<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Limerick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004779</td>
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<tr>
<td>Centre county:</td>
<td>Limerick</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Norma Bagge</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Margaret O'Regan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>none</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>17</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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</thead>
<tbody>
<tr>
<td>27 January 2015 17:30</td>
<td>27 January 2015 20:30</td>
</tr>
<tr>
<td>28 January 2015 09:30</td>
<td>28 January 2015 18:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

This was the first inspection of the centre carried out by the Health Information and Quality Authority. The centre comprised four, single storey houses in which 17 residents in total resided. The houses were in a rural setting. This inspection was unannounced and took place over two days.

The centre is part of the services provided by the Brothers of Charity, Limerick. The residents in this centre had a diagnosis of an intellectual disability. Male and female residents, all over the age of 18 years, were accommodated. In general appropriate privacy arrangements were in place. However, the showering and toilet facilities for one resident were inadequate. This is discussed in outcome 1 and outcome 6.

The inspector met with residents, staff, the person in charge and the head of integrated services in the Limerick area. The inspector observed practices and reviewed documentation such as personal plans, complaints book, minutes of meetings and risk assessments.

There were some maintenance issues which needed to be addressed such as; *the repair to damaged walls*
*the repair to damaged door frames
*the updating of the heating system in one house
*the repair of a damaged ceiling
*the provision of floor covering.

Apart from the maintenance issues which needed to be addressed, the houses were clean and efforts were made to make them homely. One house had a secure garden and the other houses had access to the outdoors. Each resident had storage facilities. The majority of bedrooms had ensuite facilities.

Accommodation included tastefully decorated sitting rooms; well equipped kitchens and storage space. Office facilities were available and overnight facilities for staff.

Overall, the inspector found that a good standard of care and support was delivered by staff who demonstrated commitment, enthusiasm and respect for residents. Staff were knowledgeable regarding each resident's needs.

Residents attended a variety of day services. Changes were recently made to day services as part of a realignment of the organisation's services. One resident was assigned a new day service. Staff were working with this resident to support him in this change. However, it was unclear how involved the resident was in the decision making around this change. Several residents attended local community day centres and transport to and from day services was provided. This facilitated residents to be involved and known to the local community.

Residents were facilitated to attend their religious services of choice, partake in voting and express their preferences on how their house was run. However, there were some instances where routine appeared to overly direct practices. For example, in one house residents were regularly up early in order to fit in with staffing levels, staff commitments and staff practices. This is discussed under outcome 1.

Complaints made by residents about night time sleep disturbance had not been adequately addressed. This is also discussed in outcome 1.

Risk assessments were conducted and regularly reviewed. Where a risk was identified measures were put in place to control the risk. The inspector identified one risk relating to the safety of a door which had not been adequately assessed. At the time of inspection management staff gave a commitment to addressing this matter without delay and to minimise the risk of a resident leaving the house unnoticed. Other matters needed to improve safety had already been identified and measures were in the process of being put in place to have them addressed. This included the provision of door magnets on fire doors and the provision of a generator.

The inspector saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were generally supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. Residents were consulted through the weekly house meetings in the planning and running of the centre. Decisions regarding residents' own care were discussed, albeit that as
mentioned above, no clear communication took place with a resident around his change of day service.

The inspector was not satisfied that staff levels were adequately assessed to ensure they met residents' needs. In particular the inspector had concerns about the adequacy of night time staffing arrangements. This is discussed under outcome 17.

The provider had made arrangements for the unannounced inspection of the centre on a six monthly basis. Some improvements were made as a result of these audits; however, other matters did not have a clear plan as to how they would be remedied. This is discussed in outcome 14.
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 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:
In general, the rights, privacy and dignity of residents were promoted and residents’ choice was encouraged and respected. This was evident from the observations of the inspector of the interactions between residents and staff. Interactions were respectful and caring; and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of residents’ preferences and this was supported by information in the care plans and the residents’ file notes.

The inspector noted that residents retained control over their own possessions. For example, each resident had adequate wardrobe space in their bedroom which was decorated in a manner that reflected each resident's individuality. Bedrooms were single occupancy with the exception of one which was a twin room. Residents, in so far as possible, were supported to choose and purchase their own clothes. The inspector saw residents returning from day services, and carrying out their preferred routine which varied from having a cup of tea, taking a nap, watching television or talking with staff. Residents were seen to be given choice in relation to what food they wanted, when and where to eat, what to wear and what outings to go on.

There was some evidence however that for residents in one house, the morning routine was such that residents were up early and waited for up to two hours before having breakfast. This practice developed to fit in with the overall demands of the service at morning time and it needed to be reviewed. The showering and toilet facilities for one resident were inadequate. Due to her particular needs she was accommodated in a room that was not adjacent to a toilet. The arrangements for this resident to shower and the arrangements to empty and clean her commode compromised her dignity and
that of other residents.

The inspector saw minutes of house meetings that were held with the residents. Decisions were made according to matters arising at the meetings. For example, outings were decided upon, as were activities and menus.

The complaints policy was available and provided detail on how to make a complaint. The focus of the policy was around providing and maintaining a quality service. Staff displayed an openness about receiving complaints, the number of complaints received was relatively low and complaints received were documented. Residents had made a number of complaints with regards to the noise levels at night and how it disturbed their sleep. The complaints were recorded in the informal complaints log by the person in charge who was the person nominated to investigate complaints in the centre. However, it was not clear if this log and the complaints in it were monitored by the person responsible for having an oversight of all complaints. Timely corrective actions had not been taken to address the complaints.

Residents had access to advocacy support. Documentation was available with names and contact numbers for residents and/or their families who wished to use this service. Each resident had a named key worker and this person also advocated on behalf of the resident as did the person in charge and the head of integrated services. Residents were facilitated to vote and partake in religious services.

A number of residents communicated in a non-verbal manner. From speaking with staff and from observing, it was clear that in most instances non-verbal residents were able to communicate if they were anxious, worried or in need of assistance. Staff had developed an impressive array of skills to understand a resident who had developed his own sign language.

**Judgment:**
Non Compliant - Moderate

**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 care and support provided to residents reflected the assessed needs and wishes of residents. For example, a resident's decision to not attend day services was respected. Residents were generally involved in their assessments. However, in reference to the resident who did not wish to attend day services, there was little evidence to indicate that changes to his day services arrangements had been discussed with him prior to them being altered. Now that the changes were made, staff were working with the resident to help him make the necessary adjustments to his routine.

There were documented notes showing there was multi-disciplinary input into devising the residents' plan of care. This written plan detailed residents' individual needs, aspirations and choices. The plans improved the lives of residents. For example, residents who moved to the centre from a different centre had more opportunities to attend local community events, have their own bedroom and had the freedom to decorate their room in a manner which suited them.

The plan of care was clear on who was responsible for pursuing objectives in the plan, in that each resident had a key worker. Plans were reviewed at a minimum on an annual basis.

There was significant family involvement in the lives of residents. Residents visited their family home, visited relatives in hospital, invited relatives to celebrations taking place in the centre and families were included in the annual review of the plan of care.

In general residents were supported when moving between services. There were examples of people who moved and the centre did not meet their needs. These residents were then facilitated in another centre. The person in charge spoke of residents visiting prior to moving and consideration was given to enabling residents to remain in contact with their family and friends.

There was one instance of where a resident moved to the centre and her needs impacted on the quality of life for other residents. This is referenced in outcome 1 under complaints management and in outcome 17 under staffing levels.

Support and guidance was provided to residents to enable them to live as independently as possible. For example, attendance at community day centres, tea dances and other local events were arranged for residents. Discharges were discussed with the multi-disciplinary team, residents and families.

Each resident had a planned schedule of weekly activities. These were displayed in residents' rooms. The activities varied from socialising, swimming, shopping, going for drives, music, pottery and talking on Skype to relatives.

**Judgment:**
Compliant
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 houses were located in two separate rural villages. This location suited the needs of the residents and residents were involved in local community events such as tea parties, local shopping and visiting families nearby. Three of the four houses were specifically designed to meet the needs of residents. In general, the design met these needs; however, one of the 17 residents was accommodated in a room which was not adjacent to a toilet or shower facility. This was discussed under privacy in outcome 1.

The houses were warm, clean and tidy but were in need of repair. For example, one house required its heating system to be updated, door frames and walls were damaged and floor covering needed to be laid in one section of the house. The other three houses were newer builds but there was evidence of structural damage evidenced by dampness on the walls and ceiling. It was clear the damage was there for a while and wall paint minimised some of the damage. The ceiling of one resident's bedroom had a hole in it. The resident brought this to the attention of the inspector and staff and asked for it to be fixed. The damage to the walls and ceiling had been reported to an engineer who was to investigate the problem. However, no timeframe was available as to when these issues would be addressed. A more proactive leadership approach to addressing these issues was needed.

The houses were nicely decorated and had a homely feel to them. Ventilation was generally good with the exception of the laundry room in one house which was inadequately ventilated. In general, there was adequate private and communal accommodation with plans underway to create a sensory cum private room in one of the houses.

There were kitchens with sufficient cooking facilities and equipment. There were adequate toilets, bathrooms, showers to meet the needs of residents, albeit that one resident had to use the ensuite facilities of another resident as discussed in outcome 1.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

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

**Findings:**
As with previous outcomes, there were many good practices in place and there were issues that required attention. The centre had policies and procedures relating to health and safety. Fire safety arrangements were good in that staff with whom the inspector spoke had fire training and confirmed regular fire drills took place. Fire equipment was serviced annually and records were maintained of this. Each resident had a personal egress evacuation plan. It was easily accessible in a folder in the main hallway.

A risk management policy was in place which incorporated a structured assessment system. The person in charge had received training in the use of the assessment tool and the quality safety officer provided valuable support in implementing the recently revised risk assessment process.

While many of the risks in the centre had been identified, the inspector noted two areas that had not received sufficient attention. The first was the impact of one resident’s current needs on the other residents in the house. The second was the risk attached to having an openable, unalarmed door in a resident’s bedroom. This resident was mobile, known to get up at night and was in a house where there was not a full-time awake staff presence.

Doors to resident bedrooms were heavy fire doors and proved to be a difficulty for residents to move around without hindrance. The person in charge informed the inspector she was awaiting the delivery of door magnets, to safely keep these doors open.

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

**Judgment:**
Non Compliant - Moderate

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

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

**Findings:**
Policies were in place in relation to the protection of vulnerable adults. Within the Brothers of Charity Limerick, there was a person designated to manage any incidents, allegations or suspicions of abuse. 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. There was evidence that when or if, staff had concerns they felt supported in sharing these concerns with the person in charge. It was unclear if the same level of support was available from the wider management team.

The inspector interacted with residents and was satisfied, in so far as she could establish, that residents felt safe in the centre and had access to staff with whom they could communicate with.

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, with the aid of their key worker, had access to their monies. A ledger was kept for each resident detailing income and expenditure. The balance in the account was checked on a regular basis by the resident's key worker. Receipts were kept for items purchased on behalf of the resident. However, the system would benefit from having an arrangement whereby random receipts were regularly verified by a person other than the key worker. The practice at the time of inspection did not provide adequate protection to residents or staff from allegations of money mismanagement.

**Judgment:**
Non Compliant - Moderate

**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

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

Findings:
The inspector was satisfied that a record of all incidents occurring in the centre was maintained. The person in charge notified the chief inspector in writing within 3 working days of events which occurred in the centre as per the requirements of the regulations. These events included loss of power, any serious injury to a resident or any allegation of abuse.

The person in charge also provided a written report at the end of each quarter of the year in relation to any occasion on which a restrictive procedure was used.

Where no incidents which required to be notified had taken place, the registered provider had not notified the chief inspector of this fact on a six monthly basis as is required by regulation.

Judgment:
Substantially 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 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 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 general practitioner (GP), psychologist, psychiatrist, physiotherapist, occupational therapist and dentist. Where other specialist services were required such as a consultation with a surgeon or a geriatrician, these were facilitated.
Discussions took place around end of life care and these were documented. Hospice care was available to support staff in caring for residents in their own house at the end of their life. Residents were facilitated in so far as possible, to retain the services of the GP who attended them when the resident lived in another home. Residents were supported in their home by community care services such as public health nursing services and occupational therapy.

All meals was prepared and cooked daily in the centre, unless residents were attending day services where they were provided with lunch or took a packed lunch with them.

**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:**
There was a clear staff reporting structure in place. Staff reported to the person in charge and the person in charge reported to the head of integrated services. The head of integrated services in turn reported to the provider nominee.

The person in charge was known to residents. Staff stated they received support from her. She worked full time and had the required skills, qualifications and experience to manage the centre. She was also person in charge of another centre. In total her managerial remit extended over three sites within a radius of approximately twenty kilometres. The inspector concluded that the working arrangements of the person in charge compromised effective governance, operational management and administration of the centre including the consistent monitoring of care, services and staff. This was being evaluated at senior management level.

Weekly meetings were held between the person in charge and her line manager. The person in charge was supported in her role by a clinical nurse manager (CNM) who was appointed in June 2014. The CNM regularly worked evening and weekend shifts, thus providing managerial oversight at these out of office times. The CNM incorporated her managerial duties into her regular work shifts. Her CNM post did not provide for
designated time for managerial responsibilities.

Staff meetings were held. Systems were in place to ensure that feedback from residents and relatives was sought. For example, the person in charge, on a yearly basis, sent a questionnaire to families for feedback as to how the service was functioning. An easy-to-read questionnaire was provided to residents. Staff appraisals did not routinely take place.

The systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored were under resourced. For example, as discussed in outcome 1, residents' needs as identified through the complaints process were inadequately addressed and night time staffing levels (discussed in outcome 17) were unsafe.

**Judgment:**
Non Compliant - Major

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**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector was not satisfied that staff levels were adequately assessed to ensure they met residents' needs and ensured adequate safety. In particular, the inspector had concerns about the adequacy of night time staffing arrangements. Three of the four houses were grouped together. These three houses accommodated 13 residents. One staff member was awake at night time and based in house number one which accommodated six residents. In house number three, there was a sleep over staff member who helped with evening routines before retiring at 21:00 hours and arising for morning routines from 07:30 to 10:00 hours. At the time of inspection a resident in house number 1 had needs which necessitated regular one to one intervention during the night. This resulted in houses number two and three being without supervision for long periods. In both house number 2 and number 3 there were residents who got up frequently during the night. One resident in house number 2 was mobile and had dementia and was capable of overriding the keypad lock. Due to limited supervision, this was an unsafe situation for this resident at night. A resident in house number 3 was likely to go into the kitchen or exit the premises during the night. One external door was
alarmed but another door did not have such an alarm. If the night time staff was in house number two or three this resulted in house number one not being adequately supervised.

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

Staff with whom the inspector spoke confirmed they had received mandatory training in fire prevention, adult protection and moving and handling. Other training was also provided such as food safety and managing behaviours that challenge. Staff files checked were complete in the detail required by regulations. These files were held in an administration office off site and were examined separately to this inspection.

**Judgment:**
Non Compliant - Major

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Margaret O'Regan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

| Centre name:                               | A designated centre for people with disabilities operated by Brothers of Charity Services Limerick |
| Centre ID:                                 | OSV-0004779                                                                                       |
| Date of Inspection:                        | 27 January 2015                                                                                    |
| Date of response:                          | 03 March 2015                                                                                     |

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:
Morning routines occasionally impacted on residents’ freedom to exercise choice and control in their daily life.

Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
- A review of the morning routine will take place to provide individualised and person centred services to the residents in the morning time - to be completed by 31/03/15;
- A Business case is being costed for forwarding to HSE for funding required to support the centre as recommended by the inspector and will be submitted by 04/03/15.

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

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The showering and toilet facilities for one resident were inadequate. Due to her particular needs she was accommodated in a room that was not adjacent to a toilet. The arrangements for this resident to shower and the arrangements to empty and clean her commode compromised her dignity and that of other residents.

**Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
- The room referred to in the report is currently not in use. The resident, following consultation with herself and the Multi-Disciplinary Team is being accommodated in a nurse led facility within the Brothers of Charity Services Limerick;
- The use of this room will be reviewed prior to a resident being accommodated there acknowledging the concerns of the inspector.

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

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inadequate measures were put in place for improvement in response to complaints made by residents.

**Action Required:**
Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

**Please state the actions you have taken or are planning to take:**
- To address the concerns identified by residents in complaints, additional staffing was
put in place.
- Complaints to be forwarded and discussed with Senior Manager on a monthly basis commencing 02/03/15;
- Outstanding complaints will be reviewed monthly and report forwarded to Director of Services commencing 17/03/15;
- A review of the Complaints Policy and procedures is presently taking place to ensure:
  - Clarity for residents, staff & families;
  - Streamlined documentation;
  - Who complaints are reported to;
  - Feedback to the complainant;
  - A clear appeals process.

**Proposed Timescale:** 30/03/2015

**Theme:** Individualised Supports and Care

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

Formal complaints were monitored by a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints were appropriately responded to. However, informal complaints were recorded in a separate book and the practice was for complaints in this book not to be forwarded to the person nominated for the oversight of complaints.

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

**Please state the actions you have taken or are planning to take:**
- Complaints were being forwarded quarterly to senior manager and then to Director of Services;
- Complaints will now be forwarded and discussed with Senior Manager on a monthly basis commencing 02/03/15;
- Outstanding complaints will be reviewed monthly and report forwarded to Director of Services commencing 17/03/15;
- A review of the Complaints Policy and procedures is presently taking place to ensure:
  - Clarity for residents, staff & families;
  - Streamlined documentation;
  - Who complaints are reported to;
  - Feedback to the complainant;
  - A clear appeals process.

**Proposed Timescale:** 30/03/2015
Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Parts of the internal premises were in need of repair including; walls, doors, floor covering, ventilation in laundry room, heating system.

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:
• On-going system in place for dealing with maintenance requests;
• Review of escalation of significant maintenance issues to Senior Management to agree next steps;
• 2 properties require maintenance works as follows:
  No 1 house:
  • Leak identified causing dampness May 2014;
  • Insurance claim submitted and finalised November 2014;
  • Maintenance Manager reviewed property with Person in Charge week of 15/12/14 and list of works completed 15/01/15;
  • Consultant Engineer assessed premises 03/02/15;
  • Design Team to be confirmed by 27/02/15;
  • Tender process to be completed by 06/04/15;
  • Works to commence 13/04/15.

  No 2 house:
  • Person in Charge had identified a number of issues in relation to premises including dampness in November 2014;
  • Works identified to be completed January/February 2015 were door releases, quotes for magnetic door system and dampness;
  • Consultant engineer assessed premises, internal and external re dampness on 02/02/15, 03/02/15 & 05/02/15;
  • Magnetic door system installed 02/03/14 & 03/03/15;
  • Tender for work to be completed has commenced.
  • Provisional date for works to commence 09/03/15.

Proposed Timescale: 25/05/2015

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 management policy did not include the hazard identification of mobile residents gaining unsupervised access to the external grounds, in particular at night.
**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 assessments completed in December 2014 for unsupervised access to the external grounds and door sensors installed on doors most frequently used to mitigate against risk;
- Door sensor installed on 29/02/15 on door less frequently used as recommended by inspector.

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Make adequate arrangements for reviewing fire precautions by ensuring that doors that need to remain open have appropriate magnetic locks.

**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:**
- Quotes received as per Procurement Policy by 23/01/15;
- Successful tender will commence installation of magnetic locks on doors that need to remain open in the event of a fire on 02/03/15.

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

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The practice at the time of inspection did not provide adequate protection to residents or staff from allegations of money mismanagement. A system of verifying receipts must be in place.

**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:**
- Person in Charge will review 12.5% of residents’ financial records quarterly commencing immediately whereby ensuring adequate protection of residents’ monies;
- Policy on Handling of Adult Service Users Personal Assets has been adopted and will be adopted in full once Accounting Technician in place;
- The recruitment of an Accounting Technician to set up and support this service was advertised on 13/02/15;

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

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### Outcome 09: Notification of Incidents

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Where no incidents which required to be notified had taken place, the registered provider had not notified the chief inspector of this fact on a six monthly basis as is required by regulation.

**Action Required:**
Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six-monthly basis.

**Please state the actions you have taken or are planning to take:**
- Nil returns submitted where appropriate with quarterly returns;
- Review of quarterly notifications has taken place with Persons in Charge;
- Where no incidents which require to be notified under Regulation 31 (1, 2, & 3) the registered provider will notify the chief inspector of this fact on a six monthly basis.

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

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### 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:**
Inadequate arrangements were in place 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:
- Quarterly staff meetings were taking place chaired by the Peron in Charge with agenda and minuted;
- Minutes of meetings were available in the centre.
- This will now change to monthly meetings commencing March to be chaired by the CNM1 or Person on Charge.
- Unscheduled meetings with staff are documented in a communication book/managers journal held in the residence. This commenced week beginning 12/01/15.
- Meeting between Person in Charge and CNM1 will take place every 2 weeks commencing 02/03/15.
- Use of target setting for staff will be implemented as part of performance management in 2015. The use of a computer system to support this process is being rolled out to managers.
- A proposal is presently being developed by Head of Integrated Services to further support the management structures within the centre to delivery a quality and safe service.
- The Brothers of Charity Services Ireland are at National Level developing a staff support and supervision policy and it is expected that this would be finalised by the end of Q2 and begin being rolled out also at this time to be fully introduced by Q1 of 2016.

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored were under resourced. For example, as discussed in outcome 1, residents' needs as identified through the complaints process were inadequately addressed and night time staffing levels (discussed in outcome 17) were unsafe.

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:
- A Business case is being costed for forwarding to HSE for funding required to support a second waking night staff instead of a sleep-over staff in the centre as recommended by the inspector and will be submitted by 04/03/15.
- 1 resident who required supports at night has on health needs relocated to a nurse led facility within the Brothers of Charity Services Limerick.
- Residents needs as identified through the complaints process have been addressed.

| Proposed Timescale: 04/04/2015 |
### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The number of staff was not appropriate to the number and assessed needs of the residents and the size and layout of the centre. This was particularly so for night time staffing levels.

**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:**
- A proposal is presently being developed by Head of Integrated Services to further support the management structures within the centre to delivery a quality and safe service.
- A Business case is being finalised for forwarding to HSE for funding required to support a second waking night staff instead of a sleep-over staff in the centre as recommended by the inspector and will be submitted by 04/03/15. The night staffing will then comprise of 2 waking posts.
- 1 resident who required individual supports at night has on health needs relocated to a nurse led facility within the Brothers of Charity Services Limerick.
- Senior Staff nurse has commenced employment in this centre from 11/01/15 on a part time basis with a phased increase to full time post by 31/03/15.

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