<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services South East</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005082</td>
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<td>Centre county:</td>
<td>Waterford</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>Johanna Cooney</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
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<tr>
<td>Support inspector(s):</td>
<td>Paul Dunbar</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 28 July 2015 09:30  To: 28 July 2015 18:00
         29 July 2015 09:30  29 July 2015 14:00

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

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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was a registration inspection of a Comeragh High Support Residential Service 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.

During the inspection the inspectors met with residents, the person in charge, the regional services manager, the clinical Nurse Manager (CNM2), social care leader and
a member of care staff. Throughout the inspection the inspectors observed practices and reviewed documentation which included resident’s records, policies and procedures in relation to the centre, medication management, complaints, health and safety documentation and staff files.

The centre consists of one high support house that provides residential care to five residents with moderate to severe intellectual disability and multiple needs. This centre operates on a full time basis.

The person in charge works full time and was the person in charge for five residential centers and also had responsibility for the day services for the Comeragh services. He was seen to be involved in the organization and management of the centre and was very knowledgeable of the residents and their needs. Staff and residents informed inspectors that the person in charge was accessible to residents, relatives and staff. There was evidence of individual residents’ needs being met and the staff supported and encouraged residents to maintain their independence where possible.

There was a range of social activities available internal and external to the centre and residents 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.

There were a large number of non compliances identified on the previous inspection. There were major non compliances identified in three outcomes, moderate non compliance in six outcomes and minor non compliance in one outcome inspected against. On this inspection substantial improvements were seen throughout the service, including improvements in medication management, premises issues, staff training, documentation, updating of policies and procedures. The inspectors found that the majority of outcomes were now compliant with the exception of health and safety, and auditing/checking in relation to residents’ finances.

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 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors observed staff interaction with residents and noted staff promoted residents dignity while also being respectful when providing assistance. There was evidence that residents were consulted about how the centre was planned and run through regular residents’ meeting that discussed items of interest for the residents and the plan for the following day including healthcare appointments. The inspectors viewed minutes of the meeting and had actually attended the residents meeting on the previous inspection. The staff and residents confirmed this meeting took place daily and on a weekly basis they had a planning meeting for the following week which allowed residents to express their preferences around issues like food choices and activities. 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 person in charge informed inspectors that he 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 endeaouring 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. The inspectors saw personalised living arrangements in residents’ rooms with photographs, personal effects and furniture. There was adequate space for clothes and personal
possessions in all bedrooms with adequate wardrobes and lockers. There were service guidelines available on the handling of personal assets with an up to date property list in each resident's personal folder.

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 social worker would take the details of the issue and could meet with staff or other residents. A report with recommendations was issued by the social work department in response to the issue raised. Inspectors saw there were two “I’m not happy” issues for the centre for 2015, which were had been followed up investigated and one was resolved and one was ongoing. There was evidence in residents’ personal plans that they had attended training on the “I’m not happy” process and they all had a copy of the easy read booklet.

The complaints procedure was viewed by the inspectors and was found to meet the requirements of legislation. The details of the complaints process were displayed in the hallway in the centre with photographs of who to complain to. The person in charge indicated that there was a complaints log available which was seen by the inspectors. Inspectors noted there had been substantial improvements in complaints management since the last inspection and they were now satisfied that it was a more robust system.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

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 enjoyed listening to music and this was facilitated in the dining area.

There was an up-to-date communication policy available 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 communication needs of residents. In addition, inspectors noted that individual communication requirements 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 also used a variety of picture charts, and communication symbols. 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. The inspectors noted that there was very effective communication between staff and residents in the centre.

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):
No actions were required from the previous inspection.

Findings:
The inspectors noted there was an open visiting policy and relatives could visit without any restrictions. The inspector saw that relatives were updated as required in relation to residents’ progress and many relatives attended residents’ circle of support meetings. 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.

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 to keep in touch with family. One of the residents on the day of the inspection was looking forward to going on a holiday with his family.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Each resident had a signed contract of care with the service provider which was also made available in an easy-read format. The contract set out the rights and responsibilities of the service user and the fee to be charged. Additional fees were listed and the inspectors were satisfied that the contracts met the requirements of the Regulations.

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 providers do not accept emergency admissions to the centre. On the previous inspection the admission policy did not take into account of the need to protect residents from abuse by their peers, on this inspection this was now seen to be included in the admissions policy. The criteria for admission were 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.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The service currently consists of a house in the community where four residents lived there is currently a vacancy for a fifth resident. The inspectors were informed by staff that there were a number of options available for residents in relation to social activities. Some residents attended activities and day services while others participated in activities in the house. The inspectors saw that residents were supported to access and take part in social events and activities of their choices, which reflected the goals chosen as part of their personal plan. Residents to whom inspectors spoke described the many and varied activities they enjoyed and spoke of the day trips out and about dining out and going into town. Family involvement was encouraged with residents visiting their family weekly others monthly. On the day of the inspection day services were closed for the holiday period and residents had been out for the day and the residents told the inspectors about the full plan in place of activities and trips out over the holiday period.

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. 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. These were also seen to be in each resident’s bedroom which the residents enjoyed showing to the inspectors.

Inspectors saw that specific support plans were in place for residents identified needs. This included plans for issues like intimate care, nutrition support and medication support. There was evidence of input from relevant healthcare professionals in the development of these support plans. 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
**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre currently consisted of one house which provides accommodation in a detached bungalow. The communal accommodation comprises of a sitting room, a dining room/living room and kitchen. There were five bedrooms two of which had full en-suite facilities the other bedrooms had hand-washing facilities. There were adequate shower and bathroom facilities available in addition to the en-suite facilities. The house was bright and provided accommodation of a homely domestic nature. On the previous inspection it was identified that due to the narrow doorframes residents experienced difficulties accessing the kitchen and dining room using their walking aids and paint was noted to be off the doorframes due to numerous hitting off them with mobility aids. The living room and other parts of the premises were also seen to be in need of redecoration due to paint off the walls. On this inspection there were substantial improvements seen by the inspectors. The doorways had been widened allowing far easier access to the kitchen and dining room and the centre had been decorated throughout.

Residents that showed inspectors their rooms stated that they were happy with their bedrooms and most had personalised their rooms with photographs of family and friends and personal memorabilia.

Laundry facilities were provided and were adequate. Staff said 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 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, were generally in good working order and records seen by the inspectors showed that they were up-to-date for servicing of such equipment.

The house was set in grounds with car parking facilities and the gardens to the rear contained suitable garden seating and tables provided for residents use. Grounds were kept safe, tidy and attractive.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors were satisfied that the centre had adequate measures in place to ensure the health and safety of residents, staff and visitors. The centre had a safety statement and an emergency plan. The safety statement identified particular risks relevant to the house within the centre. The emergency plan detailed the procedure to be followed should an adverse event occur e.g. adverse weather conditions, loss of water, loss of electricity. 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 (PEEP) which described their particular needs in the event of a need for evacuation. The PEEPs were filed in the residents’ personal plans and also posted on the door of each bedroom.

Inspectors noted that a shed to the rear of the house contained hazardous items such as paint, pesticides and herbicides. Staff informed inspectors that residents can access the rear of the house unaccompanied. The shed was unlocked and this matter was brought to the attention of staff during the course of the inspection. The matter was resolved before the close of inspection by placing a padlock on the shed door.

Staff were knowledgeable about the infection control measures in the centre. There were alginate laundry bags available and yellow bags for clinical waste. Mops were colour-coded to identify their specific use and there was a cleaning schedule in place. There was an alcohol hand gel dispenser close to the front door of the centre.

The centre had a risk register where a number of relevant risks were identified (e.g. travelling in vehicles, cleaning products, going for walks) and controls were in place. There were also individual risk assessments for residents within the centre. For example, one resident had a tendency to light tissues. This had been adequately assessed and there were controls in place for this risk. There was a risk management and risk assessment policy in place. The policy detailed 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.

There were regular health and safety checks carried out by staff in the centre. The checks focussed on a range of matters including ventilation, the boiler house,
medication, access and egress. Vehicles in use in the centre were seen to be in a good state of repair and having valid tax, insurance and NCT certificates. Mobility equipment such as wheelchairs in use in the centre was serviced in February 2015.

The centre had a fire alarm, fire extinguishers, fire blankets and emergency lighting. The fire register contained documentation on daily/weekly/monthly checks carried out by staff. Inspectors noted that the fire alarm was not serviced quarterly as per the required Irish standards. Fire drills were carried out at three month intervals. Each fire drill was documented and recorded what time the drill occurred and the length of time it took to evacuate. Inspectors noted that the fire drills were used for learning and informed fire safety practices in the centre and evacuation of the building was seen to take place within minutes.

The centre had requested a report on fire safety which was carried out by a suitably qualified engineer in fire safety in April 2014. Inspectors reviewed this report and noted that although a number of the recommendations had been implemented a number had not been implemented. For example, the provision of fire doors on all bedrooms for high support residents; fire doors on the hot press and linen press.

The centre was had one waking staff at night-time. There was no means by which the staff member could raise an alarm should they become incapacitated or in the event of an emergency and the residents in the house would have difficulty calling for assistance. This matter was raised with management at the feedback meeting.

Judgment:
Non Compliant - Major

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):
The action(s) required from the previous inspection were satisfactorily implemented.

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 safeguarding and adult 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.

Inspectors reviewed the local arrangements’ to ensure residents’ financial arrangements were safeguarded through appropriate practices and record keeping. 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. However the frequency of these checks required review and increasing as these were not completed consistently.

There was a policy on challenging behaviour which outlined that alternative options were considered before a restrictive practice was to be used. A generic risk assessment on challenging behaviour was available in the house due to the high incidence of recorded episodes of challenging behaviour. Each incident of challenging behaviour was recorded and filed in the residential record for each resident. The report form included the nature of the episode of challenging behaviour, what was happening before the incident occurred and what immediate actions was undertaken. A formal review was undertaken for each episode with actions recommended if required. There was evidence in residents personal plans that detailed behavioural support plans were in operation for residents who presented with behaviours that challenged and detailed de-escalation techniques were outlined. There was also evidence of regular review of behavioural plans by the psychiatrist and psychologist. Training records confirmed that staff had received up to date training in the management of behaviours that challenged.

The inspectors saw that a restraint free environment was promoted as much as possible and that any residents that required restrictive procedures were referred to the committee on human rights which would review residents care if restraint is in use. There was no restraint in use in the centre at the time of the inspection.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

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 had received all notifications in a timely manner as required by legislation.

Judgment:
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The centre had a number of measures in place to ensure that residents had opportunities for activities, social participation and new experiences. At the time of inspection the normal day service available to residents was closed for a summer break. Staff had arranged for a number of activities and day-trips which were decided in consultation with the residents. The plan was set out in a pictorial format in the main hallway. Residents who spoke to inspectors said they enjoyed the outings and looked forward to the upcoming day trips.

Staff advised inspectors that residents also had a choice in terms of attending a day service. For example, there were occasions where one resident did not wish to attend a day service. This was facilitated by staff and there were provisions made for the resident to engage in activities in their home. This resident was particularly interested in art and the centre had made arrangements for art therapy to be provided in the centre. Inspectors also noted that residents had received training in the centre’s complaints procedure, ‘I’m not happy’.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspectors saw that residents were assisted to access community based medical services such as their own GP and were supported to do so by staff that would accompany them to appointments and assisted in collecting the prescription as required. Out of hours services were provided by the local on call doctor service who attended the resident at home if required. There was evidence of annual medical reviews in residents’ notes by the GP. There was also evidence of multidisciplinary involvement in residents care. Psychiatry, social work, speech and language therapy and psychology services were available through the brothers of charity services and regular multidisciplinary team meetings were held where all residents care is discussed and reviewed.

There were planned supports in place where a resident had had to attend an out-patient appointment in a hospital. Staff outlined that they would accompany the resident. The resident records indicated that staff kept a medical appointment record for each hospital visit by the resident or review by a healthcare professional. This included a summary of what was the reason for the healthcare appointment and the outcome of the review. The residential records also had written discharge letters following reviews in the Emergency Department and caredoc.

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’ personal plans of referrals to and assessments by allied health services and plans put in place to implement treatments required.

On the previous inspection the inspectors found that one resident had complex physical and nursing needs and that there was no evidence that the resident’s well-being and welfare was maintained by a good standard of evidence-based care as there was no evidence of validated tools in use in the service. On this inspection evidence based tools were being used for the assessment of all of the residents including dependency rating tools, falls risk assessments and other tools as required. Residents who required a high level of nursing care were moved to a nurse led service which met their needs and had settled in there very well.

The inspectors saw that residents were fully involved in the menu planning. 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. Inspectors noted that easy to read formats and picture information charts were used to assist some residents in making a choice in relation to their meal options. The food was seen to be nutritious with adequate portions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. Inspectors viewed the monitoring and documentation of some residents’ nutritional intake and noted that referrals were made to the GP and speech and language. Some of the residents were seen to have swallow plans with some residents requiring a soft diet. The inspectors observed that residents had access to fresh drinking water at all times.

On the previous inspection residents’ weights were not recorded on a regular basis despite a number of the residents being on specific diets. On this inspection the inspectors saw evidence of regular weights being recorded.

**Judgment:**
Compliant

**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were centre-specific medication management policies and procedures in place dated September 2014 which were viewed by the inspectors and found to meet the requirements of the service. Inspectors were informed and saw that the GP and the psychiatrist generally prescribed residents medication and regularly reviewed the medications prescribed. Medications were obtained from the residents’ local pharmacist for each resident. The house 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.

On the previous inspection the inspectors found that there were numerous non compliances including major non compliance in relation to medication management, such as medications being transcribed and not being signed by the GP, PRN (As required) medications not being appropriately transcribed or maximum doses stated, little pharmacy involvement. On this inspection substantial improvements were seen.
Medication support plans were available in resident’s records which described the residents medication requirements how they liked to take their medications and the requirements for regular monitoring of bloods. Residents’ medication 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.

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 which had been updated since the last inspection. 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 in May 2015. Medication was seen to be the subject of audit by the staff and improvements required were identified and auctioned.

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. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no residents that required scheduled controlled drugs at the time of the inspection.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The statement of purpose was found to be comprehensive and contained all the relevant information to meet the requirements of Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment:
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):
The action(s) required from the previous inspection were satisfactorily implemented.

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 areas within the service. The Comeragh services is managed on a day to day basis by the service manager who is the person in charge supported by the CNM2 who is the residential team leader. The person in charge works full-time and has managed the service for numerous years. There was evidence from training records that the person in charge had a commitment to his own continued professional development. The person in charge is a qualified nurse in psychiatry and intellectual disability; He holds further qualifications in psychology for nurses, teaching methods, a certificate in behaviour therapy for nurses and a certificate in nurse management. The inspectors formed the opinion that the person in charge had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. The (CNM2) takes responsibility in the absence of the person in charge for the residential service supported by the regional manager. Additionally the person in charge and CNM are available on call.

Inspectors noted that residents were familiar with the person in charge and talked about him in their house and what he had done for them. 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.

Staff who spoke with the inspectors said they had team meetings with the CNM and received good support from the CNM and person in charge and they had recently undertaken an appraisal with the person in charge. This was a requirement from the previous inspection that was non compliant.

The regional services manager, the person in charge and CNM 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.

The inspectors saw that 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, 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. The team leader for the centre was actively involved in auditing of the services along with the staff. There was evidence of changes to the service as a result of the audit and quality assurance process.

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. As outlined at the start of the report there were a large number of non compliances identified on the previous inspection. There were major non compliances identified in three outcomes, moderate non compliance in six outcomes and minor non compliance in one outcome inspected against. On this inspection substantial improvements were seen throughout the service, including improvements in medication management, premises issues, staff training, documentation, updating of policies and procedures. The inspectors found that the majority of outcomes were now compliant with the exception of health and safety, and auditing in relation to residents’ finances.

A very comprehensive annual report was completed which was seen by the inspectors. It outlined the review of the quality and safety of the centre taking into account complaints, comments and feedback from residents and relatives. The annual review identified action plans and improvements required and set objectives for the year ahead.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**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 regional manager supported by the team leader were assigned to cover for the person in charge when he was away.

**Judgment:**
Compliant

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**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. A previous monitoring inspection of this centre had identified a number of issues in terms of maintenance and decor of the premises. These matters had been satisfactorily addressed and the house had been renovated to a high standard to ensure compliance with regulatory requirements.

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

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors reviewed a sample of staff files made available in the centre. The files contained all of the information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Staff files also contained documentation on staff induction and appraisal. Inspectors were satisfied that there was adequate and appropriate supervision of staff.

During the inspection inspectors observed staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on the observations of inspectors staff members were knowledgeable of residents' individual needs and this was very evident in the personal plans seen by the inspectors. Residents also spoke positively about the support they received from staff.

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 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 and discussions included medication, activities, holiday plans and audits. Staff in the house demonstrated a willingness to take on extra responsibility to ensure compliance with the regulations and to promote improvements for residents.

As discussed in Outcome 6: Safeguarding and Safety, all staff had up-to-date mandatory training. In addition to mandatory training, there had also been training in first aid, code
of practice, Lamh (sign language) and safe administration of medication. There were currently no volunteers connected to the centre or working with residents.

**Judgment:**
Compliant

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**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**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 policies 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 residents’ guide was found to be not compliant with Regulations but this was rectified during the course of the inspection.

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
**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:**

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services South East</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005082</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>28 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27 August 2015</td>
</tr>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 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 fire alarm had not been tested quarterly as required by Irish Standards in fire safety.

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 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

**Please state the actions you have taken or are planning to take:**
Arrangements have been put in place for the quarterly testing of the fire equipment.

**Proposed Timescale:** 27/08/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Recommendations made by a suitably qualified engineer in fire safety in April 2014 had not all been implemented. For example, the provision of fire doors on all bedrooms for high support residents; fire doors on the hot press and linen press.

**Action Required:**
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
Fire doors are fitted on all bedrooms. We will put fire doors on hot press and linen press. We will consult with the Fire Officer regarding his other recommendations in light of widening the doorways into kitchen and dining room.

**Proposed Timescale:** 31/12/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors found 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. However the frequency of these checks required review and increasing as there was not evidence that these were completed consistently.

**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:**
The Residential Team Leader (PPIM) and/or the Service Manager (PIC), on a monthly basis will check residents transactions to ensure the balance in their account reflects accurately what is in their wallet.
Proposed Timescale: 01/09/2015