities for education, training and employment.

**Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

**Current system:**
- The people living in the Centre currently participate in a semi-retirement / activation type day service, which currently does not include exploration of employment opportunities.

**Action:**
- As part of the reviews of individual personal plans, opportunities for education, training and employment, appropriate to the age and ability of the residents are considered for each individual. This element of planning will be focused on at the next review.

**Proposed Timescale:** 26/09/2014

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not providing appropriate health care for each resident, having regard to each resident's personal plan. There was no link between residents' PCPs and the care that was delivered to them. For example; one resident's PCP did not capture a recent loss of weight.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

**Current system:**
- The current person centred planning system does identify the health care support
needs of the individual but does not have a summary Care Plan.

**Action**
- We are reviewing our current person centred planning system to ensure individual care plans are clearly identified in a summary sheet linking to the relevant sections of the more detailed plan. This care plan will be linked with the personal goals section of the plan. In the meantime, the Person in Charge is ensuring that any health related goals identified for service users are documented in their plan and regularly reviewed.

**Proposed Timescale:** 26/09/2014  
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
It was not clear that all staff had training in food safety to provide each resident with adequate quantities of food and drink which were properly and safely prepared, cooked and served.

**Action Required:**  
Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

**Please state the actions you have taken or are planning to take:**  
**Current system:**  
- Individuals are consulted with and choose what they eat and drink and when.

**Action:**  
- A record keeping system has been developed to assist staff record the quantities of food and drink being offered to residents.  
- The organisation is liaising with the Health Promotion Unit of the HSE for guidance, advice and recommendations on relevant staff training to will comply with this Regulation.

**Proposed Timescale:** 26/09/2014  
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The food and nutrition provided in the centre particularly in the evenings and at weekends had not been reviewed for some time.

**Action Required:**  
Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

**Please state the actions you have taken or are planning to take:**
Current system:
• Individuals are consulted with and choose what they eat and drink and when.

Action:
• The organisation is liaising with the Health Promotion Unit of the HSE for guidance, advice and recommendations on the development of a menu planning and review system that will comply with this Regulation.

Proposed Timescale: 26/09/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain all the requirements as stipulated in Schedule 1 of the Regulations.

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:
Action:
• The Statement of Purpose is now being reviewed to ensure the fire precautions and associated emergency procedures are included and to include the measurements of the rooms.

Proposed Timescale: 14/05/2014

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not ensuring that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.
Please state the actions you have taken or are planning to take:

**Current system**
- The organisation has a devolved budgeting system which means each house has an allocation to deal with maintenance, housekeeping and décor.
- The budget for staff training and education is not currently devolved.

**Action:**
- The effectiveness of the current devolved budgetary arrangements will be reviewed to ensure compliance with this Regulation.

**Proposed Timescale:** 26/09/2014

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not ensuring that information and documents as specified in Schedule 2 were obtained for all staff.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

**Current system:**
- Personnel files are held centrally

**Action:**
- The Person in Charge is reviewing all personnel records to ensure compliance with this Regulation.

**Proposed Timescale:** 25/07/2014

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**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not ensuring that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

**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.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
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</thead>
<tbody>
<tr>
<td>Current system:</td>
</tr>
<tr>
<td>• The organisation, via it’s senior management team (EMT), set out the mandatory training requirements for staff</td>
</tr>
<tr>
<td>• Each Person in Charge identifies the non-mandatory training requirements of staff in their area of responsibility</td>
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<tr>
<td>• The scheduling and roll out of training is scheduled and co-ordinated centrally.</td>
</tr>
<tr>
<td><strong>Action:</strong></td>
</tr>
<tr>
<td>• The Person in Charge in arranging with the Training Department for the appropriate staff training, including refresher training, to be carried out to ensure compliance with this Regulation.</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 26/09/2014