**Centre name:** A designated centre for people with disabilities operated by Brothers of Charity Southern Services

**Centre ID:** ORG-0008447

**Centre county:** Cork

**Email address:** moleary@cork.brosofcharity.ie

**Type of centre:** Health Act 2004 Section 38 Arrangement

**Registered provider:** Brothers of Charity Southern Services

**Provider Nominee:** Una Nagle

**Person in charge:** Michael O'Leary

**Lead inspector:** Breeda Desmond

**Support inspector(s):** None

**Type of inspection** Unannounced

**Number of residents on the date of inspection:** 5

**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.
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.

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 un-announced and took place over 1 day(s).

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

From: 24 June 2014 09:30  
To: 24 June 2014 16:30

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

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**Summary of findings from this inspection**

This was the first inspection undertaken by the Authority in this centre. As part of the inspection process the inspector met with residents, the sector manager, person in charge (area manager), the clinical nurse manager house leader (CNM1) and care staff members. The inspector observed care practices and reviewed documentation such as personal plans, medical records, accidents and incidents logs, complaints log, residents’ finances records, policies and procedures.

The sector manager and person in charge displayed knowledge of the Standards and regulatory requirements and were found to be committed to providing quality person-centred evidence-based care for the residents. Overall, the inspector found that residents were appropriately cared for with privacy and dignity respected.

The action plan at the end of the report identifies improvements necessary 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 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These included:

1) residents finances
2) contracts of care
3) fire safety checks
4) statement of purpose
5) complaints and complaints policy
6) aspects of care plan documentation including the ‘hospital passport’
7) aspects of medication management
8) staff training.
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

Outstanding requirement(s) from previous inspection:

Findings:
The inspector observed that staff respected the privacy and dignity of residents in their interactions, care and how they addressed residents. Each resident was treated as an individual with different levels of support provided in accordance with their needs, preferences and communication. Staff informed the inspector that residents were consulted with informally on a daily basis regarding meal choices and activities and this was observed on inspection. Formal consultation with residents occurred approximately every six weeks. Picture-enhanced communication was available and displayed throughout the centre to support non-verbal communication regarding daily activities, choice and staff on duty. One resident was observed updating this information to reflect the change-over of staff from night-duty to day-duty.

‘How to make a complaint’ was a recurring topic at the formal consultation meetings with residents and the complaints procedure was available in an accessible format. The complaints procedure was displayed in both pictorial and narrative form for easy access. While there was a complaints log, there were no entries and this formed part of the discussion at the feedback meeting. The complaints form was reviewed but it did not detail whether the complainant was satisfied or not with the outcome of the complaints’ procedure. The policy required attention as it was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse, it did not identify people as required by the Regulations.

Residents were assigned a key worker who acted on behalf of individual residents and this was evidenced in their personal plans of care. Residents and their next-of-kin had
access to independent advocacy services should the need arise. While the ‘Charter of Human Rights’ was displayed at the front entrance, the poster was small and it was not in an accessible format.

The centre appeared to be managed in a way that maximised residents’ capacity to exercise their personal autonomy and choice. Risk assessments were completed to safely enable residents to be independent and these formed part of residents’ personal care plan documentation. Residents had opportunities to participate in activities that were meaningful and purposeful to the, for example, one resident part-took in art classes in the day service and had his art work displayed in the local library.

**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:**

Compliant

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

**Findings:**

Residents were assisted and supported in their individual communication needs. Individual communication requirements were identified in personal plans and reflected in practice and effective communication was observed between residents and staff. The inspector noted that residents had access to the internet, television, radio and music centres. Residents had televisions in their bedrooms and there was a flat screen television in both sitting rooms. There was choice of DVDs, CDs, books and games available. There was a variety of picture charts displayed throughout the house including fire safety and day and night staff on duty.

Residents had access to multi-disciplinary professionals if their condition warranted. The sample of care plans reviewed demonstrated that residents were reviewed and had regular access to speech and language therapy, behavioural support, and psychiatry to meet the range of communication needs.

**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

Outstanding requirement(s) from previous inspection:

Findings:
There were no written agreements in place to address the provision of support, care and welfare of the resident in the designated centre, as required by the Regulations.

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 - Minor

Outstanding requirement(s) from previous inspection:

Findings:
Residents had timely access to specialist services with appropriate treatment and interventions. Referrals were evidenced for residents for allied health care services such as speech and language, dentist, chiropody and dietician. Reports were evidenced of specialist interventions and follow-up appointments.

Documentation reviewed and practice observed demonstrated that clinical care and positive behavioural support strategies were in line with evidence based best practice. A daily report was evidenced from both night and day staff describing care and welfare status of residents.

Each resident had a ‘personal outcomes measures’ document which included assessments of twenty outcomes for activities and was reviewed every three years. Staff explained to the inspector that this informed the yearly priorities/goals for residents and four were chosen each year. These priorities/goals were assessed quarterly and at year end they were re-evaluated to determine if they had been achieved or if they were to continue a specific goal. This document informed the personal support/care plan,
however, the guidance information for the personal outcomes measures did not include this detail, making it appear as if information was duplicated.

Residents’ health and social care needs were assessed and the necessary care and support was recorded in individual personal plans of care. These were reviewed quarterly and revised as necessary and annually. The inspector reviewed a sample of personal support plans for residents. The document ‘My Family and Siblings and Other Important People in my Life’ contained names, relationship and photographs. There was ‘Things that are important to Me’ describing interests, activities and behaviours for each resident; they were written from the residents’ perspective, with valuable person-centred information.

Residents had assessments completed which described the level of assistance required for daily activities. The inspector observed residents involved in specific tasks and roles which formed part of their goals in their personal plans and necessary support details were reflected in the personal plans. There were individual client profiles which included a description of the resident as well as a photograph. While reports were evidenced following positive behaviour support interventions, and strategies for challenging behaviour were demonstrated, ‘behavioural records’ did not direct the reader to these reports. Minutes of planning meetings and actions from these meetings were available, however, they were neither signed nor dated.

The day service was located on campus and all residents went there as part of their activation and support plans reflected the established activity schedule available to residents. The support plans identified the key worker assigned responsibility to enable residents achieve their goals with timescales to review objectives and re-evaluation. An assessment with associated interventions to support risk taking was evident in residents’ support plans, for example, taking responsibility for money and cooking. In addition, support plans included ‘a review of my year’ which contained narrative, a review of the resident’s priorities, the priority status and supports necessary to achieve these priorities as well as current and future service needs. ‘Individual rights assessment’ was completed but this along with other documentation was neither signed nor dated. Consent forms were in place for photographic identifications well as other interventions and these were signed by staff and their next-of-kin.

The sample of ‘annual health care checks’ reviewed demonstrated that residents had their annual check for 2014. While a ‘hospital passport’ was in place for each resident, it contained very little detail and no photographic identification.

**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 - Minor

Outstanding requirement(s) from previous inspection: 

Findings:  
The centre located in a rural setting near an urban area. There was a wooded avenue leading into a large central courtyard which was surrounded on four sides by a two-storey stone edifice. The centre comprised cottage 1 and cottage 2 which were situated to the right and left of the stone archway at the entrance to the property. There was a large fountain with shrubbery and garden furniture of table and seating in the courtyard. Day services were accommodated on site.

Cottage 2 could accommodate two residents and one staff member. The design and layout was suitable for its stated purpose and function and appeared to meet the individual and collective needs of residents. It was bright, warm, homely, and well maintained. Communal space comprised a large dining room with kitchen and a sitting room with French doors opening out into the courtyard. Residents’ bedrooms were expansive with ample storage space for their belongings. Residents’ bedrooms had full en suites and there was an additional toilet and wash-hand basin on the ground floor.

Cottage 1 comprised a large dining cum sitting room with kitchen with french doors leading onto the courtyard. There was an assisted toilet and wash-hand basin adjacent to the kitchen. Residents’ accommodation was located on the first floor and three residents lived here. Bedrooms were large with ample storage space and seating as well as full en suite facilities.

There was a secure room off each kitchen area with laundry facilities, and cleaning equipment was also stored here.

The staff office was secure and residents’ files and medications were securely maintained within the staff room. There was a separate shower, toilet and hand-wash basin bathroom alongside the office for staff.

There was a combination of timber flooring and tiled areas on the ground floor. The stairways and bedrooms were carpeted. Carpet to the stairs required attention as they were potentially a trips/falls risk from wear and tear. One en suite toilet seat required replacement.

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 - Moderate

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

**Findings:**
There was a health and safety policy and safety statement available, however, the emergency plan was absent from this. Emergency protocols were displayed in pictorial format in the hallway.

Fire evacuation advisory signage was displayed in the hallway, however, it did not identify ‘where I am now’. In Hawthorne cottage only the ground floor plans were displayed at the entrance without the first floor plans; both sets of floor plans were displayed at the main entrance in cottage 1. In addition, there was advisory signage displaying the location of fire safety equipment throughout the house but parts of this were quite faded and difficult to make out. Fire exits were unobstructed. Emergency lighting and detectors were in place. Certificates were evidenced for annual servicing of fire safety equipment and emergency lighting. However, there was no record of bi-annual testing of emergency lighting and routine testing of the fire alarm. While some fire drills and evacuations were completed by staff and residents, there was no apparent established routine for fire safety. Daily and weekly fire checks were not recorded.

Each resident had a ‘Personal Emergency Egress Plan’ in place whereby an evaluation was completed and an evacuation plan was compiled with photographic identification of residents.

Cleaning duties were the responsibility of all staff, however, staff had not completed up-to-date training in effective cleaning practices to prevent the risk of cross infection. Advisory signage for best practice hand hygiene was displayed. A hand wash liquid soap dispenser was available in line with best practice and hand hygiene gel was available. Opportunities for completing hand hygiene were observed to be taken by staff. Boxes of disposable gloves were located on mantelpieces and this could potentially impact on health and safety as well as dignity of residents and required attention.

There were separate accident books for staff and residents to record issues. With one exception, all the issues logged in the staff book were incidents rather than accidents; a combination of accidents and incidents was recorded in the residents’ accident book. It was difficult to determine what arrangements for the identification, investigation of and learning from serious incidents or adverse events, as required by the Regulations, could occur.

The hazard log included the environment, behaviour, infection prevention and control items. A risk assessment was necessary regarding the absence of window restrictors on the first floor.
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 - Moderate

Outstanding requirement(s) from previous inspection:

Findings:
While there was a policy to inform protection of vulnerable adults, it did not outline notification to the Authority of an allegation, suspected or confirmed abuse.

The person in charge was involved in the management of the centre, and visited regularly. The CNM1 home leader was involved in the day-to-day running of the centre and the inspector observed staff interacting appropriately with residents and demonstrated their knowledge regarding interventions necessary when residents required attention. Staff spoken with demonstrated their knowledge relating to adult protection, however they had not completed up-to-date training in protection of vulnerable adults.

Staff had received training on identifying antecedents to behaviours of concern, preventative and response strategies and alleviating the underlying causes of challenging behaviour. Residents had access to positive behavioural support and reports were evidenced of strategies to be followed in residents’ personal care plans.

Signed consent forms for emergency care and photographic identification were in evidence in the sample of residents’ documents reviewed.

While residents’ finances were securely maintained in the centre with individual logs for each resident, overall, residents’ finances required review to ensure best practice was followed and residents and staff were protected.

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
Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Findings:
The PIC, sector manager and CNM1 home leader outlined the process for recording any incident that occurred in the centre. They demonstrated their knowledge regarding notifications to the Authority as described in the Regulations. There was a notifications’ folder with quarterly returns recorded and these were reviewed by the inspector.

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 - Minor

Outstanding requirement(s) from previous inspection:

Findings:
The inspector examined a sample of personal plans which included ‘Best Possible Health’ encompassing a medication management plan as well as an annual health check completed by the general practitioner (GP). Healthy living choices in relation to exercise, weight control and balanced diets were encouraged and supported. Each resident had been assessed by a speech and language therapist and reports were available detailing appropriate consistency of food as well as information regarding foods which posed a high risk of choking. There was a protocol within this folder for staff to follow in the event of a choking episode.

Appropriate referrals for dietician reviews were made and subsequent reports were available in their medical folder. A recognised nutritional assessment tool formed part of their overall assessment, when indicated. Residents had their breakfast and evening meal in their house and their mid-day meal in the day centre on site. The inspector joined residents at breakfast where a range of menu choices was offered. Breakfast was relaxed with good interaction observed between staff and residents and between residents. Staff prepared supper in their house and a resident was observed preparing vegetables for the evening meal, with appropriate supervision. However, staff had not completed training in food preparation, cooking, storage or hygiene.
Dried and cold food storage was reviewed. There were ample stocks in both storage areas.

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Minor

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

**Findings:**
There was a ‘Brothers of Charity Services’ policy and procedure for medication management which was up-to-date, however, a site specific addendum was not in place to complement this policy to reflect local practice and procedures. A signature sheet as described in An Bord Altranais medication management guidelines 2007 was in place. Each resident had a comprehensive medication management plan as part of their overall care plan.

A pre-packed medication dispensing system was in place which was delivered monthly. It was reported to the inspector that there was a separate dispensing unit and drug administration chart for individual residents attending day services which was the responsibility of day-service staff. Medication was stored securely in a locked cupboard within the locked office. A red sticker alerting staff to medication allergies of residents was placed at the front of each blister pack.

Photographic identification was in place for all residents, as part of their prescriptions, in line with best practice. Prescriptions reviewed demonstrated that maximum dosages for PRN (as required) medications were not always documented and the doctor's signature was not always evident for discontinued medications.

There were medication reference folders with names, photographs, indications, interactions, markings and identifications of medications to assist staff and prevent errors. Medication errors were completed in designated medication error incident forms. These were reviewed by the house leader. All staff had completed up-to-date medication management training.
### 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

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

**Findings:**
A written Statement of Purpose was available which described the overall aims, objectives and ethos of the Brothers of Charity, as well as centre-specific information. However, it required further review to ensure compliance with the items listed in Schedule 1 of the Regulations including:

1) the number, age range and gender of residents for whom it is intended that accommodation should be provided
2) full-time equivalents of staffing complement
3) frequency of arrangements for formal consultation with residents
4) the Statement of Purpose stated that care plans were reviewed six-monthly but they were reviewed three-monthly.

### 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

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

**Findings:**
The person in charge was full-time, suitably qualified with the necessary experience to
ensure effective safe care and welfare of residents. He was also responsible for other Brothers of Charity centres. He demonstrated adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. He demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care.

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

Outstanding requirement(s) from previous inspection:

Findings:
Suitable arrangements were in place in the absence of the person in charge whereby the sector manager deputized. The person in charge and sector manager were aware of the regulatory requirements regarding submission of a notification to the Authority in relation to the absence of the person in charge.

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 - Minor

Outstanding requirement(s) from previous inspection:

Findings:
The inspector was satisfied that the number and skill mix of staff available during the
inspection were appropriate to meet residents’ needs both on day and night duty. Night duty staff were also supported by night supervisor nurse managers from 20:00hrs – 08:00hrs. The CNM1 house leader was responsible for the day-to-day running of the centre, with care staff. Staff spoken with outlined that most staff had been employed in the centre for some time and this resulted in continuity of care. While relief staff were utilized, the same relief staff worked in the centre to minimize disruption to the residents.

Staff files were examined and while most of the items listed in Schedule 2 were in place for the files reviewed, full employment history was absent in one file. References were routinely verified. Staff appraisals were in the process of being rolled-out. Staff training files were also reviewed which demonstrated that mandatory training including adult protection, fire safety, food safety and infection prevention and control was not up-to-date.

There were hand-over meetings each morning and afternoon to relay residents’ care and wellbeing. Minutes of quarterly formal staff meetings were evidenced and a sample of minutes reviewed showed that topics discussed included policies and procedures, housekeeping and maintenance, transportation, health and safety, service users’ issues and HIQA.

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

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Findings:
Findings in relation to policies and procedures were discussed under Outcome 12 Medication Management.
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
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:
While the 'Charter of Human Rights' was displayed at the front entrance, the poster was small and it was not in an accessible format.

Action Required:
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

Please state the actions you have taken or are planning to take:
The Brothers of Charity Service Users’ Charter of Rights is now displayed in a prominent area in both of the cottages and it is in an accessible format.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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<tr>
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<td>DCAD10 Individualised Supports and Care</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy required attention as it was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations.

**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:**
The Services have now nominated a Complaints Officer who is outside the Line Management System. The appointment of this person will be communicated to Service Users, Staff and Parents.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy required attention as it was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations.

**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:**
The nominated person above will co-ordinate and record all complaints.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy required attention as it was difficult to follow and while it relayed the status
level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations.

**Action Required:**
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**
The Office of the Director of Services is the nominated person under Regulation 34 (3) and has overall responsibility for ensuring the co-ordination and recording of complaints.

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

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<td><strong>Theme:</strong> Effective Services</td>
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<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident, as described in the Regulations, were not in place.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> The Service will have a written agreement with Service Users and their families and this will be in place by 31st December 2014.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/12/2014</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> While a ‘hospital passport’ was in place for each resident as part of their personal care plan, it contained very little detail and no photographic identification, making it of little benefit.</td>
</tr>
</tbody>
</table>
### Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**
The Hospital Passport will be completed by the Key worker and will include photo of service user by 12th August 2014.

**Proposed Timescale:** 12/08/2014

**Theme:** Effective Services

#### The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Many of the personal care plans were neither signed and/or dated by staff.

**Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
All Personal Care Plans have been reviewed, signed and dated and a review date set.

**Proposed Timescale:** 12/08/2014

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Carpet to the stairs required attention as they were potentially a trips/falls risk from wear and tear.

One en suite toilet seat required replacement.

**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:**
Wooden toilet seat has been replaced with plastic seat.
Flooring contractor has called and measured all worn stairs and stairs will be re-carpeted.
## 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:**
A risk assessment was necessary regarding the absence of window restrictors on the first floor.

**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 Hazard Log/Risk Assessment has been reviewed and updated. The window restrictions have been installed on the second floor sash windows.

### Proposed Timescale: 25/07/2014

**Theme: Effective Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Boxes of disposable gloves were located on mantelpieces and this could potentially impact on health and safety as well as dignity of residents and required attention.

**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 Hazard Log/Risk Assessment has been reviewed and updated. Disposable gloves are now stored in secure areas.

### Proposed Timescale: 18/07/2014

**Theme: Effective Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were separate accident books for staff and residents to record issues. With one
exception, all the issues logged in the staff book were incidents rather than accidents; a combination of accidents and incidents were recorded in the residents’ accident book.

**Action Required:**
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
All incidents/accidents are recorded in the ‘Green Book’. This is required for insurance purposes. All accidents are required to be reported separately. We have reviewed this procedure and we are now introducing a new system of reporting called AIRS Accidents / Incidents Reporting System. Training will be provided to all staff commencing in September.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All staff had not received up-to-date training in prevention and control of infection.

**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:**
Both cottages have been issued with HSE Infection Prevention And Control August 2012 booklet. The CNM1 Manager has received training on Infection Control and Hand Hygiene. We are currently devising a staff training module to train the remainder of the team.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Bi-annual testing of emergency lighting and routine testing of the fire alarm were not evidenced.

**Action Required:**
Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.
Please state the actions you have taken or are planning to take:
The Service has a policy that all fire equipment is tested on an annual basis but we will now review this procedure and have bi-annual testing.

Proposed Timescale: 31/10/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Daily and weekly fire checks were not recorded.

Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
The Manager with the GSO will develop a procedure to ensure that staff carry out daily and weekly fire checks and recording is in place.

Proposed Timescale: 31/07/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While some fire drills and evacuations were completed by staff and residents, an established routine for fire safety was not evidenced.

Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Fire drills will be undertaken a minimum of 3 times a year, one of which will be a deep-sleep evacuation drill.

Proposed Timescale: Ongoing from July 2014

Proposed Timescale: 31/07/2014
Theme: Effective Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Fire evacuation advisory signage was displayed in the hallway, however, it did not identify ‘where I am now’.

Parts of the advisory signage displaying the location of fire safety equipment were quite faded and difficult to make out.

Action Required:
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

Please state the actions you have taken or are planning to take:
Floor plans amended to reflect “where I am now” and position of extinguishers marked clearly.

Proposed Timescale: 25/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Overall, residents’ finances required review to ensure best practice was followed and residents were protected.

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:
The Service is currently revising its policies and procedures on management of clients’ finances. As an interim measure we have updated procedures to ensure that two staff now sign for all transactions on Service Users’ monies.

Proposed Timescale: 31/12/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not completed up-to-date training in protection of vulnerable adults.

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:**
Refresher training in Protection & Welfare will be completed by November 2014.

**Proposed Timescale:** 24/11/2014

<table>
<thead>
<tr>
<th>Outcome 09: Notification of Incidents</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe Services</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>While there was a policy evidenced to inform protection of vulnerable adults, it did not outline notification to the Authority of an allegation, suspected or confirmed abuse.</td>
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<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The Brothers of Charity national Policy on the Protection &amp; Welfare of Vulnerable Adults is being reviewed to reflect the HIQA Regulations on reportable allegations suspected and confirmed abuse.</td>
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<tr>
<td><strong>Proposed Timescale:</strong> 19/12/2014</td>
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<tr>
<th>Outcome 11. Healthcare Needs</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Health and Development</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Staff had not completed training in food preparation, cooking, storage or hygiene.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Training will be rolled-out on food preparation, nutritional value, menu planning and hygiene.</td>
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<tr>
<td><strong>Proposed Timescale:</strong> 28/11/2014</td>
</tr>
</tbody>
</table>
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 items as listed in Schedule 1.

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:
The Statement of Purpose and Function has been reviewed and now includes all of Schedule 1 information.

Proposed Timescale: 25/07/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Mandatory staff training including protection, fire safety, food safety and infection prevention and control was not up-to-date.

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

Please state the actions you have taken or are planning to take:
A review of the mandatory training requirements is currently being carried out and all staff will updated on the required training by March 2015.

Proposed Timescale: 31/03/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a ‘Brothers of Charity Services’ policy and procedure for medication management which was up-to-date, however, a site specific addendum was not in place to complement this policy to reflect local practice and procedures.

**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:**
We will develop a local site-specific procedure on the Medication Management to reflect the local practice.

**Proposed Timescale:** 28/11/2014

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Prescriptions reviewed demonstrated that maximum dosages for PRN (as required) medications were not always documented and the doctors’ signature was not always evident for discontinued medications.

**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:**
Ongoing discussions with prescribers in relation to maximum dosage of PRN medication to ensure that these are clearly documented and also in relation to discontinued medications to ensure they are clearly signed and dated on the Drug Administration Charts.

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