

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
<b>Centre ID:</b>	OSV-0002831
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Limerick
<b>Provider Nominee:</b>	Norma Bagge
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	29
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
18 November 2014 10:30	18 November 2014 18:30
19 November 2014 10:30	19 November 2014 19:00

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

Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This congregated setting for people with intellectual disabilities was operated by the Brothers of Charity, Limerick. In total 87 people were accommodated on this site. The campus consisted of 15 bungalow style houses. The 15 houses were divided into four separate grouping. There was a person in charge of each group of houses. The group to which this report refers, catered for 29 residents who were accommodated in five houses.

This was the first inspection of the centre carried out by the Health Information and Quality Authority (HIQA). It was announced and took place over two days. The inspector met with residents, staff, the person in charge and senior management of the Brothers of Charity, Limerick. The inspector observed practices and looked at documentation such as residents' care plans, medical records, policies and procedures, and the statement of purpose.

Overall, the inspector was satisfied that, from her observations, residents were cared for by staff who showed respect, commitment and professionalism in attending to the needs of residents. The care plans were up to date and reflected residents'

needs, wishes and capacities. The person in charge demonstrated enthusiasm to continuously improve the manner in which documentation was compiled and maintained. In particular, she was engaged in making the personal care plans more succinct and relevant to the priority needs of residents.

The premises had the potential to meet the needs of residents; however, it was in need of significant upgrading and modernisation. For example, some windows and doors were in need of replacement, sanitary facilities needed to be improved, floor coverings needed to be replaced and extra bedroom and communal space needed to be provided for residents. This is discussed in outcome 6. Some of the houses had office space to store records and documentation; however, in other houses resident records were stored in the kitchen or the living area, encroaching on the homeliness of the centre and the space available for resident use.

Staff were well informed about each resident's needs and helped residents to make decisions and choices about their lives. Residents looked relaxed and comfortable in the company of staff. Residents had easy to read versions of their care plan which described their likes and dislikes in picture format.

Most residents were facilitated to engage with their preferred interests and hobbies. However, this did not always occur. Given the staffing levels, the housing arrangements and the limited day services on site it was not possible to attend to each individual's needs. This is discussed in outcome 5.

Various types of alarms were in place to assist with the safety and security of residents, especially at night. However, the inspector was not satisfied that the night time and twilight staffing levels were adequate to ensure the safety of residents.

In summary, the care was provided in an environment where the needs of residents had increased over the past number of years, mainly due to the changing age profile of residents. In addition to the demands of a changing age profile, the environment has seen limited capital investment to maintain the premises in a proper state of repair and meet these changing needs. A number of the facilities that were available on site were now no longer available, such as a spacious day service area, a canteen and a reception block.

The Brothers of Charity, Limerick has made significant strides in sourcing and securing community houses for residents, and facilitating residents to move from the congregated setting of this campus to new residences. However, the need to maintain services on this site and develop them in a manner which addresses residents' current and future needs had largely been overlooked.

The three main areas which needed improvement were;

- \* the provision of facilities for residents to engage in adequate activities
- \* the repair, decoration and modernisation of the premises to make it more homely and comfortable
- \* the provision of adequate staffing in the evening and night time.

These are discussed further in the report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that the residents' communication needs were met. Each resident's specific communication needs were written in their personal plan. One resident was in contact with a speech and language therapist and this was documented. Staff were aware of the different needs of each resident and could assist them where required. For example, one resident had a language of her own which staff were well able to understand it, another residents had many questions which staff knew how to interpret and staff were skilled at deducing what residents were communicating through the behaviours they demonstrated.

All residents had access to a television and radio. Residents spoke to inspectors about their enjoyment of watching television and listening to music. Residents were also facilitated to use the telephone.

Much emphasis was placed on ensuring all staff who interacted with a resident were kept informed of the resident's wellbeing and kept up to date on any issues that arose during the day. Each resident had a diary in which appointments, outings and visits were recorded. This was in addition to the daily notes maintained for each resident.

**Judgment:**

Compliant

## **Outcome 05: Social Care Needs**

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

### **Theme:**

Effective Services

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

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

### **Findings:**

The inspector saw examples of many good social care practices; however, there were also examples where social needs were not adequately attended to.

In terms of good practices, one resident who experienced significant behaviours that were challenging had, with the support of staff, developed skills which allowed him to move to a more independent living environment. Other good social care practices included

- \* residents using the onsite swimming pool and Jacuzzi
- \* residents going for walks around the campus independently or in the company of staff
- \* staff organising the services of a personal assistant to attend to specific activities the resident wanted to engage in.

In addition to meeting with staff, the inspector met with one of the personal assistants who showed great understanding of residents' needs. She was confident in being able to meet these needs. Examples of activities which personal assistants (and staff) engaged in included;

- \* visiting the shopping centre
- \* calling to the pub
- \* having a meal in a restaurant
- \* going for drives in the bus
- \* going to the cinema.

A record was maintained of the morning and afternoon activities each resident took part in. The person in charge used these records to inform the personal care plans. It was evident from the daily records and from speaking with staff that activities were limited.

This was due to;

- \* competing demands of residents, not all social needs could be met
- \* limited transport availability, one bus shared between a number of houses
- \* limited on site day services
- \* limited staff numbers, staff not always able to provide the one to one care that is often required to meet the social needs of residents.

Residents' plans were comprehensive and kept under regular review but they were not always fully implemented because of the limited resources available. For example, a number of residents shared small bedrooms and their plan to provide privacy was impeded by these arrangements. On the day of inspection a resident was unable to be taken for a drive in the mini bus because the hoist to assist him onto the bus was broken. There were other instances of assessed needs being unmet. For example, it was documented that a resident enjoyed outings, swimming and going to the cinema. However, plans for these pursuits were less frequent than planned due to competing needs from other residents.

As outlined in previous inspections to other centres on this site, there was potential to improve the social environment. There was lots of unused space on campus and several vacant buildings, which could provide a more vibrant and varied activities programme for residents.

**Judgment:**

Non Compliant - Moderate

**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 premises consisted of five separate bungalows. These bungalows were built in the 1960s on a spacious site and are part of a larger group of houses. The houses were, and still remain attractive buildings. They enjoy a feeling of open space, surrounded by mature trees in a village type setting. However, the premises showed signs of limited investment in upgrading them to modern day standards. For example, one house had communal style bathing and toilet facilities.

Some redecoration work had taken place, for example a number of residents were seen to have new furniture, a new vanity unit and plans were in place to have walls repainted. Where specialised equipment was needed such as hoists there was evidence that the multi-disciplinary team acted quickly to ensure such equipment was provided. Appropriate guidelines were put in place around the use of specialised equipment.

The bath was removed in some houses to provide more spacious shower facilities. Where a resident preferred a bath this remained in situ in that house. Beds and

mattress were of good quality. Efforts were made to personalise bedrooms in so far as was suitable to each resident's needs and wishes.

However, there were several areas that needed attention. For example;

- \*floor covering needed to be replaced
- \*a kitchen door was in poor repair and caused a draught
- \*some of the windows were made of perspex and needed to be upgraded
- \*shower and toilet facilities needed modernisation to provide more privacy for residents
- \*some bedrooms were too small especially those accommodating two residents
- \*paintwork was damaged in a number of areas
- \*a window blind was broken
- \*there were inadequate laundry facilities in each house for personal items of clothing
- \*there was a lack of a private sitting room for residents to meet with visitors in private
- \*there was a lack of office space in some house and files were stored in the kitchen or living room.

There was access to a kitchen with sufficient cooking facilities and equipment. The main meal of the day was delivered by a food catering company and residents reported satisfaction with this arrangement. Breakfast and evening meals were prepared in each house with assistance from residents.

As discussed in outcome 5, vehicles were shared between centres. It was noted by the inspector on this inspection and on inspection to other centres on this site that there were regular operational problems with the vehicles. The inspector was not satisfied that a plan was in place as to how the current ageing fleet of vehicles would be replaced.

**Judgment:**  
Non Compliant - Major

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

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

**Theme:**  
Effective Services

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

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

#### **Findings:**

Overall, good practices were in place around health and safety. The centre had policies and procedures relating to this and a fire safety committee was in place. There was a risk management policy that met the requirements of the Regulations. The risk attached to the low level glass in one of the houses had not been assessed. There was no evidence that this was toughened glass and it posed a risk to a resident who frequently ran against it.

Suitable fire equipment was provided and there was adequate means of escape. There were prominently displayed procedures for the safe evacuation of residents. Regular fire drills took place and staff were able to discuss the fire drill procedures. Revised fire drill records were in the process of being introduced. Fire fighting equipment and emergency lighting records indicated that they were serviced annually.

Records were maintained of accidents and incidents and these were audited on a quarterly basis and seen by the inspector.

The risk attached to staffing levels is discussed in outcome 17.

**Judgment:**

Non Compliant - Minor

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a non judgemental approach to managing behaviours that challenge and specific plans were put in place. The plans detailed the emotional, behavioural and therapeutic interventions to assist in achieving a good outcome. Psychological support was sought to assist with specific positive behaviour plans and families were also involved in these. There was documentary evidence that the interventions put in place were effective, while promoting, in so far as possible, a restraint free environment.

Policies were in place in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and had access to staff with whom they could communicate with. There was a nominated person to manage any incidents, allegations or suspicions of abuse.

Staff had specific training and considerable experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way.

The inspector reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

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

**Theme:**  
Health and Development

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

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

#### **Findings:**

The inspector saw that a comprehensive holistic assessment was carried out by staff in conjunction with the resident and/or their relative. From the assessments, plans of care were devised. The plans seen by the inspector were detailed and showed that many disciplines (psychologist, occupational therapist, social worker) were involved in drawing up and implementing the plan. Staff with whom the inspector spoke with were well informed as to each resident's needs and requirements. The practices in place showed that good health was promoted; for example, healthy eating and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided.

The records showed that blood tests were carried out on a regular basis. Blood pressures were checked and residents were weighed regularly. Where something was wrong with these tests action was taken to correct them.

The dietician and speech and language therapist were available to lend support and guidance in the planning of good nutritional care for residents. There was evidence of referral and access to the GP, psychologist, psychiatrist, dentist and optician. Where other specialist services were required such as ophthalmology and neurology, these were facilitated. Discussions took place around end-of-life care and these were documented. Religious and spiritual care needs were assessed.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents had their lunch delivered to them from a contract catering company. Good communication took place between the contract catering company and the centre in relation to specific dietary requirements. For example, high fibre diet, modified consistency diet and low fat diet were all catered for. Mealtimes were flexible. The inspector saw that staff supervision and assistance was in place and that residents were facilitated to be as independent as possible.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

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

### **Findings:**

Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place. There were clear processes in place for the handling of medicines in accordance with current guidelines and legislation. All medication was administered by a nurse and kept in locked cupboards. Procedures for the handling and disposal for unused and out-of-date medicines were in place and they were returned to the pharmacy.

Medications practices were audited and the pharmacist was available to support staff with queries in relation to medication matters.

Residents had regular access to GP services and residents' medicines prescriptions were up to date and reviewed as their needs or conditions changed.

When residents went home adequate supplies of medication were provided to the resident.

**Judgment:**  
Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose was kept under review and last reviewed in October 2014. The inspector found that the statement of purpose was implemented in practice and reflected the ethos of providing "love and respect in every action".

The statement of purpose did not contain all of the information required by Schedule 1 of the Regulations such as room sizes and details of the education, training and work opportunities for residents.

**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 inspector was satisfied that there was a good management structure in place. However, the structure needed to be examined as to how the person in charge could be further supported in her role. The person in charge was known to residents. Staff stated they received support from her. She worked full-time and reported to the head of integrated services, who in turn reported to the provider nominee. The person in charge

had the required skills, qualifications and experience to manage the centre. Weekly meetings were held between the person in charge and her line manager.

The physical environment combined with the complexity of needs of the residents meant it was a challenge for a person in charge to fulfil her duties; however, overall the person in charge achieved this. For further improvements to take place, a review of how tasks are delegated is warranted with ideally a staff member in each house who leads the care in that house, reports to the person in charge.

Informal staff meetings took place but a more formal structure would assist in the way management decisions were communicated. Systems were in place to ensure that feedback from residents and relatives was sought and led to improvements. These included weekly house meetings between staff and residents.

The head of integrated services and the person in charge told the inspector that staff appraisals did not take place.

The inspector was informed that staff were recruited centrally and that the recruitment policy and staffing files were held centrally in the main administration office.

**Judgment:**

Non Compliant - Moderate

**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 person in charge stated that most of the staff, including herself, had been employed in the centre for a long time. This meant there was a high level of continuity of staffing. This was confirmed to the inspector by staff. During the inspection, the inspector observed the person in charge and staff interacting and speaking with residents in a friendly, respectful and sensitive way. Based on observations of the inspector, staff members were knowledgeable of residents' individual needs and this was evident in the personalised person-centred plans seen by the inspector. Residents spoke positively about staff saying they were caring and looked after them very well. The inspector spoke to staff on duty and all appeared competent. They were aware of their roles and

responsibilities. Staff stated they felt supported by the person in charge.

Some houses did not have staff on duty all night. The inspector was not satisfied that this was a safe practice. In particular, the inspector had concerns about the adequacy of evening staffing levels and night time staffing arrangements in one house which accommodated seven residents. Alarms were placed in residents' bedrooms which alerted staff in nearby houses if a resident got out of bed or exited the house. This meant that staff regularly left one house during the night to assist staff in another house. Due to the changing needs of residents, the safety of the evening and night time staffing arrangements needed to be re assessed.

The inspector also concluded that day time staffing levels curtailed activities for some residents. The mix of residents in some houses led to competing demands and all demands could not all be fulfilled.

As discussed in outcome 14 the person in charge and staff confirmed that no formal staff meetings or staff appraisals took place.

**Judgment:**  
Non Compliant - Major

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
<b>Centre ID:</b>	OSV-0002831
<b>Date of Inspection:</b>	18 November 2014
<b>Date of response:</b>	22 December 2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

Adequate arrangements were not in place to address the individual needs of each resident.

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

**Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- A vacant building has been identified as a location in which to offer increased opportunities for activities for service users in the centre during the day and in the evening. Renovations including painting and flooring have been completed.
- Consultation with residents through the Advocacy structure to elicit preferences from residents on what programme/activities/equipment they would like for this building has commenced and will inform the activities that will take place in this area including what equipment is to be purchased.
- Plans for 1 resident to relocate to a community setting are in progress and application for registration of this property with HIQA will be submitted in January 2015.
- A house has been purchased for the relocation of 4 residents to a community setting. The estimated cost of renovation is over budget and an application for additional funding has been forwarded to the city council in November 2014. No funding has been secured to-date.
- This relocation will provide opportunities to reduce the number of residents in houses and provide a more appropriate living environment.

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

**Theme:** Effective Services

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

The layout and design of the centre was such that it was unsuitable for the purposes of meeting the assessed needs of each resident.

**Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

- Manager of the Designated Centre met with her newly appointed CNM1s on 17 December in order to explore options within the current staffing to maximise opportunities for residents in the Designated Centre to improve their quality of life.
- A house has been purchased for the relocation of 4 residents to a community setting. The estimated cost of renovation is over budget and an application has been forwarded to the city council for additional funding in November 2014 – no funding has been secured to-date.
- Plans to relocate to community settings for 1 resident are in progress and application for registration of these properties with HIQA will be submitted by January 2015.
- This relocation will provide opportunities to reduce the number of residents in houses and provide a more appropriate living environment.
- Ongoing requests for funding to renovate premises have been submitted to the HSE locally. To-date no funding has been secured. The HSE at national level has advised

that there is no funding available to deal with HIQA recommendations and that we do not have permission to spend funding that we do not have. We understand that discussions are taking place with HSE, HIQA and the Department of Health in relation to this matter.

- The plan for the premises was submitted to the HSE including Architect Drawings – no funding has been secured for this project.
- The services will continue to request funding from the HSE. We do not have sufficient resources within our allocation to undertake the necessary works that are required to upgrade the residences in this setting. We fully accept that the residences in this setting require investment.

**Proposed Timescale:** 31/01/2015

### **Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

It was noted by the inspector on this inspection and on inspection to other centres on this site that there were regular operational problems with the vehicles. The inspector was not satisfied that a plan was in place as to how the current ageing fleet of vehicles would be replaced.

**Action Required:**

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

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

- Minibuses are CVRT tested once per year.
- All other vehicles are NCT tested in line with legislation.
- Presently procedures are being implemented and will commence 31/01/15 where by minibuses will be tested every 13 weeks in line with RSA guidelines.
- Similar guidelines will be put in place for vehicles that are NCT tested 30/01/2015.
- All vehicles are currently serviced as per manufactures guidelines.
- A transport group has been set up during 2014 to examine transport within the Brothers of Charity Services Limerick.
- An audit of all current vehicles commenced in Nov 2014, to assess how the current available transport is being utilised. A log was placed in each vehicle in order to determine usage with a view to determine how to utilise current fleet more effectively. This information will be reviewed by the Transport Group in 2015.
- Where relevant risk assessments will be completed Jan 2015 to determine suitability of current transport to residents needs.
- As an interim measure residents whom have difficulty accessing current fleet can use taxi and or wheelchair taxis funded by the service provider.
- Recommendations of the transport group will be implemented subject to funding

availability in 2015.

**Proposed Timescale: 31/01/2015**

**Theme: Effective Services**

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

Premises were in a poor state of repair. For example:

- floor covering needed to be replaced
- a kitchen door was in poor repair and caused a draught
- some of the windows were made of Perspex and needed to be upgraded
- shower and toilet facilities needed modernisation to provide more privacy for residents
- some bedrooms were too small especially those accommodating two residents
- paintwork was damaged in a number of areas
- a window blind was broken
- there were inadequate laundry facilities in each house for personal items of clothing
- there was a lack of a private sitting room for residents to meet with visitors in private
- there was a lack of office space in some house and files were stored in the kitchen or living room.

**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:**

- A programme of renovation of premises in the centre has been devised following property survey.
- Requests for investment from the HSE to support this work are consistently made by the Director of Services. No funding secured to date from the HSE.
- A comprehensive plan, including architects drawing, in respect of renovating some bungalows has been submitted to the HSE for funding. No funding has been secured to date.
- Funding has been approved to modernise shower and toilet facilities in one house. Residents will require alternate accommodation and suitable accommodation is being explored to facilitate this work. HIQA will be consulted as per regulations when residents will be required to temporarily relocate.
- Costings for upgrading flooring will be completed by 31/01/15 and funding will be requested from the HSE.
- Kitchen door is to be replaced by the 31/01/2015
- Residents currently sharing bedrooms will transfer to more appropriate living accommodation as vacancies become available as outlined in plans to relocate 5 residents top the community.
- A programme of upgrading paintwork for residences has been devised with the Maintenance Department and will be completed 28/02/15.
- PIC will obtain 3 quotes as per Organisational Procurement Policy by 09/01/2015 for window blinds.

- While there is an on-site laundry for residents, costings for the provision of laundry facilities for personal items of clothing is being sought and will be achieved by 31/01/15.
- An on-site day service facility is presently available in the evenings and week-ends to residents and their visitors.
- The renovated canteen will also be available to residents and their visitors when completed.
- As residents relocate and rooms become available office and visitor space will be explored.
- Ongoing requests for funding to renovate premises have been submitted to the HSE locally. To-date no funding has been secured. The HSE at national level has advised that there is no funding available to deal with HIQA recommendations. As a service funded by the HSE we do not have permission to spend funding that we do not have. We understand that discussions are taking place with HSE, HIQA and the Department of Health in relation to this matter.

**Proposed Timescale:** 22/12/2014

**Theme:** Effective Services

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

Not ensuring that the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met; in particular in relation to ensuring;

- \* adequate private accommodation is provided
- \* rooms are of a suitable size and layout to meet the needs of residents
- \* baths, showers and toilets are at a suitable standard to meet the needs of residents

**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:**

- A house has been purchased for the relocation of 4 residents to a community setting. The estimated cost of renovation is over budget and an application has been forwarded to the city council for additional funding in November 2014. No funding has been secured to date.
- Plans to relocate to community settings for 1 resident are in progress and application for registration of these properties with HIQA will be submitted by January 2015.
- This will provide opportunities to reduce the number of residents in houses and provide a more appropriate living environment.
- A programme of renovation of premises in the centre has been devised based on property survey conducted.
- Requests for minor capital from the HSE to support this work are consistently made by the Director of Services. No funding secured to date from the HSE.
- A comprehensive plan, including architects drawing, in respect of renovating some bungalows has been submitted to the HSE for funding. No funding has been secured to date.

- Funding has been allocated to modernise shower and toilet facilities in one house. Residents will require alternate accommodation and suitable accommodation is being explored to facilitate this work. HIQA will be consulted as per regulations when residents will be required to temporarily relocate.
- The planned relocation will provide opportunity to reduce numbers of residents in 2 houses and provide more appropriate living environment for residents with complex needs.

**Proposed Timescale:** 31/07/2015

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

**Theme:** Effective Services

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

The risk attached to the low level glass in one of the houses had not been assessed. There was no evidence that this was toughened glass and it posed a risk to a resident who frequently ran against it.

**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:**

- Risk assessment completed 20/11/2014 re low level glass.
- Renovations will take place on the house and will include a new front door, a new kitchen door.
- In the sitting/dining room the low level glass will be removed and replaced by a block wall regulation height with double glazed toughened glass windows to be installed and made good all round. A tender process will commence for this work in January 2015. Funding will be requested from the HSE.

**Proposed Timescale:** 22/12/2014

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain all of the information required by Schedule 1 of the Regulations such as room sizes and details of the education, training and work opportunities for residents.

**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:**

- Maintenance Department will provide details of room sizes by 23/01/15 and same will be included in statement of purpose.
- Education training and work opportunities will be included in Statement of Purpose and Function.

**Proposed Timescale:** 30/01/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

Not having effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

- 2.5 additional CNM1s within current staff compliment have been appointed and will commence in this role on the 28 December, 2014.
- Monthly staff meetings with agendas and minutes to commence on 20/12/2014 chaired by CMN1. All staff will have access to the minutes which will be located in each house.
- The appointment of a CNM1 in four bungalows will ensure appropriate supervision of staff and further support communication between the PIC and staff.
- The CNM1 will meet the PIC monthly and this will commence 17/12/14. This timeline will be reviewed in March 2015 with a view to incorporating weekly meetings.
- Unscheduled meetings with staff and CMN1 will be documented in the communication book held in each residence. This will commence 18/12/14.

**Proposed Timescale:** 22/12/2014

**Theme:** Leadership, Governance and Management

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

Management systems in place warrant review to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

- 2.5 additional CNM1s within current staff compliment have been appointed and will commence on the 28 December, 2014.
- Monthly staff meetings with agendas and minutes to commence on 20/12/2014 chaired by CMN1. All staff will have access to the minutes which will be located in each house.
- The appointment of the additional CNM1s will ensure appropriate supervision of staff and further support communication between the PIC and staff.
- The CNM1 will meet the PIC monthly and this will commence 17/12/14. This timeline will be reviewed in March 2015 with a view to incorporating weekly meetings.
- Unscheduled meetings with staff and CMN1 will be documented in the communication book held in each residence. This will commence 18/12/14.

**Proposed Timescale:** 22/12/2014

## **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Due to the changing needs of residents the staffing levels required review to ensure all the needs of the residents can be met.

**Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- Review of night staffing levels took place on 9/12/14.
- As an interim measure in one house which accommodated seven residents, increased staffing was put in place on 15/12/14 i.e. one full night staff (20:30-07:40) and one twilight staff (21:30-22:30).
- Due to the changing needs of the service users in another house, a twilight staff was put in place to support the existing full night staff.

- Completed risk assessments for both houses will be forwarded to designated provider by 5/01/15 which will support the application for extra night cover.
- A further review will take place on 27/1/15.
- The relocation plan outlined above will reduce the number of residents in 2 houses which will assist in meeting the needs of the remaining residents.

**Proposed Timescale: 22/12/2014**

**Theme: Responsive Workforce**

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

A formal staff supervision arrangement was not in place.

**Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

- The appointment of 2.5 additional CNM1s within the Designated Centre will ensure appropriate supervision of staff and further support communication between the PIC and staff.
- Monthly staff meetings with agendas and minutes to commence on 20/12/2014 chaired by CMN1. All staff will have access to the minutes which will be located in each house.
- These meetings will every four weeks. A set agenda has been developed to support this process.
- The CNM1 will meet the PIC monthly and this will commence 17/12/14. This timeline will be reviewed in February 2015 with a view to incorporating weekly meetings.
- Unscheduled meetings with staff and CMN1 will be documented in the communication book held in each residence. This will commence 18/12/14.

**Proposed Timescale: 22/12/2014**