| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services South East |
| Centre ID: | OSV-0005054 |
| Centre county: | Waterford |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Services Ireland |
| Provider Nominee: | Johanna Cooney |
| Lead inspector: | Caroline Connelly |
| Support inspector(s): | Paul Dunbar |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 9 |
| Number of vacancies on the date of inspection: | 0 |
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in
Designated Centres for Persons (Children And Adults) With Disabilities)
Regulations 2013, 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 2 day(s).

The inspection took place over the following dates and times
From: To:
21 May 2015 09:20 21 May 2015 18:00
22 May 2015 09:20 22 May 2015 15:10

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

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Summary of findings from this inspection
This was a registration inspection of a Cairdeas Kilkenny which is one of a number of
designated centers that come under the auspices of the Brothers of Charity Services
South East. The Brothers of Charity South East provides a range of day, residential,
and respite services in Waterford and South Tipperary. It is a not-for-profit
organisation and is run by a board of directors and delivers services as part of a
service agreement with the HSE.

The centre comprises of two houses which are in the community in County Kilkenny
on the Waterford border. There had been a move in recent years to move residents from the congregated setting into individual houses in the community. One of the houses on the campus is closing and four residents will move to a newly renovated house in the community. The other house is also for four residents who have been living in the community for a number of years. As part of the inspection the inspectors met with residents, the person in charge, the regional services manager, the quality, training and development manager, Clinical Nurse Manager (CNM2), administration staff and numerous other staff members.

Throughout the inspection inspectors observed practices and reviewed documentation which included residents' records, policies and procedures in relation to the centre, medication management, accidents and incidents, complaints, health and safety documentation and staff files.

The person in charge works full time and was seen to be very involved in the day-to-day running of the overall service. Staff and residents informed inspectors that the person in charge was accessible to residents, relatives and staff. The houses were overseen by a CNM2 team leader who took responsibility for the day-to-day organisation and management of the houses which included staffing and budgetary management. There was evidence of individual residents’ needs being met and the staff supported and encouraged residents to maintain their independence where possible. Community and family involvement was evident and encouraged as observed by inspectors.

There was a good range of social activities available to the residents and they were seen to positively engage in the social and community life which was reflected in their personal plans. The inspectors observed evidence of good practice during the inspection and were satisfied that residents received a good standard of social care with appropriate access to their own general practitioner (GP), psychiatry, psychology, social worker and allied health professional services as required. Personal plans were viewed by the inspectors and were found to be comprehensive, appropriate to the needs of the residents and up to date. A number of improvements were required in relation to medication management, staffing levels, wound care, ensuring residents' privacy and dignity and Fire arrangements and health and safety also required improvement.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centers for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.
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:
The centre generally catered for residents with moderate to severe/profound intellectual disability needs and many of the residents had additional needs due to their physical disability, sensory impairment, behaviours that challenge and medical conditions and need more support and assistance from staff. Residents with whom the inspector spoke stated that they felt safe and spoke positively about their care and about staff. The inspectors observed staff interaction with residents and noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance. The staff and residents informed inspectors that residents were actively involved where possible in the house with residents’ meetings held weekly. Minutes of these meetings were seen by the inspectors and they were found to be comprehensive. The minutes demonstrated that residents had plenty of choice in that they chose what meals they wanted, when they wanted to eat out, what social activities they wished to take part in and what trips out they wanted to go on.

The person in charge informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care was provided. Inspectors observed staff endeavouring to provide residents with as much choice and control as possible by facilitating residents’ individual preferences for example in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents all had their own bedrooms which promoted their privacy and dignity, however it was noted that there was no lock on the bathroom door in one of the houses which had mixed gender residents. This did not protect the privacy and dignity of the residents living there.
In Brothers of Charity Waterford and Tipperary there is a regional advocacy council. This is a forum for residents to air their views to senior management about how services are delivered to them and to advocate both for individuals and groups of individuals about the services they receive. The service also employs a quality, training, development and advocacy manager who coordinates the advocacy services for the residents.

The provider had in place an accessible complaints system for residents. Each resident has an ‘I'm Not Happy’ card that they can place in an ‘I’m Not Happy’ box in their house or day service. This card will notify the assigned social worker that they wish to have their support in making a complaint. These cards were seen by the inspectors to be present in the centre. The complaints procedure was viewed by the inspectors and was found to meet the requirements of legislation. However, the inspectors noted that a summary copy of the complaints process was not clearly displayed in the houses.

Inspectors noted that, where possible, residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions.

**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:**
The inspector noted that residents had access to appropriate media, such as television, and radio. Some residents had televisions in their rooms and inspectors noted that there were large flat screen televisions in communal rooms. One resident loved radios and had numerous radios and always carried one around with him. There was a computer in the house and residents had access to the internet. Residents used video calling to keep in contact with their family. There was evidence of this contact residents' personal plans.

There was an up-to-date communication policy available on the day of inspection and staff who spoke to the inspector demonstrated awareness of individual communication needs of residents in their care and could outline the systems that were in place to meet the diverse communication needs of residents. In addition, inspectors noted that individual communication requirements including residents with complex communication needs had been highlighted in personal plans and were also reflected in practice. For
example, the inspectors noted that staff used communication approaches such as
gestures, signals, facial expressions and vocalisations to communicate with some
residents. In addition, staff used a variety of picture charts, communication passports
and communication symbols with some residents. Inspectors noted from residents' personal plans that there had been input from multi-disciplinary professionals including speech and language therapists and occupational therapists to assist residents meet their range of communication needs. Staff to whom inspectors spoke outlined how residents were facilitated access, where required, to assistive technology and aids.

Judgment:
Compliant

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:
The inspectors noted there was an open visiting policy and relatives could visit without any restrictions. There was evidence in residents’ personal plans showing visitors attending the centre at different times as well as regular planned visits.

The inspector saw and relatives confirmed that they were updated as required in relation to residents’ progress and many relatives attended residents’ circle of support meetings. There was evidence that when a relative could not be physically present at the meeting they were facilitated to attend via the telephone. The inspector saw in residents’ personal plans that these meetings were held on a regular basis. There was evidence that resident’ representatives could bring any issue directly to staff and relatives questionnaires confirmed to the inspectors that staff were very responsive to any such issues raised.

The inspectors saw that residents were supported to develop and maintain personal relationships and links with the wider community and families are encouraged to get involved in the lives of residents. Residents went out to their family homes and relatives for the day, weekend or for holidays and this was all documented as part of their personal plans. Regular phone calls to relatives took place and these were scheduled in their personal plans and in the diary so that they were not forgotten. Residents told the inspectors that the phone calls were very important to them with one resident having his own mobile phone, as was the use of video calling for the resident to keep in touch with family.
**Judgment:**
Compliant

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<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<td>Admission and discharge to the residential service is timely.</td>
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**Theme:**
Effective Services

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

**Findings:**
Inspectors reviewed the statement of purpose and noted that all residents were afforded respect, choice and dignity at all times through a holistic and person-centred approach to care and a welcoming and home-like environment was provided. The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre on numerous occasions and speak to staff prior to admission. The providers do not accept emergency admissions. All applications for admission to services were made to the director of services who passed them on to the enrolment team for assessment. The offer of any place is made in consultation with the HSE based on prioritisation.

The criteria for admission was clearly stipulated in the statement of purpose and the person in charge informed the inspectors that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. There was evidence that residents had numerous visits to the new house and during the inspection there had been a trip out to the house where one of the residents moved some of his belongings into his new room.

The inspector reviewed copies of the current written agreements in relation to the terms and conditions of residing in the centre. It was noted that the documents detailed the support, care and welfare of the resident and details of the services to be provided for that resident and the fees to be charged in relation to residents care and welfare in the designated centre as required by the regulations. The contracts include a detailed appendix of charges to residents and what is included and excluded from these charges.

**Judgment:**
Compliant

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<th>Outcome 05: Social Care Needs</th>
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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:**
There were a number of centre-specific policies in relation to the social care and welfare of residents. The two houses in the centre were in the community and residents were generally out and about during the day and at weekends.

The inspectors saw that each resident's personal plan reflected their individual wishes regarding social activities. The activities offered each week are also reflective of the wishes of the residents. Evidence of this was seen in the residents' meeting book. Staff encouraged residents to engage in activities of their choice within their local community and transport is provided to facilitate same. The costs of social outings such as visits to the cinema or theatre are covered by the residents’ personal funds. Residents to whom inspectors spoke described the many and varied activities they enjoyed.

The inspectors reviewed a selection of personal plans which were personalised, detailed and reflected residents' specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of ongoing monitoring of residents' needs including residents’ interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. Inspectors were informed that nurses and care assistants who worked with the residents fulfilled the role of individual residents' key workers in relation to individual residents care and support. These key workers were responsible for pursuing objectives in conjunction with individual residents in each resident’s personal plan. They agreed time scales and set dates in relation to further identified goals and objectives. There were also user-friendly pictorial versions of the personal plans which were found to be very comprehensive, easy to follow and well organised giving all essential information required.

There was evidence of interdisciplinary team involvement in residents’ care including, medical and General Practitioner (GP), speech and language, dentist and chiropody services. These will be discussed further in Outcome 11 healthcare needs.

The inspectors noted that there was a circle of support identified in each resident’s person-centred plan which identified the key people involved in supporting the resident
which included family and friends as well as staff and other professionals. As previously outlined there was evidence in residents’ personal plans that the resident and their family members, where appropriate, were involved in the assessment and review process and attended review meetings.

**Judgment:**
Compliant

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**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

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

**Findings:**
The centre comprises of two houses which are in the community in County Kilkenny on the Waterford border. There had been a move in recent years to move residents from the congregated setting into individual houses in the community. One of the houses on the campus is closing and four residents will move to a newly renovated house in the community. The new house is a detached bungalow which includes the following accommodation:

1. No. sitting room (16ft 1” x 14ft 8”)
2. No. utility room (15ft 10” x 10ft)
3. No. kitchen (11ft 3” x 15ft 10”)
4. No. dining room (15ft 9.5” x 9ft 3”)
5. No. sitting room/office (11ft 10” x 15ft 10”)
6. No. hallway at front door (4ft 3” x 16ft)
7. No. corridor (3ft 9” x 47ft 6”)
8. No. bedroom with en suite (bedroom: 20ft x 11ft 10” – en suite 5ft 5” x 16ft)
9. No. bedroom (10ft 10” x 8ft 10”)
10. No. bedroom (10ft 10” x 8ft 5”)
11. No. bedroom (10ft 10” x 14ft)
12. No. bathroom (10ft 10” x 11ft)
13. No. toilet/shower (5ft 10” x 8ft)

Garden and outdoor recreation area
The inspectors visited the house and saw that each resident will have their own bedroom with one bedroom having its own en-suite facilities. The house also has a spacious main bathroom in the vicinity of the bed area and a further separate toilet near the communal/living space. The house has been renovated to high standards and included all the requirements of fire safety including fire doors, emergency lighting and a
fire alarm. The house was bright, well ventilated, had central heating and was decorated to a good standard. There was adequate sitting and dining space separate to the residents’ private accommodation which allowed for a separation of functions. Residents had chosen their rooms and one resident had moved some small personal items into his room and he told the inspectors he was looking forward to moving to his new home.

The second house also provided all single bedrooms with a main bathroom and separate toilet. There was plenty of communal space available for residents use. Both houses were set in very large mature grounds with car parking facilities. The gardens were flat and there were outdoor patio areas to accommodate suitable garden seating and tables provided for residents' use. In the new house there was also a fully covered area that can be used for outdoor activities.

Laundry facilities were provided within the premises and were adequate. Staff said that laundry is generally completed by staff but residents are encouraged to be involved in doing their own laundry. Residents to whom inspectors spoke were happy with the current laundry system and confirmed that their own clothes were returned to them in good condition.

Equipment for use by residents or people who worked in the centre included wheelchairs, specialised chairs, hoists, overhead hoists and other specialist equipment. They were generally in good working order and records seen by the inspectors showed that they were up-to-date for servicing of such equipment with records dated May 2015. The equipment will be transferred over to the new house once the centre is registered and ready to be used by residents.

Judgment:
Compliant

**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:**
Inspectors were satisfied that the centre had adequate measures in place to ensure the health and safety of residents, staff and visitors. Each house within the centre had a safety statement and an emergency plan. The safety statement identified particular risks relevant to the house within the centre. For example, access to the garden and boiler house. The emergency plan detailed the procedure to be followed should an adverse event occur e.g. fire, gas leak, natural disaster. Evacuation notices were in prominent places throughout the centre and were also available in an easy-to-read format. In
addition, each resident had a personal emergency evacuation plan which described their particular needs in the event of a need for evacuation.

Both houses within the centre maintained a fire register. The register contained documentation on daily/weekly/monthly checks carried out by staff e.g. fire exits, emergency lighting, fire alarm. Fire alarms and fire equipment (i.e. fire blankets and extinguishers) had been regularly serviced. All staff had up-to-date fire and manual handing training. Fire drills were carried out regularly within the centre, including at night time. Inspectors reviewed the documentation on the fire drills and found that they were meaningful and used as a learning mechanism. There was evidence to demonstrate that staff and management took steps to implement learning from the fire drills. For example, there were several instances where one resident had difficulty exiting a house on hearing the fire alarm during a drill. The resident had been referred to a multi-disciplinary team in order for this to be reviewed. However one of the houses in the centre was not fire compliant as it did not have emergency lighting, fire doors or a fire alarm in place, these were in place in the new house and in the house residents were moving out of.

Each house within the centre had a risk register. A number of relevant risks were identified (e.g. unexplained absence of a resident, use of chemicals, behaviours that challenge) and controls were in place. There were also individual risk assessments for residents within the centre. For example, one resident had a tendency to touch the kettle in order to communicate that they wished to have a cup of tea or coffee. There were controls in place for this risk. There was a risk management and risk assessment policy in place. However, the current policy did not meet the requirements of legislation as the risk registrar did not adequately cover the precautions to be in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- and self-harm.

The policy had been updated to include the issues outlined. However, the policy continued not to meet the requirements of legislation as it did not outline the measures and actions in place to control the specific risks. It also did not outline the arrangements for identification, recording investigation of and learning from serious incidents or adverse events involving residents.

The environment of the houses was homely and visually clean. The person in charge and staff informed inspectors that the cleaning of the houses was undertaken by the care staff. It was recommended that this was kept under review particularly in relation to best practice with infection control and the requirement for routine deep cleaning. There were measures in place to control and prevent infection, hand gels and hand hygiene posters were available in the centre and the inspectors formed the opinion that steps were taken to prevent cross contamination.

The inspectors viewed policies in relation to vehicles used to transport residents. The centre owns its own vehicles. Up-to-date service records were seen and all vehicles were taxed and insured. Staff were required to have a full clean driving licence to drive the
vehicles.

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 and procedures were in place for the prevention, detection and response to abuse. Inspectors were satisfied that there were robust measures in place to ensure that residents were protected from abuse. All staff had up-to-date training in positive behaviour support and abuse and demonstrated to the inspectors their awareness of what to do if there was ever an allegation of abuse. The person in charge informed inspectors they have in place a designated person to deal with any allegations of abuse. The designated person is a social worker practitioner who also provided training for staff on all aspects of recognising and responding to abuse.

Where possible, residents were supported to manage their own finances. Staff had carried out a money management competency assessment with the resident. The assessment gave a judgement on the level of support required by the resident in order to manage their money safely. Most residents had a personal wallet which was kept in a safe. All cash and bank transactions were recorded and entered into a log on a month-by-month basis. All transactions were signed by staff but there were occasions where there was only one staff signature as opposed to two. Records reviewed by the inspectors demonstrated that the provider had measures in place whereby a staff member from outside of the centre would check the residents transactions’ and ensure the balance in their account reflected what was in their wallet.

There was a policy on challenging behaviour and the inspectors saw that staff had received training on dealing with behaviours that challenge. From a selection of personal plans viewed by the inspectors it was noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviours that challenge.
There were a number of residents using bed rails and lap belts. Some of these were used as enablers and residents were able to open the lap belts when they wished. However, others were used as a restraining device and although there were some risk assessments completed there were no bed rail assessments completed. There was also no evidence of other least restrictive alternatives having been tried with the resident. There was no evidence of regular checks on the resident when restraints were in place and of the option for release and movement on a two-hourly basis as recommended by best practice guidelines. These practices required review to be compliant with legislation.

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 saw that there was a process for recording any incidents that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. All incidents and accidents were recorded in a comprehensive incident log and a copy was sent to the person in charge for checking and for countersigning all incidents/accidents. The team leader also outlined the arrangements to ensure that a written report was provided to the Authority following any notifiable incident and at the end of each quarter period of any occurrence in the centre of any incident as required.

The authority generally received all notifications in a timely manner as required by legislation. However, there was one very recent incident of a stage 2 pressure sore that was not reported to the authority but it was reported immediately following the inspection.

Judgment:
Substantially Compliant

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.
Theme:
Health and Development

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

Findings:
The centre had a number of measures in place to ensure that residents had opportunities for activities and social participation. During the course of the inspection it was observed that most residents attended a day service at a different location. The day service may have been connected to the provider or a separate service provider. Staff advised inspectors that residents also had a choice in terms of attending a day service. For example, there were occasions where certain residents did not wish to attend a day service. This was facilitated by staff and there were provisions made for the resident to remain in their home.

Each resident had an activity plan in their person-centred plan. Among the activities were walks on a local beach, visits to a garden, relaxation time with TV/newspapers, physiotherapy, mass etc. Where possible, residents were also engaged with volunteers who would meet them for social outings on a regular basis. Residents were encouraged to pursue interests which were meaningful and appropriate to their needs and abilities. For example, staff informed inspectors of one resident who was assisted to give a presentation at a national conference.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
The inspectors saw that residents living in the community were assisted to access community-based medical services such as their own GP and were supported to do so by staff who would accompany them to appointments and assisted in collecting the prescription as required. On the campus there was a GP who was contracted to provide a regular service to the residents and when the residents move to the community they will continue to see the GP but in the GP surgery. Out-of-hours services were provided
by the local Caredoc service who attended the resident at home if necessary. The inspectors saw that residents receive an annual medical health check which is signed by the GP and medications are reviewed on a regular basis. Psychiatry, social work, speech and language therapy and psychology services were available through the Brothers of Charity services and regular multidisciplinary team meetings are held where all residents' care is discussed and reviewed. The inspectors saw evidence of these in residents' files.

Residents were seen to have appropriate access to other allied health care services such as physiotherapy, occupational therapy, chiropody, optical and dental through the HSE and visits were organised as required by the staff. There was evidence in residents’ person-centred plans of referrals to and assessments by allied health services and plans put in place to implement treatments required.

The inspectors found that one resident had particularly complex physical and nursing needs and had recently developed a pressure sore. The centre was nurse-led and although there were a number of validated tools in place for dependency, falls and nutrition, there was no evidence of a wound care assessment chart for the resident with pressure sores and therefore no scientific measurement of wounds to identify improvement or deterioration.

The inspectors saw that residents were fully involved in the menu planning. Weekly meetings were held with the residents to plan out the meals for the week. The staff demonstrated an in-depth knowledge of the residents' likes and dislikes. Meal times were seen to be very person-centred in that one resident required his dinner as soon as he returned home from day services and the inspectors saw that this was facilitated.

The food was seen to be nutritious with adequate portions. The inspectors observed that residents had access to fresh drinking water at all times.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
There were centre-specific medication management policies and procedures in place which were viewed by the inspectors and found to be generally comprehensive. Inspectors were informed and saw that the GP generally prescribed residents'
medication and that medications were obtained from the residents’ local pharmacist for each resident. The houses had medication supplied in a version of monitored dosage system. The inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

The centre’s policy was that non-nursing staff were to have undergone two day training on safe medication administration and be assessed as competent by a nursing staff prior to any administration of medications to residents. Inspectors saw evidence of this medication training in staff files. The staff told the inspectors that the pharmacist gives advice to the staff in relation to the medications and had undertaken an audit in the centre on the 13 of May 2015. However, the results of this audit were not available at the time of the inspection. The team leader also undertook ongoing medication audits which were seen by the inspectors.

Staff who spoke to the inspectors were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents’ medications were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. However, crushed medications were not signed by the GP. There were no residents that required scheduled controlled drugs at the time of the inspection.

In one of the houses the inspectors saw that one resident had a lie in and had only received his morning medications at 13.25. These medications had been prescribed for 08.00. The resident was on a complex medication programme with a number of different medications and the times of administration were not in compliance with the times of prescription which could have consequences for the resident. The inspectors were informed that this is a routine occurrence.

**Judgment:**
Non Compliant - Moderate

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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 recently updated statement of purpose was available for the new centre and it reflected the day-to-day operation of the centre and the services and facilities provided in the centre. The person in charge confirmed that she kept the statement of purpose under review and provided the inspector with a copy of the most up-to-date version. The inspector noted that there was a copy of the Statement of Purpose in the houses.

The statement of purpose was found to be comprehensive and contained all the relevant information to meet the requirements of legislation.

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 centre is one of a number of designated centres that come under the auspices of the Brothers of Charity Services South East. The Brothers of Charity South East provides a range of day, residential, and respite services in Waterford and South Tipperary. It is a not-for-profit organisation and is run by a board of directors and delivers services as part of a service agreement with the HSE. There is a director of services who reports to the board of directors. The Brothers of Charity south east is managed by the Director of Services supported by a senior management team which comprises of two regional services managers, head of social work, head of psychology, consultant psychiatrist, heads of human resources, finance, advocacy, training and development, service managers, one service manager is responsible for health, safety and risk. The Brothers of Charity services in Waterford is managed by a senior management team which comprises of a regional services manager, service managers, a speech and language therapist and Clinical Nurse Managers 2(CNM2) who have responsibility for specific services within the service.
In Cairdeas services the service manager is the person in charge for the service. The person in charge works full-time and has managed the service for fifteen years. There was evidence that the person in charge had a commitment to her own continued professional development. The person in charge is a qualified nurse intellectual disability; she has also completed a diploma in management and industrial relations, and a higher diploma in intellectual disabilities studies. In 2014 she completed a three year programme on Leadership and Community Empowerment. The inspectors formed the opinion that she had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre.

The senior nurse (CNM2) on duty takes responsibility in the absence of the person in charge. Additionally the person in charge is available on call and staff told inspectors that they have called her in the past.

The nominated provider, regional services manager, the person in charge and team leader were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of 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.

Inspectors saw that there was a copy of the National Standards and Regulations which were available to staff in the house along with other relevant documentation.

Inspectors noted that residents were familiar with the person in charge and approached her with issues and to chat during the inspection. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspectors were clear about whom to report to within the organisational line and of the management structures in the centre.

Inspectors noted that throughout the inspection the person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents. There was a health and safety “Annual HIQA audit”. A six-monthly assessment report was completed which outlined findings from on-going audits of the service. Audits were completed in relation to safety, fire drills, documentation, medication management and other areas of the service to monitor the quality of care and experience of the residents. The person in charge had conducted unannounced visits to the houses to ensure effective systems were in place that supported and promoted the delivery of safe, quality services.

An annual report was completed which was seen by the inspectors. It outlined the review of the quality and safety of the centre and identified action plans and improvements required. The inspectors were satisfied that the system implemented to monitor the quality of care and experience of the residents was adequate to ensure the delivery of safe, effective services.
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:**  
There had been no periods where the person in charge was absent from the centre for 28 days and there had been no change to the person in charge. The provider was aware of the obligation to inform the chief inspector if there was to be any proposed absence.

Support and acting up arrangements were comprehensive; the team leader was assigned to cover for the person in charge when she was away and was supported by the regional manager.

**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 inspectors formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The new premises had been renovated to a high standard to ensure compliance with regulatory requirements.

The team leader received an annual budget for the centre which was reviewed on a monthly and then annual basis. The person in charge told the inspector she held a
management equipment budget in the event of a major piece of equipment breaking down and requiring replacement.

The accounts and budgets were prepared and allocated by the accounts department and were managed by the team leaders and overseen by the person in charge. The person in charge told the inspectors that the residents' care would not be compromised by lack of budget and if specialist equipment was required funding would be provided.

The inspector saw that there was sufficient assistive equipment to meet the needs of residents with servicing records for assistive equipment up-to-date. Residents had choice in relation to activities and could access activation facilities in the local centre. The inspectors noted that there was accessible transport services provided for residents and that residents were regularly transported to different venues including social occasions as required.

**Judgment:**  
Compliant

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**Outcome 17: Workforce**  
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Responsive Workforce

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

**Findings:**  
Inspectors reviewed a sample of staff files made available in the centre. The files contained most of the information as required by Schedule 2 of the Regulations. However, there were some minor shortcomings noted e.g. one member of staff did not have two references on file. All professional staff had up-to-date details of registration with their relevant professional organisation.

The provider had implemented an induction programme for new staff and continuous process of staff appraisal. The appraisals covered topics such as 'What's going well', 'Challenges' and 'Training needs'. There was a policy on recruitment and selection of staff seen by the inspectors.

During the inspection inspectors observed the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on observations of inspectors staff members were knowledgeable of residents' individual needs and this
was very evident in the personal plans seen by the inspectors.

The inspectors spoke to staff on duty during the inspection, all staff appeared to be competent and were aware of their roles and responsibilities. Staff that worked alone stated they felt well supported by the person in charge and team leader and could call on them for advice or assistance at any time. Minutes of team meetings were seen by the inspectors.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff and training records. Further education and training was also available to staff to ensure their knowledge base was current.

Inspectors were not satisfied that the staff available during the inspection was appropriate to meet resident's needs as there was only one staff member from 18.30 or 19.00 depending on the day until 21.30 at night when there is a crossover of staff for 30 minutes then there is one member of staff at night. As discussed earlier one resident had increased dependency needs and required the assistance of two staff in providing personal care to the resident and in the use of the hoist. This resident had developed a pressure sore and required regular repositioning which took two staff to do until he was in bed at night. Inspectors required that staffing levels were to be reviewed to ensure that safe and appropriate care was provided to all residents.

Judgment:
Non Compliant - Major

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:
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 were maintained. The centre was adequately insured against accidents or injury to
residents, staff and visitors. The inspectors reviewed the centres policies and procedures and found that the centre had 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.

Staff to whom inspectors spoke demonstrated an understanding of specific polices such as medication policy and managing allegations of adult abuse in practice. In relation to residents' records such records were generally complete and up-to-date.

The inspectors reviewed the directory of residents and noted that the directory was completed for each resident and contained the required information.

The inspector found that records were accurate and complete and were generally maintained in a manner that allowed them to be easily retrieved by staff.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Closing the Visit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>At the close of the inspection a feedback meeting was held to report on the inspection findings.</td>
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</table>

**Acknowledgements**

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

**Report Compiled by:**

Caroline Connelly
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 Services South East</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005054</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>21 and 22 May 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15 July 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:**
There was no lock on the bathroom door in one of the houses which did not protect the privacy and dignity of residents living there.

**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 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 omission in having a lock in place on the bathroom door has now been rectified.

**Proposed Timescale:** 15/07/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints procedure was not displayed in a prominent position in the centre.

**Action Required:**
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
The required complaints procedure information is now displayed in a prominent position in the designated centre.

**Proposed Timescale:** 15/07/2015

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not outline the measures and actions in place to control the specific risks and it did not outline the arrangements for identification, recording investigation of and learning from serious incidents or adverse events involving residents.

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

**Please state the actions you have taken or are planning to take:**
The risk management policy has been amended to outline the measures and actions in place to control the specific risks and now outlines the arrangements for identification, recording investigation of and learning from serious incidents or adverse events involving residents.
Proposed Timescale: 15/07/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a risk management and risk assessment policy in place the current policy did not meet the requirements of legislation as the risk registrar did not adequately cover the precautions to be in place to control the following specified risks:
・ absence of residents
・ accidental injury to residents or staff
・ aggression and violence
・ and self-harm

Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The risk management and risk assessment policy has been reviewed and updated to include the precautions to be in place to control the following specified risks:
absence of residents
・ accidental injury to residents or staff
・ aggression and violence
and self-harm

Proposed Timescale: 15/07/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no emergency lighting in one house.

Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
We will commission a competent person in fire protection to assess and make recommendations in relation to appropriate additional fire protection measures including fire detection systems, means of escape, emergency lighting and fire doors
**Proposed Timescale:** 31/08/2015  
**Theme:** Effective Services  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was no fire doors or fire alarm in one house in the centre.

**Action Required:**  
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

**Please state the actions you have taken or are planning to take:**  
We will commission a competent person in fire protection to assess and make recommendations in relation to appropriate additional fire protection measures including fire detection systems, means of escape, emergency lighting and fire doors.

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**Outcome 08: Safeguarding and Safety**  
**Theme:** Safe Services  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Restraint practices were not in accordance with national policy and evidence based practice.

**Action Required:**  
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**  
All restrictive practices are being reviewed in accordance with national policy and evidence based practice and will include the following: Assessment, Protocol and Observation.

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**Proposed Timescale:** 31/08/2015  
**Outcome 11. Healthcare Needs**  
**Theme:** Health and Development  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was no evidence of a wound care assessment chart for the resident with pressure sores and therefore no scientific measurement of wounds to identify improvement or
deterioration.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**
A wound care assessment chart which allows for the measurement of wounds to identify improvement or deterioration is now in place for the resident who had a pressure sore.

**Proposed Timescale:** 15/07/2015

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**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Crushed medications were not signed by the GP and therefore not prescribed as crushed.

A resident received medications prescribed for 08.00 at 13.25 and the inspectors were informed this occurs frequently.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
All medication that requires to be crushed is now signed off by either the Consultant Psychiatrist or the GP.
The resident whose medication was delayed has now been reviewed with his GP. The residents’ medication time has been changed and a medication protocol to guide staff in the event that the resident is asleep or refuses his medication at administration time is now in place.

**Proposed Timescale:** 15/07/2015

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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:**
Inspectors were not satisfied that the staff available during the inspection was appropriate to meet resident’s needs.

**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 Services are reviewing the specific needs of one resident in relation to his positioning needs. Advice has been requested from the community OT and the residents’ Care Plan has been updated to address specific needs. A business case has been made to the HSE for the provision of additional staff hours to support the ongoing needs of this individual.

**Proposed Timescale:** 30/09/2015  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
One staff member did not two written references.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
The second reference for the staff has been completed and is now on file.

**Proposed Timescale:** 15/07/2015