

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services South East
<b>Centre ID:</b>	OSV-0005080
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Johanna Cooney
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	Paul Dunbar
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
01 September 2015 09:50	01 September 2015 17:30
02 September 2015 09:50	02 September 2015 15:00

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

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

**Summary of findings from this inspection**

This was a registration inspection of a Cairdeas Elm House 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 one house in the community which caters for older residents with moderate to profound intellectual disability and high dependency nursing needs. As part of the inspection the inspectors met with residents, relatives, the person in

charge, the General Practitioner (GP), 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 house was overseen by a CNM2 team leader who took responsibility for the day-to-day organisation and management of the house which included staffing and budgetary management. She had been team leader for the service for a number of years but she had recently moved to work in the house on a full time basis. Community and family involvement was encouraged as observed by inspectors. The inspectors observed evidence of good practice during the inspection and were satisfied that residents had appropriate access to their own (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 questionnaires from residents and relatives were received and the inspectors spoke to the residents and a number of relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. However there were some concerns expressed in relation to staffing levels and the suitability of the house for the current residents. These were looked into during the inspection and are discussed under the relevant outcomes.

There was evidence of some individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible. However staffing levels were identified as having a negative impact on all aspects of care in the centre. The inspectors found that residents dependency needs had increased significantly but staffing levels had not increased in line with this and there was only one member of staff, a nurse, on duty at night to care for six highly dependent residents. Due to the age profile of the residents the majority of residents remained in the house during the day and social activities were generally provided by staff on duty. Staff reported that it was difficult to provide meaningful activities and to take the residents out with the current staffing levels. These issues are outlined in the body of the report. An immediate action plan was issued to the provider during the inspection in relation to staffing levels as the inspectors identified an immediate risk to residents.

A number of other improvements were required in relation to the suitability of some parts of the premises, staff training, social aspects of care, bed rail assessments and emergency planning.

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:**

In the centre's statement of purpose it stated that the house was an active retirement home which generally catered for residents with intellectual disability and that many of the residents had additional needs due to their physical disability, sensory impairment, behaviours that challenge and medical conditions that required more support and assistance from 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 generally had choice in that they chose what meals they wanted and what social activities they wished to take part in.

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. However, this proved difficult at times due to staffing shortages. Residents all had their own bedrooms which promoted their privacy and dignity.

In Waterford Brothers of Charity there is an advocacy sub-group that is part of a regional advocacy team. 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. The complaints procedure was displayed in the centre. Residents who wished to make a complaint were assisted to do so by staff and complaints were examined by the social worker. There were currently no complaints logged in the centre.

Inspectors noted that the level of activities on offer in the centre was minimal and was impacted by a lack of sufficient staff. Some residents, due to their health needs, were not in a position to engage in activities outside of the centre on a frequent basis. However, there were some residents who the staff and inspectors identified would benefit from greater activation.

The inadequate staffing levels which are covered under Outcome 17 impacted on the ability of staff to allocate time to activities or trips out of the centre. For example, an analysis of progress notes for the most recent admission to the centre found that their access to activities or trips outside of the centre had been greatly reduced since their move. Staff advised inspectors that they had difficulty organising trips out of the centre due to the inadequate numbers of staff.

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

**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. There was a computer in the house and residents and staff had access to the internet if they required it to plan outings and social events.

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 technology and communication 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. The inspectors met a number of visitors in the centre during their inspection. There was evidence in residents' personal plans showing visitors attending the centre at different times as well as regular planned visits and this was confirmed by relatives that spoke to the inspectors.

The inspectors saw and relatives confirmed that they were updated as required in relation to residents' progress and many relatives attended residents' circle of support meetings. The inspectors saw in residents' personal plans that these meetings were held



on a regular basis. There was evidence that residents' representatives could bring any issue directly to staff and relatives spoken to and 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. Some residents went out to their family homes and relatives and this was all documented as part of their personal plans. Overall the inspectors saw evidence of good family involvement in care.

**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):**

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

**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. On the day of the inspection the social worker was present in the house discussing the contract with a resident.

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 admission policy took account of the need to protect residents from abuse by their peers. 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. One resident was admitted to the service in the past number of weeks from another centre provided by the Brothers of Charity South East. Inspectors noted that there was a transition plan in place for the move and the resident visited their new house prior to moving there permanently and was seen to have settled in very well.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

There were a number of centre-specific policies in relation to the social care and welfare of residents. The centre is a house for older residents in the community and is known as an active retirement house.

The inspectors saw that each resident's personal plan reflected their individual wishes regarding social activities. The activities offered each week were generally reflective of the wishes of the residents however as discussed in Outcome 1 staffing levels impinged on the ability of staff to provide all the required activities and outings identified in personal plans.

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

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

The centre is a six -bedroom, community-based single storey house situated on the outskirts of a town in Co Kilkenny. The house had a substantial extension to it a number of years ago. The communal accommodation includes a kitchen with a dining area, a sitting room with a conservatory overlooking the garden area.

Each resident was provided with a single bedroom in order to provide adequate privacy. The bedrooms were seen by the inspector to be very personalised and decorated to suit the preferences of the resident residing there. Two of the bedrooms were seen to be large in size and had individual en-suite bathrooms. The other residents shared two bathrooms. There were spacious gardens to the rear and front of the property and parking space at the front.

The centre was found to be clean and well decorated. Laundry facilities were provided within the premises, staff said currently laundry is generally completed by staff but residents are encouraged to be involved wherever possibly. There were a good number of items of specialist equipment in the centre such as a specialist mattress and beds and hoists service records were available to show that equipment was serviced in accordance with manufacturer's requirements. The extension provided good spacious accommodation with an extra seating area that could be used for visiting in private. However the original part of the premises was found not to fully meet the needs of the residents and there were a number of issues identified with the premises that did not provide compliance with the requirements of schedule 6 of the regulations as outlined

below:

1. The corridors were noted to be narrow, as were doorways which made it difficult for residents with reduced mobility or who required specialist chairs or mobility aids to easily move around the house.
2. The kitchen and seating areas in the kitchen and dining area were small to accommodate six highly dependent residents
3. Some of the bedrooms in the original house were found to be small in size and not suitable to provide care to residents who required mobility aids.
4. There was limited storage space for equipment particularly as the residents in the centre required a large amount of specialist equipment

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective Services

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

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

**Findings:**

Inspectors were satisfied that the centre had adequate measures in place to ensure the health and safety of residents, staff and visitors but there were some areas which required improvement. The centre had a safety statement and an emergency plan. The safety statement identified particular risks relevant to the centre. 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. The emergency plan detailed the procedure to be followed should an adverse event occur such as adverse weather conditions, loss of water, loss of electricity. However, inspectors were not satisfied that the evacuation procedure was sufficiently detailed or comprehensive in light of the staffing levels and assessed high dependency needs of the residents.

The environment of the house 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 and the busyness of the staff providing care to the residents. Staff were knowledgeable about the infection control measures in the centre. There were yellow bags for clinical waste which were disposed of off-site. Mops were colour-coded to identify their specific

use and there was a cleaning schedule in place. There was appropriate protective equipment available in the forms of gloves, aprons and alcohol hand gel dispenser close to the front door of the centre and in other parts of the centre. Hand hygiene posters were evident throughout the centre above sink areas, and staff were seen to wash their hands at appropriate times and good hand hygiene practices were seen.

The centre had a risk register where a number of relevant risks were identified such as travelling in vehicles, lone working, going for walks and appropriate controls were generally seen to be put in place. There were also individual risk assessments for residents within the centre. 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 safety audits carried out by staff in the centre. The checks focussed on a range of matters including ventilation, medication, access and egress. Action plans were put in place and actions taken in response to issues identified. Vehicles in use in the centre were seen to be in a good state of repair and having valid tax, insurance and NCT certificates. Equipment such as wheelchairs, beds and hoists in use in the centre were regularly serviced. There was documentary evidence of adequate insurance cover for the centre.

The centre had a fire alarm, fire extinguishers, fire blankets, emergency lighting and fire doors. All necessary servicing and maintenance of fire equipment had been completed within the time frames required by the Regulations. The fire register contained documentation on daily/weekly/monthly checks carried out by staff. Fire drills were carried out at regular 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. However, there was no record of night-time fire drills which is particularly relevant as there was only one staff on duty at night time. In addition, two staff did not have up to date fire training.

**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 who also provided training for staff on all aspects of recognising and responding to abuse.

Inspectors were satisfied that there was a robust system in place for managing residents' finances. Each resident in the centre had had a money management competency assessment carried out. All residents required full support in the management of their finances. All transactions were recorded and receipted within the centre. Staff carried out weekly checks of the cash in residents' wallets and there were monthly checks completed by the team leader.

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 which were being used as a restraining device. Risk assessments were completed and bed rail assessments were completed. However the inspectors saw that there were large gaps in the bed rails which were also identified on the risk assessment as being too large. There was a requirement to have a full assessment of the suitability of the bed rails by the manufacturer and by an occupational therapist. There was evidence of regular checks on the resident when bed rails and lap belts in use and of the option for release and movement on a two-hourly basis as recommended by best practice guidelines.

**Judgment:**

Non Compliant - Major

**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 inspectors 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.

**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):**

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

**Findings:**

The centre catered for residents who were generally retired and required a substantial level of nursing care. As such, there was limited scope for them to participate in training, employment or education. However, inspectors were not satisfied that there was sufficient activation for residents who would benefit from activities. This is discussed further under Outcome 1.

The inadequate staffing levels covered under Outcome 17 impacted on the ability of staff to allocate time to activities or trips out of the centre. For example, an analysis of

progress notes for the most recent admission to the centre found that their access to activities or trips outside of the centre had been greatly reduced since their move. Staff advised inspectors that they had difficulty organising trips out of the centre due to the inadequate numbers of staff. Inspectors issued an immediate action plan on this matter to management and were assured that the matter would be reviewed this is actioned under outcome 17.

**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 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. 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. The inspectors met the GP during the inspection who had called to visit the residents as he did on a regular basis. There was evidence of regular reviews in the residents' medical notes. 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 centre was nurse-led and the inspectors saw there were a number of validated tools in place for dependency, falls and nutrition and pressure sore formation. The inspectors found that there were a number of residents with complex physical and nursing needs and were assessed as having maximum dependency needs. One resident had recently developed a pressure sore. The resident had been seen by the public health nurse prior to the pressure sore developing and they had recommended three hourly turns of the



resident when in bed. The centre operated with only one staff from 23.00hrs until 08.00hrs these turns could not be provided and the resident developed a sore. The inspectors acknowledged that all other measures were put in place such as a specialist mattress and high protein diet however this did compensate for the requirement for extra staff to provide the care required.

The inspectors saw that residents were 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 person-centred and assistance was given in a sensitive and dignified manner. There were a number of residents who required specialist diets and modified consistency diets, there was evidence of input from the speech and language therapist and detailed meal plans were seen to be in place. 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 - Major

**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 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.

The centre was nurse led and nurses generally administered the medications, there were times when care staff did administer medications. 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 the results of this audit were seen by the inspectors. 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. Very little PRN medications was being used. Crushed medications were prescribed and signed by the GP to be administered as such. 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):**

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

**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:**

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 services in Waterford is managed by a senior management team which comprises of a regional services manager, a social worker, a principal psychologist, a services manager responsible for health and safety, a consultant psychiatrist, a speech and language therapy manager and Clinical Nurse Managers 2(CNM2) who have responsibility for specific services within the service. The senior management team meets every month.

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 and relatives were familiar with the person in charge and said they could speak to her if necessary. 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. However as discussed previously the dependency levels of the residents and lack of adequate staffing did not allow for protective time for the team leader to be fully involved in the auditing and overall management of the service, this will be discussed and actioned under outcome 17 workforce.

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:**

The Authority were informed appropriately of the person in charges impending leave

that will be longer than 28 days. The inspectors were satisfied with the acting up arrangements put in place to cover for her absence. The team leader from one of the centres will be acting up as person in charge for the period of absence and she will be supported in her role by the regional services 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. However, there were concerns around the provision of adequate staffing levels which is discussed under Outcome 17.

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. The inspectors noted that there was accessible transport services provided for residents.

**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):**

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

**Findings:**

Inspectors reviewed a sample of staff files and found that they had all of the documentation required by the Regulations. There was evidence of staff induction and appraisal in staff files as well as some training records. There were regular staff meetings in the centre and topics discussed included health and safety, food, medications management and residents' personal plans.

Inspectors spoke to staff and observed them at work with the residents. Staff were knowledgeable about each residents' needs and interacted with them in a respectful and dignified manner. Inspectors also spoke to some family members who were very complimentary about the staff that worked in the centre. Most staff had completed training which was required as mandatory by the Regulations. Two staff did not have fire training and this is covered under Outcome 7. Further education and training was also available to staff to ensure their knowledge base was current. There were currently no volunteers working in the centre.

There was a planned and actual rota. In general terms, there were two staff on during the day until 11 pm. After 11 pm there was one staff member until 7.30 am. There were occasions when student nurses were on duty which increased the staff complement. However, this was intermittent and dependant on the time of year. Inspectors formed the view that there were insufficient numbers of staff to meet the assessed needs of the residents. It was observed that staff were extremely busy on the two days of inspection and that there was little time to chat or interact socially with residents. As mentioned in Outcome 10, there were minimal activities provided for residents in the house and inspectors are of the view that this was due to insufficient numbers of staff.

The inadequate staff numbers also meant that staff were not always in a position to carry out tasks which had been assessed as necessary for residents as discussed in outcome 11 staffing levels did not allow for care to be given as prescribed. This was particularly relevant at night time. Inspectors were advised that if night staff required assistance they could call to another centre for support. However, this was located 12 km away and was not practicable. Inspectors issued an immediate action plan on staffing levels and were assured at the feedback meeting that extra staff would be made available that night.

**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 centre's 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 inspectors 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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services South East
<b>Centre ID:</b>	OSV-0005080
<b>Date of Inspection:</b>	01 September 2015
<b>Date of response:</b>	12 October 2015

### Requirements

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

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

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

There were insufficient levels of activity provided for residents, both within the centre and outside of the centre.

**1. Action Required:**

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to

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

participate in activities in accordance with their interests, capacities and developmental needs.

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

Additional staff put in place on day duty to support social activities.  
Introduced specific supports during the week to support individuals to avail of opportunity to participate in social activities of choice.

**Proposed Timescale:** 12/10/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

the original part of the premises was found not to fully meet the needs of the residents and there were a number of issues identified with the premises that did not provide compliance with the requirements of schedule 6 of the regulations as outlined:

1. The corridors were noted to be narrow, as were doorways which made it difficult for residents with reduced mobility or who required specialist chairs to easily move around the house.
2. The kitchen and seating areas in the kitchen and dining area were small to accommodate six highly dependent residents
3. Some of the bedrooms in the original house were found to be small in size and not suitable to provide care to residents who required mobility aids.
4. There was limited storage space for equipment particularly as the residents required a large amount of specialist equipment

**2. Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

Upon review a decision has been made for individuals currently residing at the centre to be relocated to a more suitable premises. This premises is already registered but is being renovated and decorated to meet the needs of the residents prior to them moving there.

**Proposed Timescale:** 01/12/2015

## 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 emergency/evacuation plan was not sufficiently detailed or comprehensive given the assessed needs of the residents.

**3. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Work is currently in progress in relation to putting in place a more detailed house emergency/evacuation plans within the centre.

**Proposed Timescale:** 19/10/2015

**Theme:** Effective Services

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

Two staff did not have up to date fire training.

**4. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

One staff no longer works for the Organisation, the other staff member attended fire training on 05/10/15. All other fire related issues are carried out during initial induction into the centre.

**Proposed Timescale:** 12/10/2015

**Theme:** Effective Services

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

There were no fire drills carried out at night time which was particularly relevant as there was only one staff at night.

**5. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Additional staff supports put in place at night and a deep sleep fire drill was carried out on September 3rd at 2.15am.

**Proposed Timescale:** 03/09/2015

**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 saw that there were large gaps in the bed rails which were also identified on the risk assessment as being too large. There could be a risk to residents of entrapment.

**6. 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:**

Staff in the centre are in consultation with the Public Health Nurse in relation to the bedrails currently in use as these are the property of Community Care. Quotations are being sought in relation to purchasing new bed rails.

**Proposed Timescale:** 01/11/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The medical treatment that was recommended for one resident was not able to be facilitated due to not having adequate staff to provide that care.

**7. Action Required:**

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Additional staffing was put in place immediately following recommendations from HIQA, therefore individual's needs in relation to medical treatment is now being facilitated.

**Proposed Timescale:** 12/10/2015

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

There were insufficient numbers of staff to meet the assessed needs of the residents in the centre.

**8. 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:**

Additional staff have been put in place during the day and at night time to meet the assessed needs of individuals within the centre. Additional staff also come in three afternoons a week to facilitate more social outings.

**Proposed Timescale:** 12/10/2015