<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Southern Services</th>
</tr>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003573</td>
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<tr>
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<td>Una Nagle</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Breeda Desmond</td>
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<tr>
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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 announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 26 August 2014 08:30  To: 26 August 2014 17:30

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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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, the social care house leader and care staff members. The sector manager was deputising as person in charge as a new person in charge was appointed and was due to take up this post. 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 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.

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

1) House 3 premises
2) residents finances
3) contracts of care
4) fire safety checks
5) statement of purpose
6) complaints policy
7) aspects of care plan documentation including the ‘hospital passport’
8) aspects of medication management
9) 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

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

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. The inspector observed that residents were consulted with informally on a daily basis regarding meal choices and activities and daily routine. Formal consultation with residents occurred approximately every week to discuss items such as meal choices, social events and outings. Monthly meeting called ‘Make it Happen Forum’ commenced in April 2013 and residents, families and staff attended. Minutes from these meetings were reviewed and different topics were discussed, for example, confidentiality and information sharing, enhancing community connections, personal plans and associated social roles. Residents discussed these topics with the inspector in conjunction with their personal plans and outlined the importance to them regarding their involvement with their reports and progress notes as well as decisions of their ‘Priority Outcomes’ for the current year.

Picture-enhanced communication was available and displayed throughout the centre to support non-verbal communication to relay information regarding daily activities, choice and staff on duty.

‘How to make a complaint’ was displayed in pictorial and narrative format for easy access. There was a complaints log with several items recorded which detailed whether the complainant was satisfied or not with the outcome. The sector manager reviewed all complaints on a weekly basis; she signed off on this documentation where appropriate and initiated interventions where necessary. There was a new draft complaints’ policy and this was scheduled for presentation to senior management for review and ratification, and had to be implemented.
Residents were assigned a key worker who acted on the behalf of individual residents and this was evidenced in their personal plans of care. Residents and their representatives had access to independent advocacy services should the need arise and posters were displayed which identified the independent advocate with their contact details. The 'Charter of Human Rights' was displayed in an accessible format.

**Judgment:**
Non Compliant - Minor

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**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

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

**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, music centres, radio, and a music room with drums and keyboard. Residents had televisions in their bedrooms and there was a flat screen television in sitting rooms. There was a variety of picture charts displayed throughout including fire safety, day and night staff on duty, meal choices and ‘lámh’ communication cards.

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, psychology and psychiatry to meet the range of communication needs.

The inspector was greeted by residents who asked for identification, then requested the inspector to sign the visitors’ book and use the hand hygiene foam before commencement of the inspection. Residents informed the inspector that staff had discussed the process with them and requested to speak with the inspector individually to talk about their personal plans, daily reports and concerns they had. Two residents identified they wanted to speak in private in their bedrooms and the third spoke with the inspector in the sitting room. Issues raised had been brought to the attention of management who had initiated remedial actions to correct the issues.

**Judgment:**

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

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

**Findings:**
Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre and to include details of the services provided for that resident, as described in the Regulations, were not in place.

**Judgment:**
Non Compliant - Major

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**Outcome 05: Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**
Effective Services

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

**Findings:**
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, audiology 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 evidenced-based best practice.
A daily report was evidenced from both night and day staff describing care and welfare status of residents. Some residents preferred to keep their progress reports folder in their bedrooms and discussed with staff what was to be written into them on a daily basis and this was observed on inspection.

Each resident had a ‘personal outcomes measures’ (poms) document which included assessments of twenty outcomes for activities and was reviewed every three years. 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 as a priority/goal.

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. The document ‘Things that are important to Me’ described interests, activities and behaviours for each resident; they were written from the residents’ perspective, with valuable person-centred information.

There were individual client profiles which included a description of the resident as well as a photograph. Reports were evidenced following positive behaviour support interventions, and strategies for behaviours were demonstrated.

Some residents went off-site to their chosen activation/day centres, others went swimming and more went to their place of employment. The 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 time-scales to review objectives and re-evaluation. Residents had risk assessments completed which described the level of assistance required for daily activities. While assessment with associated interventions to support risk taking was evident in some residents’ support plans, the associated specific risk assessments were not demonstrated for each priority/goal documented, for example, financial risk assessment to determine if residents could take appropriate responsibility to manage their finances to mitigate financial abuse. 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 and this along with other documentation was signed by the resident and key worker. Consent forms were in place for photographic identifications as well as other interventions and these were signed by staff and resident.

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 with photographic identification, some of the information included did not correlate with medical histories and required review to ensure that all the information corresponded with medical diagnoses, for example, the medical notes recorded that the resident had allergies and was prescribed regular medications however, this was not reflected in the 'hospital passport'.

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Personal emergency egress plans were in place for each resident as part of their personal plan documentation. They detailed descriptions of the residents, assistance required in an emergency and photographic identification.

Judgment:
Non Compliant - Minor

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The centre was located in a suburban area within city limits. The centre comprised three two-storey houses; House 1 was a detached house which accommodated five residents and one staff member and House 2 & 3 were two semi-detached houses which accommodated three residents each and one staff member. Houses 2 & 3 were joined via a doorway which enabled free access through both houses.

House 1: 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 appeared well maintained. Communal space comprised a large kitchen with dining area and a large sitting room. There was a room off the sitting room with laundry facilities and an exercise machine.

Three residents’ bedrooms were upstairs with ample storage space for their belongings. Two residents’ bedrooms were downstairs; one resident had a separate kitchenette with dining space and full en suite alongside the bedroom; another resident had a music/relaxation room and full en suite facilities alongside the music room. There were additional shower, toilet and wash-hand basin on the ground floor and upstairs. The secure staff office and bedroom was upstairs. Handrails were in place on the stairway and in bathrooms.

House 2 comprised a kitchen with dining area and sitting room with comfortable seating and television. There was a wet shower area, assisted toilet and wash-hand basin located beside the kitchen. There were three residents’ bedrooms located on the first floor and three residents lived here. Residents’ bedrooms were colour-coordinated and decorated by the residents. The secure staff office and bedroom was upstairs. There was another bath/shower and toilet facilities upstairs.
The staff office was secure and residents’ files, medications and finances were securely maintained within the staff room. House 3 comprised a kitchen with dining area and a small sitting room. Residents’ bedrooms were upstairs; two were large double rooms and the third was a single bedroom. Residents had appropriate storage for their personal belongings. There were no sanitary facilities downstairs in this house, nonetheless, residents had access to the bathroom downstairs in House 1. Upstairs, there was a toilet and hand wash sink and a domestic bath with shower which required maintenance attention. There was appropriate advisory signage ‘going for a shower’ and ‘bubbles and suds’ to assist residents regarding hand washing and showering. However, there was a step-by-step protocol for staff displayed in the bathroom describing in detail the procedure for washing residents which was not in keeping with respect for their dignity. Overall, cognisant that three residents and two staff occupied this house, it could not meet the collective and individual needs of residents living there due to the size of the available communal space, lack of toilet facilities downstairs and one of the bedrooms was small.

**Judgment:**
Non Compliant - Moderate

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

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

**Theme:**
Effective Services

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

**Findings:**
While there was a local health and safety policy and safety statement available it did not contain all the items as listed in the Regulations including an emergency plan.

Weekly reports were submitted by each house to the sector manager who reviewed these reports and initiated corrective actions where necessary. These reports were quite comprehensive and included such items as accidents/incidents/injuries/assaults/medication errors/protection/illnesses/significant issues.

Emergency protocols were displayed in pictorial format in the hallway. Fire evacuation advisory signage was displayed in the hallway which identified ‘where I am now’. Appropriate ground floor plans were displayed at the entrance to House 1 & 2 but not House 3. First floor plans were displayed at the top of each staircase. Fire exits were unobstructed. Emergency lighting and detectors were in place. Certificates were evidenced for annual servicing of fire safety equipment and emergency lighting. Quarterly testing of emergency lighting and routine testing of the fire alarm were evidenced. Fire drills and evacuations were completed by staff and residents on a
monthly basis. Daily and weekly fire checks were not recorded in line with their fire safety precautions.

Each resident had a ‘Personal Emergency Egress Plan’ in place whereby an evaluation was completed which documented the assistance each resident required in an emergency and an evacuation plan was compiled with photographic identification of residents.

Cleaning duties were the responsibility of all staff, and a colour-coded system was in place to mitigate the risk of cross infection. However, all 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. Hand wash liquid soap dispensers were available in line with best practice and hand hygiene gel was available should the need arise. Opportunities for completing hand hygiene were observed to be taken by staff in line with best practice.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
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.

The sector manager was involved in the management of the centre, and visited the centre regularly. The social care home leaders were 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 were evidenced for emergency care and photographic identification in the sample of residents’ documents reviewed.

Residents’ finances were securely maintained in the centre. There were individual logs for each resident. Two signatures for debit and credit transactions were not evidenced in line with best practice. Overall, residents’ finances required review to ensure best practice was followed and residents and staff were protected.

**Judgment:**
Non Compliant - Minor

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**Outcome 09: Notification of Incidents**

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

**Theme:**
Safe Services

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

**Findings:**
The sector manager and social care leaders outlined the process for recording any incident that occurred in the centre. The sector manager demonstrated her knowledge regarding notifications as described in the Regulations, to the Authority. The notifications’ folder with quarterly returns and other notifications were demonstrated.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The inspector examined a sample of personal plans which included an ‘Annual Health Check’ completed by the GP. The medication personal plan was due to be rolled out for each resident as part of their personal plan as described in their policy, but this was not yet in place for residents. Healthy living choices in relation to exercise, weight control and balanced diets were encouraged and supported. Residents had been assessed by a speech and language therapist and reports were available detailing appropriate consistency of food.

Appropriate referrals for dietician reviews were made and subsequent reports were available. Residents had their breakfast and evening meal in their house and their mid-day meal off-site in the activation centres they attended. Dried and cold food storage was reviewed. There were ample stocks in both storage areas. Staff prepared and cooked evening meals for residents, however, staff had not completed training in food preparation, cooking, storage or hygiene to ensure that food was stored appropriately to mitigate risk of contamination.

Judgment:
Non Compliant - Minor

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

Theme:
Health and Development

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

Findings:
There was a ‘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.

A pre-packed medication dispensing system was introduced in House 1 and staff reported that this was an excellent safe method. Medication was stored securely in a locked cupboard within the locked office in Houses 1 & 2; in House 3 medications were securely stored in a locked cupboard within a locked cupboard in a communal room. Medication keys were stored in a key-pad access safe for additional security. All staff had completed their training in safe medication management. Medication errors were recorded and these were discussed with staff who identified that remedial action was necessary to ensure medication errors did not occur. Checking and administration of medications now occurred with two staff members checking to ensure the right
medications/dosages/times were adhered with and staff reported that they found this practice more effective and safe. Medication audits were completed as well as spot check counts on medications which could not be included in the pre-packed blister pack system to ensure appropriate administration of medications.

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 documented and the doctors’ signatures evident. Completed PRN reporting forms were demonstrated which detailed the rationale for administration of PRNs and the effectiveness of the PRN medication. It also recorded whether it was the first or second line response PRN that was administered.

**Judgment:**
Non Compliant - Minor

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Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
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 gender of residents for whom it is intended that accommodation should be provided
2) the size of the rooms in the designated centre
3) a synopsis of the complaints procedure in an accessible format.

**Judgment:**
Non Compliant - Minor
**Outcome 14: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The sector manager was deputising as person in charge for the interim. A new person in charge was appointed and was awaiting placement and was due to take up the post shortly. The position of person in charge was full-time and the sector manager was aware of her statutory obligations regarding notification to the Authority. The sector manager was also responsible for other Brothers of Charity centres and 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. She demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care.

**Judgment:**
Compliant

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**Outcome 17: Workforce**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector was satisfied that the 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 social care house leaders were responsible for the day-to-day running of the centre, with care staff.

Staff files were examined and while most of the items listed in Schedule 2 were in place for the files reviewed, two written references and evidence of the person’s identity were missing. References were routinely verified. Performance reviews were completed for non-permanent staff and staff appraisals were in the process of being rolled-out.

Staff training files were reviewed and mandatory training including protection, manual handling and lifting, food safety and infection prevention and control was not up-to-date for all staff.

**Judgment:**
Non Compliant - Minor

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**Outcome 18: Records and documentation**
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

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

**Findings:**
Findings were described under Outcome 12 Medication Management and Outcome 8 Safeguarding and Safety.

**Judgment:**
Non Compliant - Minor

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**Closing the Visit**

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

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

*Report Compiled by:*

Breeda Desmond  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report¹

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<td>26 August 2014</td>
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<tr>
<td>Date of response:</td>
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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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was a step-by-step protocol for staff displayed in a bathroom describing in detail the procedure for washing residents which was not in keeping with respect for residents' dignity.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
Intimate Care and Personal Care Plans have now been removed from bathroom area

Proposed Timescale: Immediate

Proposed Timescale:
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While there was a new draft complaints’ policy scheduled for presentation to senior management for review and ratification, it was not yet implemented.

Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Please state the actions you have taken or are planning to take:
Complaints Policy under review by Director of Services and Executive Management Team

Proposed Timescale: 03/11/2014

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:
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.

Action Required:
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.

Please state the actions you have taken or are planning to take:
Put in place Contract of Care for each resident
Proposed Timescale: 31/12/2014

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:
While assessment with associated interventions to support risk taking was evident in some residents’ support plans, the associated specific risk assessments were not demonstrated for each priority/goal documented, for example, financial responsibility

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:
Each of the service users will have a review and risk assessments updated

Proposed Timescale: 03/02/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While a ‘hospital passport’ was in place for each resident with photographic identification, some of the information included did not correlate with medical histories and required review to ensure that all the information corresponded with medical diagnoses.

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:
Service User Plans will be reviewed and amended accordingly

Proposed Timescale: 15/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in
Cognisant that three residents and two staff occupied House 3, it could not meet the collective and individual needs of residents living there.

**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:**
The Services have been consulting with staff, multi-disciplinary team to identify a suitable residential facility. The Services currently have two possible options and will consult with service users and families in terms of relocation. Once the proposals have been agreed with the Director of Services and Senior Management.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

The domestic bath with shower required maintenance attention.

**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:**
We will request the landlord to carry out maintenance to domestic bath with shower.

**Proposed Timescale:** 01/10/2014

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

**Theme:** Effective Services

All staff had not completed up-to-date training regarding infection prevention and control.

**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:**
Staff will receive up to date training on Infection Control;

Proposed Timescale: training dates: February 2015

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<td><strong>Theme:</strong> Effective Services</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Appropriate ground floor plans for fire safety and emergency precautions were displayed at the entrance to House 1 & 2 but not in House 3.

**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 will be completed

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All staff had not completed up-to-date fire safety training.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
All staff will receive Fire Safety Training

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Daily and weekly fire safety checks were not completed in line with their fire safety precautions.
Action Required:
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
Daily/Weekly Reports are currently under review and we have included the daily/weekly fire checks

Proposed Timescale: 31/10/2014

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two signatures for debit and credit transactions were not evidenced in line with best practice.

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:
Two signatures will be signed for all transactions when you have two staff on duty.

Proposed Timescale: 01/10/2014
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff had not completed up-to-date 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:
Training will be provided to all staff
**Proposed Timescale:** 28/02/2015

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<tr>
<th><strong>Outcome 11. Healthcare Needs</strong></th>
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<td><strong>Theme:</strong> Health and Development</td>
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| **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Staff prepared and cooked evening meals for residents, however, all staff had not completed training in food preparation, cooking, storage or hygiene. |
| **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:**  
Staff will receive training on Food and Nutrition and the safe Preparation of Food |

**Proposed Timescale:** 31/03/2015

<table>
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<tr>
<th><strong>Outcome 13: Statement of Purpose</strong></th>
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<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
A written statement of purpose was available, however, it did not contain all the items listed in Schedule 1 of the Regulations including:  
1) the gender of residents for whom it is intended that accommodation should be provided  
2) the size of the rooms in the designated centre  
3) a synopsis of the complaints procedure in an accessible format |
| **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:**  
Statement of Purpose and Function to include gender of the residents, size of rooms and synopsis of the complaints procedure |

**Proposed Timescale:** 31/12/2014
### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
While most of the items listed in Schedule 2 were in place for the staff files reviewed, two written references and evidence of the person’s identity were missing.

**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:**
Schedule 2 on personnel file will be reviewed to include two written references and staff’s photo identity.

**Proposed Timescale:** 15/11/2014

### 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:**
Person Centred Management Policy, a local policy will be completed to reflect site specific procedure practice.

**Proposed Timescale:** 30/11/2014

**Theme:** Use of Information

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

**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:**
The organisations policy on prevention, detection and response to abuse will be amended to reflect the notification to HIQA,

**Proposed Timescale:** 30/11/2014