<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Southern Services</th>
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<td>Centre ID:</td>
<td>OSV-0004572</td>
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<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Provider Nominee:</td>
<td>Una Nagle</td>
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<tr>
<td>Lead inspector:</td>
<td>Breeda Desmond</td>
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<tr>
<td>Support inspector(s):</td>
<td>Aoife Fleming, John Greaney (Day 1 only)</td>
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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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times
From: To:
04 February 2015 08:30 04 February 2015 18:30
05 February 2015 08:30 05 February 2015 17:00
06 February 2015 08:30 06 February 2015 16:00

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

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

Summary of findings from this inspection
This report sets out the findings of an announced registration inspection and it was the first inspection undertaken by the Authority in this service. This registration inspection took place over three days. As part of the inspection the inspectors met with residents, house team leaders, staff members, the Designated Provider, Sector Manager and the Person in Charge (area manage). The inspectors observed practices and reviewed governance, clinical and operational documentation to inform this registration application.

The designated provider, sector manager and person in charge displayed good
knowledge of the standards and regulatory requirements and along with staff they were found to be committed to providing quality person-centred evidence-based care for the residents.

A number of questionnaires were received (20 relatives and 12 residents) and the inspectors spoke with many residents during the inspection. In general, the collective feedback from residents and relatives was one of satisfaction with the service and care provided. However, some relatives thought that staff levels were inadequate at times and also highlighted issues regarding residents’ finances. One questionnaire respondent was concerned with the reduced staff levels, the non-replacement of staff on sick leave which had a negative effect on the socialisation programme for their relative and other residents. Feedback will be included in the report.

Overall, the inspector found that residents’ wellbeing was central to service provision in the centre. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with complex divergent needs. Relatives spoken with concurred with this and gave positive feedback regarding care, welfare, respect and attention.

This service comprised seven bungalows and while staff levels were adequate to meet the assessed needs of residents in most bungalows, staff levels in the morning appeared inadequate in maple Lodge and at weekends in Cois Laoi & Seaview apartment. Staff skill mix required review as there was just one qualified nurse on duty one weekend and the bulk of the nursing staff on the alternate weekend. Staff training, both mandatory and further professional training required attention as many staff had not completed their mandatory training of fire safety, protection, manual handling and lifting.

In general, the physical environment was suitable for its stated purpose and was comfortable, homely, and bright. Bungalows will be described individually in outcome 6 Suitable and Safe Premises. Independence of residents was promoted and residents were encouraged to exercise choice and personal autonomy on a daily basis. Staff sought residents’ feedback informally and formally with house meetings.

While residents’ protection was paramount to staff, records maintained regarding residents’ finances were poor. While an education programme was due to be rolled out to train staff in appropriate book-keeping, most staff had not completed this training. This will be discussed in detail under outcome 8 Safeguarding and Safety.

The inspectors identified other aspects of the service requiring improvement to enhance the findings of good practice on this inspection.

These improvements included:

1) national policies, procedures and guidelines required up-dating
2) aspects of medication management training
3) complaints procedure was not comprehensive
4) planning of care documentation for residents
5) health, safety and risk management including fire safety and infection prevention
and control
6) staff training
7) showers/bathroom wall coverings
8) appropriate placement of residents.

The action plan at the end of this report sets out the actions 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 2013.
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 inspectors 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 needs.

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 next-of-kin had access to independent advocacy services should the need arise. The ‘Charter of Human Rights’ was displayed in each bungalow in an accessible format.

Staff informed inspectors that residents were informally consulted on a daily basis and this was observed throughout the inspection; formal consultation and participation in the organisation of the centre as described in the Regulations, was evidenced within minutes of meetings. These records also demonstrated that issues were followed up in subsequent meetings.

The complaints procedure was displayed in each unit in both pictorial and narrative form and while it was in an accessible format it was not centre specific or easy to follow. A complaints log was in place in each bungalow and these were reviewed by inspectors; issues which were recorded were addressed timely manner. All complaints were brought to the attention of the person in charge for review. While there was a record of whether the complainant was satisfied or not with the outcome, occasionally these records were not maintained together, that is, part of the documentation was held in the complaints’ log in each bungalow and the remainder was with the person in charge. The inspectors requested that all the documentation be held together to ensure completeness and ease
of retrieval, as described in the Regulations. The complaints policy required attention as it was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse however, it did not name people, as described in the Regulations.

The inspectors joined residents at breakfast and lunch and residents were seen to have choice. The main kitchen for the campus was on site and residents’ meals were prepared there Monday to Friday. Main meals at the weekend were externally sourced.

Some residents went off site to day services, others attended day services on site and more stayed in their bungalows where activities were held. Inspectors joined residents during one of their music sessions and residents were seen to really enjoy this. Residents were encouraged to participate in external activities, for example going to cafes, restaurants and shopping, visiting friends and relatives. Residents had access to transport which was available at weekends and evenings.

Inspectors noted that where possible residents retained control over their own possessions and there was adequate space provided for storage of their possessions. A policy was in place for residents’ personal property and a personal property log was evidenced for each resident as part of their documentation.

**Judgment:**
Non Compliant - Moderate

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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

**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. 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. Residents were observed updating this information to reflect the change-over of staff from night-duty to day-duty, transport staff and afternoon staff.

Inspectors noted that residents had access to the internet, televisions, radio, music centres, i-pads, and mobile phones. Some residents had televisions in their bedrooms and large flat screen televisions were in communal sitting rooms. Staff were aware of individual communication needs of each resident and demonstrated effective communication with those residents with complex communication needs including sign
language. Staff had completed communication training. Communication requirements were highlighted in personal care plans; documentation to enable and support residents in their communication needs was documented and evidenced in practice.

Residents had access to multi-disciplinary professionals such as speech and language therapy, occupational therapy, eye care, audiology psychology and psychiatry to assist them in their communication needs.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Completed questionnaires from residents and relatives were submitted for feedback about the service. Overall, feedback was positive regarding all aspects of care including personal care, medical attention and referrals and follow-up appointments. Relatives spoke of the ‘respect’ shown to their relative and wrote about ‘the incredible staff’ in the centre. Feedback detailed improvements to their relatives’ condition over the years which enabled them to have a much ‘fuller life’. Families stated that they attended the annual review of the personal plan of their family member where staff discussed future plans and outcomes for residents.

**Judgment:**
Compliant

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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 were in place for residents which dealt with the support, care and welfare of each resident and included details of the services to be provided for each resident, as described in the Regulations. These contracts of care were new to the organisation and a sample copy was demonstrated on inspection. The sector manager outlined that these contracts had been sent to each next-of-kin on 31 December 2014 and their return was awaited.

**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:**
Policies and procedures in relation to social care and welfare of residents required attention to reflect person-centred evidence-based care.

The inspectors reviewed a range of personal support plans for residents. The support plans commenced with individual client profiles which included a description of the resident as well as a photograph. This was supported by the ‘personal outcomes measures’ (POMS) plan. There was ‘My Circle of Support’ document describing interests, activities and behaviours for each resident. Residents had assessments completed which described the level of assistance required for:

- independent living skills
- personal care and foot care
- my sensory details
- communication
- individual rights assessments
- diagnostic information
- medical information/mental health information.
Documentation identified the key worker assigned responsibility to enable residents achieve their goal with agreed timescales, to review objectives and regularly re-evaluate. While some support plans were signed and dated by staff and residents however, others were not. Some plans and poms were resident specific with valuable information to inform care however, others did not reflect the support evidenced in practice. In addition, some support plans reflected how residents would be enabled to achieve these activities but others did not contain these details. In addition, evidence-based assessments with associated interventions were not evident in residents’ support plans, for example, falls risk, skin integrity or nutrition.

An activities log was maintained recording residents’ participation in internal and external activities and this was completed by the house leader. Residents relayed to inspectors the range of activities and social interaction in the centres they attend on a daily basis as well as attending Mass in the local church on Sundays and going to town.

Residents had timely access to a range of professionals such as speech and language therapy, occupational therapy, dietician, dentist, audiology, general practitioner (GP), psychology, social worker and psychiatry. A sample of residents’ notes were reviewed which evidenced regular reviews by their GP. The GP attended the campus on a weekly basis and visited each bungalow individually to ensure privacy and dignity of residents. Out-of-hours GP cover was provided.

**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 designated centre was part of a campus located in a suburban area. It comprised seven bungalows, Maple Lodge, Bayview, Rosemount, Cois Coillte & The Willows apartment, Cois Laoi & Seaview apartment, Harbour View and Shalom. There was ample parking and outdoor space for residents. A day service, school, leisure facilities, consultation rooms and training facilities were also accommodated on campus. There was a secure enclosed green area to the rear of each bungalow with garden furniture, some had decking, and there was a large open green area on campus.
The design and layout of each bungalow was suitable for their stated purpose and function and appeared to meet the individual and collective needs of residents. Bungalows were bright, warm, homely, and generally well maintained. Accommodation in each bungalow is as follows:

Bungalow 1 Maple Lodge – 5 residents
Bungalow 2 Bayview – 3 residents (2 residents living there at time of inspection)
Bungalow 3 Rosemount – 4 residents (3 residents living there at time of inspection)
Bungalow 6 Cois Coillte & The Willows apartment – 6 residents (5 residents and 1 resident in the apartment attached)
Bungalow 8 Cois Laoi & Seaview apartment– 5 residents (4 residents and 1 resident in the apartment attached)
Bungalow 9 Harbour View– 6 residents
Bungalow 10 Shalom– 6 residents

Each bungalow had assisted toilets and showers with the exception of one bungalow where the shower was domestic style with a step into it, making it difficult to access. Some wall surfaces in shower rooms were broken and required replacement. All bedrooms were single occupancy. Communal space in each house comprised an expansive living area, some had a designated dining room and others had a dining space within the large sitting area. Each had a kitchen, secure staff room, staff overnight room and a smaller sitting room/quiet room. There was a small utility room in each house with laundry facilities. Two of the bungalows had 'seclusion' rooms which were assessed and sanction by the 'Behaviour Standards Committee', with strict criteria for use. Residents had ample storage space for their personal possessions and storage space was available for equipment.

Assistive equipment, for example overhead hoists were in place in some shower rooms; mobile hoists and specialised wheelchairs were available for dependant residents. Some residents had decorated their room with posters, pictures, furniture and mementos. All bungalows were in the process of having their fire safety upgraded with new fire safety doors and overhead panelling to ensure compartmentalisation. The inspectors were given assurances that décor would be attended to following completion of the fire safety remedial works.

Judgment:
Non Compliant - Minor

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:**
As part of the application to register this centre the provider had submitted a valid certificate of compliance regarding statutory requirements in relation to insurance and building control. The provider outlined that a compliant fire safety certificate will be submitted following completion of remedial fire safety works in progress at the time of inspection.

There was a safety statement and a health and safety policy which contained all the items as listed in the Regulations. It included an emergency plan which detailed the safe placement of residents in the event of a prolonged evacuation.

Regular fire drills and evacuations were completed by staff and residents. Fire evacuation advisory signage was displayed in each house. Floor plans were displayed prominently in each house. However, these were inadequate as they did not identify the front door as a reference point; while there was a green dot highlighted on the floor plans, it did not identify 'I am here'; while the title on the floor plans was adequate, the drawings were up-side-down. Together all these items made it difficult to interpret the floor plans. There were adequate means of escape and fire exits were unobstructed. Inspectors examined fire safety records and noted that fire safety checks were completed including routine testing of the fire alarm and emergency lighting. Certificates were in place for annual servicing of fire safety equipment and emergency lighting, and bi-annual testing of emergency lighting.

A comprehensive 'Personal Emergency Evacuation Plan' (PEEP) was completed for each resident which outlined the degree of assistance required for their safe evacuation.

The environment was spacious, well maintained with appropriate flooring and adequate lighting to minimise risk. Cleaning equipment was available for staff with appropriate storage for this equipment and cleaning duties were the responsibility of all staff. While there were hand-hygiene gel/foam dispensers in each house however, several of these were empty.

The accident and incident book was reviewed and contained records which demonstrated that issues were addressed in a timely manner with the involvement of relevant professionals. Medication errors and near-misses were also recorded.

Accidents/incidents/medication errors/episodes of behaviours that challenge reports were submitted to the person in charge weekly. This information was then submitted to the health and safety and risk management committee for analysis. The health and safety risk management committee meet every two months. Committee members included senior management and staff representatives. Reports were evidenced with data collated to identify trends to support quality improvement measures and minimise risk of recurrence. Interventions were initiated following these reviews, for example, additional training was given to staff for medication management.

Audits of health and safety and risk were completed in each house on a bi-annual basis where three outcomes were assessed and an 18 outcome inspection was completed on
an annual basis. This inspection was completed in consultation with residents, families, staff and residents’ circle of support.

**Judgment:**
Non Compliant - Moderate

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**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

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

**Findings:**
Resident's finances were securely maintained in each centre. Records maintained regarding residents’ finances were poor. Residents’ had individual logs to record debit and credit transactions but with the exception of one, these were not fit for purpose; many of the transactions had either one or no signature; while receipts were evidenced many of them were not co-signed or signed. Overall, maintenance of residents’ finances needed a significant overhaul to protect and safeguard residents from financial abuse. While an education programme was due to be rolled out to facilitate staff in effectively discharging their duties in a supported and safe manner, most staff had not completed this training.

There was a suite of policies relating to welfare and protection, however, they did not include their Regulatory obligation of reporting allegations of abuse to the Authority. Even though staff demonstrated their knowledge relating to adult protection and interventions necessary, all staff had not completed training in adult protection.

Relevant residents had positive behavioural support care plans in place as part of their care plan documentation. Strict guidelines were evidenced to inform staff regarding interventions including seclusion. The documentation supporting this intervention was comprehensive. Inspectors observed that staff interacted appropriately with residents and demonstrated their knowledge regarding interventions necessary when residents required attention. However, some staff had either not received training or their training was obsolete on identifying antecedents to behaviours of concern, preventative and response strategies and alleviating the underlying causes of challenging behaviour.
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.

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Judgment: Non Compliant - Moderate

Theme: Safe Services

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

Findings:
The designated provider, sector manager and person in charge outlined to inspectors the process for recording any incident that occurred in the designated centre. They demonstrated their knowledge regarding notifications as described in the Regulations, to the Authority. Records of accident and incidents correlated with notifications submitted to the Authority. However, notification to the Authority of allegations of abuse was omitted from relevant policies and the action pertinent to this is under Outcome 8.

Judgment: Compliant

Theme: Health and Development

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

Findings:
Some residents went off-site to their day service, other attended day service on-site. A few residents stayed in their bungalow and activities were held in their residence. Support plans reflected the established activity schedule available to residents. Good communication and engagement was observed by inspectors between staff and day services to ensure continuity of care. A detailed weekly plan of residents’ activities was displayed in the secure staff offices.
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:
Inspectors examined a sample of personal plans which included medical history, vaccination record, ‘Annual Health Check’ notebook and ‘Personal Communication Passport’. Annual Health Check records were updated to reflect referrals, interventions and blood tests. There were two forms included in the medical section of residents’ folders labelled diagnostic information and medical information, however, the diagnostic information recorded did not include medical diagnosis. An erasing fluid was used in a lot of the records reviewed, which was not in keeping with best practice guidelines. The ‘Personal Communication Passport’ was an excellent document which contained comprehensive person-centred information on all aspects of the resident; a photograph of the resident was displayed on the front of this booklet for ease of identification of the resident. ‘My Hospital Passport’ contained details of each resident should the need arise, however, unlike the ‘Personal Communication Passport’, it did not contain a photograph of the resident, which would be invaluable if the resident was admitted to the acute care setting. Some Hospital Passports were not up-to-date, for example, one was last updated in 2013.

Residents had access to speech and language services and reports were demonstrated of reviews and meal plans for residents. However, dietician services were not evidenced and residents did not have appropriate nutritional risk assessments completed to ensure appropriate nutrition. Many of the residents required specialised consistency diets, however, some staff had not completed up-to-date training in this. Staff had not completed training in food preparation, storage or hygiene. In one fridge, uncooked meat was stored alongside an open packet of dried fruit and a high-energy drink bottle.

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:
The policy and procedure for medication management included an additional policy for the management of Epilepsy, however, this was not centre specific. A staff signature sheet as described in An Bord Altranais medication management guidelines 2007 and Cnáimhseachais na hÉireann was in place.

Medication was stored securely in a locked cupboard in the locked staff office. The medication administration record was examined and inspectors noted that administration of medications was recorded appropriately. House-leaders spoken with regarding medication management demonstrated their knowledge regarding administration and recording as well as reporting responsibilities relating to medication. Many staff had recently completed their training on safe medication management. However, inspectors identified that administration of oxygen was not part of this training even though many residents had a diagnosis of epilepsy and oxygen was prescribed as part of their treatment if the need arose. The inspectors requested that this would be reviewed to ensure safe care.

Photographic identification was in place for all residents as part of their prescriptions in line with best practice. Prescriptions were reviewed regularly by the GP and psychiatrist; maximum dosages for PRN (as required) medications were documented; discontinued medicines were discontinued in line with best practice.

Medications care plan was in place for each resident and epilepsy care plans when relevant. These were detailed and gave comprehensive instruction to staff to inform care and welfare.

### Judgment:
Substantially Compliant

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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 contained all the items listed in Schedule 1 of the Regulations.

Judgment:
Compliant

**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge was a full-time area manager with social care qualifications with the necessary experience to ensure effective safe care and welfare of residents. He demonstrated adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. He demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care. He was committed to his own continuing professional development for example, attended many day courses and conferences relevant to the service.

**Judgment:**
Compliant

**Outcome 15: Absence of the person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors were informed that there were suitable arrangements in the absence of the person in charge whereby the sector manager would deputise. The designated provider was aware of the Regulatory obligations regarding notification to the Authority should the occasion arise.

Judgment:
Compliant

Outcome 16: Use of Resources
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

Theme:
Use of Resources

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

Findings:
The premises appeared to be generally well maintained both internally and externally. Each bungalow had fully equipped kitchens which were well stocked with food and other supplies; the utility rooms in each unit had washing and drying facilities. There was assistive equipment to meet the needs of residents, for example, ceiling hoists, assistive showers and toilets. Current service records were in place for equipment.

In general, residents were appropriately placed to maximise their quality of life and that of fellow residents. However, some residents were inappropriately placed in bungalows with other residents which negatively impacted on the quality of life of fellow residents and this was discussed at the feedback meeting with the designated provider, sector manager and person in charge. They had recognised this and evidenced minutes of meetings with the multi-disciplinary team over the past few months to enable suitable and safe accommodation.

Following discharge from the acute care setting, one resident was temporarily discharged to a more suitable bungalow for three weeks to ensure safe recuperation. This bungalow accommodated six residents, one of which was long-term respite who availed of the accommodation once a week. However, when the resident was discharged from the acute care setting to bungalow 9, once a week there were 7 residents accommodated there. Inspectors identified that while they had not surpassed their numbers of registration for the designated centre, they had surpassed the numbers the statement of purpose had identified the designated bungalow could accommodate. This was highlighted to the designated provider, sector manager and person in charge at the
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:
There were house leaders and care staff in each unit and the person in charge’s office was on site. Night staff had access to the night supervisor should the need arise.

Inspectors identified there were issues regarding staff levels and staff skill mix. This service comprised of seven bungalows and while staff levels were adequate to meet the assessed needs of residents in most bungalows, staff levels in the morning appeared inadequate in bungalow 1 with negative outcomes for residents. For example, because of the level of dependency of residents in this bungalow, one resident was delayed attending their day service each morning. Residents in bungalow 8 had adequate staff Monday to Friday but the number of staff decreased at weekends regardless of whether residents remained in the centre for the weekend or went home. This was an issue as some residents here had complex communication needs.

Staff skill mix required attention as there was just one qualified nurse on duty one weekend and the bulk of the nursing staff on the alternate weekend.

Staff files were examined and items listed in Schedule 2 were available for all staff.

Staff training files were also reviewed and mandatory training including protection, fire safety and manual handling as well as challenging behaviour and communication was not up-to-date.

Judgment:
Non Compliant - Moderate
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:
Many of the national policies, procedures and guidelines to inform best practice were out-of-date. The designated provider relayed to inspectors that a working group was in place to update the policies as listed in Schedule 5 of the Regulations.

The directory of residents was located in each house and contained most of the requirements as listed in the Regulations, items missing included date, time and cause of death.

Judgment:
Non Compliant - Minor

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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Southern Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004572</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>04 February 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27 February 2015</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was displayed in each house in both pictorial and narrative form and while it was in an accessible format it was not centre specific or easy to follow.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
The Complaints process brochure and poster have now been changed to ensure they are easy to follow and are centre specific.

**Proposed Timescale:** 13/02/2015

### 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 some support plans were signed and dated by staff and residents, others were not.

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

**Please state the actions you have taken or are planning to take:**
All Person Centred Plans have now been reviewed to ensure that they are signed and dated.

**Proposed Timescale:** 27/02/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some plans and personal outcomes measures were resident specific with valuable information to inform care but others did not reflect the support evidenced in practice. In addition, some support plans reflected how the resident would be enabled to achieve these activities but others did not contain these details.

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

**Please state the actions you have taken or are planning to take:**
Each Plan will be reviewed to ensure that all plans reflect the current supports in place
and the plans to enable the person achieve identified outcomes/activities

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

<table>
<thead>
<tr>
<th><strong>Outcome 06: Safe and suitable premises</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Each bungalow had assisted toilets and showers with the exception of one where the shower was domestic style with a step into it, making it difficult to access. Some wall surfaces in shower rooms were broken and required replacement.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> 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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> The one remaining bathroom will be upgraded to an assisted shower area. Broken surfaces in bungalows identified have now been repaired.</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 27/02/2015

<table>
<thead>
<tr>
<th><strong>Theme:</strong> Effective Services</th>
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<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> All bungalows were in the process of having their fire safety upgraded with new fire safety doors and overhead panelling to ensure compartmentalisation. The décor required upgrading following completion of the fire safety remedial works.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> As work on fire safety upgrade is completed, all areas will be decorated.</td>
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</tbody>
</table>

**Proposed Timescale:** 18/03/2015

<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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</table>

**Proposed Timescale:** 31/03/2015
the following respect:
While there were hand-hygiene gel/foam dispensers in each house, several of these were empty.

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:
Systems are now in place that the hand-hygiene gel/foam dispensers are checked and refilled and a record maintained of same.

Proposed Timescale: 27/02/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Floor plans were displayed prominently in each house, however, these were inadequate as they did not identify the front door as a reference point; while there was a green dot highlighted on the floor plans, it did not identify ‘I am here’; while the title on the floor plans was adequate, the drawings were up-side-down; together all these items made it difficult to interpret the floor plans.

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:
All Floor Plans have been amended to ensure they are easily understood.

Proposed Timescale: 27/02/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff had either not received training or their training was obsolete on identifying antecedents to behaviours of concern, preventative and response strategies and alleviating the underlying causes of challenging behaviour.

Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date
knowledge and skills, appropriate to their role, to respond to behaviour that is
demanding and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**
Training has been organised on Behaviour that Challenges for all staff.

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<th><strong>Proposed Timescale:</strong></th>
<th>30/06/2015</th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Safe Services</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in**
the following respect:
Residents’ had individual logs to record debit and credit transactions but with the
exception of one, these were not fit for purpose; many of the transactions had either
one or no signature; while receipts were evidenced many of them were not co-signed
or signed. Overall, records maintained regarding residents’ finances were poor.

**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:**
All Managers were provided with training from the Financial Assistant on new policy and
procedure for the recording of individual’s financial records. The new procedures are
now being implemented.

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<thead>
<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>31/03/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Safe Services</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in**
the following respect:
Even though staff demonstrated their knowledge relating to adult protection and
interventions necessary, all staff had not completed training in protection.

**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 dates have been identified with the Training Department for Welfare &
Protection.

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<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>30/04/2015</th>
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</table>
### Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

Dietician services were not evidenced and residents did not have appropriate nutritional risk assessments completed to ensure appropriate nutrition.

**Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
The Services have now developed a policy on Food & Nutrition. As part of this policy a Screening Tool will be used to identify Service Users who may be at risk of malnutrition for an on-ward to Dietetics and Nutritionists. The G.P. is currently using this Screening Tool.

**Proposed Timescale:** 30/04/2015

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**Theme:** Health and Development

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

Many of the residents required specialised consistency diets, however, some staff had not completed up-to-date training in this.

**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:**
Managers have received training on Food & Nutrition. Managers will cascade this training to front-line staff with the assistance of Speech & Language Department.

**Proposed Timescale:** 18/03/2015

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**Theme:** Health and Development

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

Staff had not completed training in food preparation, storage or hygiene. In one fridge, uncooked meat was stored alongside an open packet of dried fruit and a high-energy drink bottle.

**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:**
As part of the Training Programme for 2015 training will be rolled-out on Safe Food Preparation, Storage and Hygiene.

**Proposed Timescale:** 29/05/2015

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### Outcome 16: Use of Resources

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some residents were inappropriately placed in bungalows with other residents which negatively impacted on the quality of life of fellow residents.

**Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
A review of Service Users placements will now take place with the involvement of the Adult Multi-Disciplinary Team as part of the Person Centred Process.

**Proposed Timescale:** 29/05/2015

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### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While staff levels were adequate to meet the assessed needs of residents in most bungalows, staff levels in the morning appeared inadequate in bungalow 1 with negative outcomes for residents.

Residents in bungalow 8 had adequate staff Monday to Friday but the number of staff decreased at weekends regardless of whether residents remained in the centre for the weekend or went home.

**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:
The PIC has implemented a roster system where identified staff from other bungalows are assigned to these areas at required times to assist with the needs of the Service Users.

**Proposed Timescale:** 27/02/2015  
**Theme:** Responsive Workforce

The **Registered Provider** is failing to comply with a regulatory requirement in the following respect:  
Staff skill mix required attention as there was just one qualified nurse on duty one weekend and the bulk of the nursing staff on the alternate weekend.

**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:  
Staff rosters have been amended to ensure an adequate skill mix at the weekends.

**Proposed Timescale:** 27/02/2015  
**Theme:** Responsive Workforce

The **Person in Charge (PIC)** is failing to comply with a regulatory requirement in the following respect:  
Staff training files were also reviewed and mandatory training including protection, fire safety and manual handling as well as challenging behaviour and communication was not up-to-date.

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

Please state the actions you have taken or are planning to take:  
The Training Needs Analysis 2015 has been completed and training will be scheduled for all staff who require mandatory and refresher training.

**Proposed Timescale:** 11/11/2015
### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Many of the national policies, procedures and guidelines to inform best practice were out-of-date.

**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 National Policy Working Group established to review all policies will ensure that all policies are reviewed on a timely basis.

**Proposed Timescale:** 30/04/2015

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**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The directory of residents was located in each house and contained most of the requirements as listed in the Regulations, items missing included date, time and cause of death.

**Action Required:**
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 Directory of Residents will be amended to include date, time and cause of death.

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