<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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<td>Centre ID:</td>
<td>OSV-0005089</td>
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<tr>
<td>Provider Nominee:</td>
<td>Johanna Cooney</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Noelene Dowling</td>
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<tr>
<td>Support inspector(s):</td>
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<td>Number of residents on the date of inspection:</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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 02: Communication</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

This was the first inspection of this centre which forms part of an organisation which has a number of designated centres in the region and others nationwide. This centre is designed to provide care for adult residents of moderate intellectual and physical disability of an older age range. All documentation required for the purpose of registration was available and in order.

The inspection was unannounced and took place over one day. A full review of nine outcomes was undertaken with a partial review of two further outcomes to demonstrate compliance with the legislation and regulations.

As part of the inspection the inspector met with residents and staff members, the person in charge, team leader and the residential team leader. The inspector observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies procedures and staff files.

This inspection found that the provider was in substantial compliance with the regulations with some improvements required.
There were effective and suitable governance arrangements in place.

Staffing levels and skill mix were satisfactory and had been revised to include nursing support in response to residents’ changing healthcare needs. There was evidence of good practice found in recruitment procedures, complaint management and systems to protect vulnerable adults. Good practice in health care and access to allied healthcare services including mental health and age related services was evident. There was effective multidisciplinary involvement evident. Overall the inspector found that the care practices reflected the needs and age of the residents in accordance with the Statement of Purpose.

Residents who could communicate with the inspector stated that they felt well looked after, enjoyed their activities and liked their own space and bedrooms. Risk management strategies were balanced and proactive. The premises is suitable for purpose, comfortable, bright and spacious.

Some improvements were required in the following areas;
- the provision of fire doors in the centre
- self closing devises on one fire compartment door
- ease of access to the garden at the rear
- behaviour supports and interventions
- deployment and reassignment of staff duties
- clarity and ease of access to healthcare management plans
- development of an activity/recreational schedule suitable for the residents
- documentation

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 Centres for Persons (Children and Adults) With Disabilities)
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The outcome was not covered in its entirety but the inspector did review the complaint process and records pertaining to any complaints made. This indicated that the person in charge had responded appropriately to complaints and did seek the views of the complainant on the outcome of any issues. The policy was available in pictorial and easy read format. As a number of the issues pertained to the behaviours of other resident’s, staff facilitated and encouraged negotiated resolutions and tried to find ways to help avoid situations of conflict. Where families raised issues they were also seen to be managed promptly.

Residents’ meetings were held weekly and the records of these showed that staff tried to elicit the resident’s preferences for social activities, and meals. They were also used as an opportunity to raise concerns. For example, where residents felt the privacy of their bedrooms was being invaded by other residents. Remedial actions were seen to be taken.

A review of a sample of records pertaining to residents finances showed that the systems were transparent, all transactions recorded and there was oversight of these. There were safe systems for managing resident’s monies in the centre. All residents were assessed using an objective assessment tool as requiring significant support with the management of their finances. The inspector was informed that no residents were subject to legal, financial or personal protection orders at this time.

The inspector saw that the residents had significant choice in their daily routines and could get up and have their meals at any time they wished. They wandered into the
kitchen, dining room as they wanted to and went up and down to their rooms to watch DVDs or listen to music as they wished. One resident locked his own bedroom door and staff explained how he did not like them to tidy around his belongings and they adhered to this.

Staff were seen to always knock before entering a bedroom and bathroom doors were closed when personal care was being given. One resident had significant seizure risk and a small viewing panel had been constructed in the bedroom door with a suitable blind so that staff could observe as needed without disturbing the resident or impacting on privacy.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
This outcome was not covered in its entirety but a number of issues were noted. The inspector observed details in personal plans outlining residents' communication needs and the residents could verbalise and make their views known to staff who were familiar with the communication.

Pictorial images were used to help with sequencing of events for the residents and the complaints process, and safeguarding system was outlined in a very suitable format. The staff were seen and heard to be communicating with the residents in a warm calm and relaxed manner.

**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:**
The inspector reviewed the personal plans, medical records, daily and multidisciplinary reports of four of the residents and found good practice in the systems for the assessment and monitoring of residents needs.

There was evidence of good pre-admission multidisciplinary assessment and a range of evidenced based assessment tools used. There was significant involvement of and access to allied services and multidisciplinary review which were revised and updated as need changed.

Each resident had a personal plan which outlined their individual wishes and preferences with their participation. These were very detailed on a range of domains including, health, nutrition, safety, communication, family supports and social inclusion. They included time frames and named persons responsible for implementation. It was possible to see that these personal aspirations had been achieved including trips out or going to concerts or other social events. They did not, however, show evidence that the significant multidisciplinary assessments consistently informed the planning process and the outcome of the review for the resident.

From a review of all other documentation and speaking with staff the inspector was satisfied that residents’ needs and wishes were identified and that there was regular internal reviews of these interventions evident which included the residents’ families. In addition, there was evidence that each resident was reviewed on a monthly or weekly basis if this was required based on changes in health or behaviour. The inspector found that staff were very knowledgeable and informed of the outcome of any assessment undertaken and the interventions which were to be implemented. The documentation used and the system for review was not cohesive and did not lend itself to meeting the regulations as detailed.

The capacity and preferences of the residents differed greatly for social activities and daily routines and support needs. One resident attended a day service each day and two others attended two days per week. There are normally four to five residents in the centre during the day. This was in part due to residents naturally not wishing to attend such services due to age or illness and this was respected.

There is an arrangement where some residents go out a number of evenings with a staff for a drive and they said they looked forward to this. A musical evening was held weekly and a volunteer attended weekly also to do activities. Relaxation therapy was provided...
and the inspector observed that this was enjoyed by the residents. Some residents liked to potter around the centre and one always did chores after meals which he said he liked doing. This is further discussed and actioned under Outcome 17 workforce.

**Judgment:**
Non Compliant - Moderate

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**Outcome 06: Safe and suitable premises**

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

**Theme:**
Effective Services

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

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

**Findings:**

The premises is a detached single story building on the grounds of a residential centre for older persons and nearby community centre. There is comfortable and spacious seating areas and an additional sitting room for space and privacy. Each resident has their own spacious bedroom with en suite.

At the time of the inspection two of the en suites had been converted to walk in showers, suitable for the age and mobility needs of the residents. The person in charge stated that they had costed plans to alter all of the shower rooms in this way. Bedrooms and bathrooms were of a suitable size to facilitate the use of the assistive equipment. There was a suitably equipped laundry room.

The kitchen and food preparation area was under review. Although the space was satisfactory and it was suitably equipped the lay-out made it difficult for staff to work in. The premises was well maintained, bright and homely. Bedrooms were very personalised with the residents’ possessions, photographs and records of achievement. The heating and ventilation was suitable and standard of cleanliness was notably good. The location was in close proximity to transport, shops and the local village.

The inspector saw evidence that the equipment necessary including the hoists, specialized bed and the transport was serviced regularly.

There is a very pretty safe garden to the rear of the premises. However, this was not accessible to a number for the residents as there was a step from the back door and further steps down to the garden. Although residents used the front garden this was primarily the car park, not secure or conducive to walking or sitting in.
Judgment: Substantially Compliant

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

Theme: Effective Services

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

Findings:
Systems for identifying and responding to risk were found to be proportionate and balanced with some improvements required. There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly. The risk management policy was current and complied with the regulations including the process for learning from and review of untoward events. The inspector found that the policy was implemented in practice.

There were policies in place including a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff.

The policy on infection control and the disposal of sharps was detailed and staff articulated good practice in relation to this. Staff were observed taking appropriate precautions and using protective equipment including gloves and sanitizers as this was necessary.

The risk register was centre specific and updated as risks were identified. Risks identified included both environmental and clinical in accordance with the residents needs and there were controls in place to mitigate against these. They included the risk of pressures areas, catheter care and unauthorised persons entering the premises.

Each resident had a comprehensive individual risk assessment and management plans implemented for risks identified as pertinent to them. These included self injury, manual handling, seizures, choking and behavioural issues. Incidents were also reviewed thoroughly as they occurred. There was evidence of learning from accidents or incidents. This is demonstrated by the addition of one to one staff and nursing support for the residents.

Fire safety management systems were found to be satisfactory with equipment including the fire alarm, extinguishers and emergency lighting installed and serviced quarterly and annually as required. The provider had made a significant investment in installing these
systems. However, a compartment fire door was not on a self closing device which negated its value to contain fire. The person in charge agreed to remedy this and also to seek advice on addressing the absence of other fire doors in the building.

The inspectors reviewed the fire safety register and saw that fire drills had been carried out quarterly. They were also reviewed for any identified problems. These included the fact that the bus was parked in front of the building which created confusion for the residents and that there were no personal evacuation plans for immobile residents. These were promptly addressed after the drill. However, the next drill did not take place for some months which did not give staff the opportunity to put the revised directions into practice.

In addition, all drills used one exit to evacuate. The second designated door was not used during drills to ensure staff and residents were familiar with it. This door would need to be used at night and it was in the process of being reversed so that it allowed access to the ramp available as opposed to the steps.

There were manual handling plans and speech and language plans available for the residents. However, the inspector found that the manual handling plan was not specific as to the number of staff required and the directions of the speech and language therapist were not easily accessible to staff which could place a resident at risk.

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:
The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse and the protection of vulnerable adults. The policy was in the process of revision to ensure it correlated with the revised Health Service Executive (HSE) policy to ensure satisfactory screening, implementation of safeguarding plans and adequate review of incidents. The provider employed a dedicated social work service. There was a suitably qualified
and experienced person nominated as the designated person to oversee any allegations of this nature. Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse. The inspector was informed that no such allegations were currently being investigated in the centre.

Each resident had an individual safeguarding plan and intimate care plan in place. There were also pictorial and easy read versions of safeguarding systems for residents. Residents who could communicate informed the inspector that they felt safe in the centre. Staff were able to articulate their understanding and responsibilities in relation to this and were very clear on what behaviours were not acceptable. They expressed their confidence in the management team to respond promptly to any incidents.

The inspector found that while the systems for the support of behaviour that challenges and the use of restrictive practices were based on national guidelines and multidisciplinary guidance some improvements were required. The policy on the use of restrictive practices included both physical and chemical restraint. It clearly defined the exceptional circumstances in which such procedures should be used and how they were to be monitored and overseen. This was implemented in practice. There was a psychiatric and psychology service engaged by the provider which was seen to be intrinsically involved in residents care.

A number of restrictive practices were used including intermittent locking of a food storage press. This was undertaken in response to a significant risk to one resident. This was decided following agreement with family, the resident and the multidisciplinary team. The lock was opened when the resident was not in the centre and so the impact on other residents was reduced. A number of bedrails were used. These were implemented following assessment of need, the safety of and use of the rails was assessed and this was clinically overseen. The inspector was satisfied that these were proportionate and reasonable actions.

A number of residents had complex behaviours that challenge and enduring or emerging mental health issues. Behavioural psychological support was available, implemented and overseen by the clinical psychologist. There was evidence of referral and access to age related specialists and psychiatry services. In one instance one to one staff had been provided and this enabled the resident to be out of the centre for the day time. A detailed behaviour support plan was implemented. This reduced the number of incidents, the use of PRN 'as required' medication and also lessened the impact on and risk to other residents. The use of PRN medication was carefully managed, clinically overseen, recorded and reviewed.

However, having spent time in the centre it was apparent that other behaviours were having a considerable impact on residents. While there was no physical threat to other residents the noise and verbally aggressive behaviours was disturbing and residents made this known to the inspector.

The inspector was informed that there was no behaviour support plan for this resident who did have an enduring mental health need. However, there was a very recent psychology report which did include such strategies. The staff had not been aware of this. This indicates that communication between the disciplines needs improvement in the interest of supporting behaviours and minimising the impact on other residents.
In response to the onset of dementia the psychology department had undergone training with staff in regard to this. Staff demonstrated to the inspector that they had an understanding and empathy for such symptoms.

**Judgment:**
Non Compliant - Moderate

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**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
The inspector found evidence that resident’s healthcare needs were very well supported with some small improvements required. A small number of general practitioners (GPs) were responsible for the healthcare of residents and records and interviews showed that there was frequent and prompt and timely access to this service.

A number of residents had maintained their own GPs which provided consistency of care. There was evidence of regular referral and frequent access to allied services such as chiropody, dentistry, ophthalmic care, mental health specialists, dieticians and physiotherapy, psychiatry of old age and geriatricians. The interventions of these clinicians informed the delivery of care on a daily basis.

Due to age, decreasing mobility and the development of more complex healthcare needs, the provider had in 2015 employed a nurse five days per week as team leader. The inspector found that evidenced based assessment tools were used for falls, dependency levels, and nutrition and pressure areas. These informed detailed management plans. The inspector found that there were no pressure areas or wounds and skin care regimes were very detailed where risks were identified.

The inspector saw evidence of health promotion and monitoring with regular tests and interventions to manage health issues and specific issues such as, diabetes, seizures and catheter care. There were protocols in place for the management of epilepsy although no resident required emergency medication at the time of the inspection.

Families were kept fully informed and involved in regards to any external medical appointments and regularly attended with the residents. Inspectors were informed that if a resident was admitted to acute services staff were made available to remain with
them to ensure their needs were understood.

There was a policy on end of life care which indicated that additional skill mix would be provided and community care services would also be accessed.

Residents’ nutritional needs were being addressed and monitored. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents’ dietary needs. The inspector observed that they received the correct consistency of food and fluids. They were also aware of resident’s preferences and they had significant choices. Resident’s weights were monitored regularly. The meal times as observed were staggered according to the residents’ wishes, social occasions and staff were seen to support residents in a calm and dignified manner.

There was an area for improvement with regard to catheter care. Catheter care was carefully managed according to guidelines and there was evidence of a significant decrease in infections. However, fluid monitoring systems were not robust. The charts were maintained but not collated at any time to ensure the intake was satisfactory and maintained in order to avoid illness. This is particularly important as nursing staff were not consistently available.

**Judgment:**
Substantially Compliant

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**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

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

**Findings:**
The policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medication were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication.

There was good communication noted with the dispensing pharmacists who also undertook an audit of medication and practices. Where errors were noted actions were taken to minimise risk and remedy these.

The inspector was informed that only staff who had undergone medication management training were administering medication and competency was assessed following the training.
The inspector saw evidence that medication was reviewed regularly by both the residents’ GPs and the prescribing psychiatric service. No resident was assessed as having the capacity to self-administer medication.

Protocol for the use of pro-re nata (as required) medication was in place and staff were aware of this. In certain circumstances a psychiatric review was required following the administration of such medication on three occasions as an additional safeguard. The reason for its usage had to be clearly evidenced by staff.

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 required some minor amendments in order to accurately reflect the service provided and the management structure. The person in charge agreed to remedy this and did so following the inspection. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with intellectual and physical disabilities and residents with age related care needs.

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 inspector was satisfied that the governance arrangements were effective to ensure the safe delivery of care. There was clear governance and reporting structure in place. The provider nominee was the chief executive of the organisation and was the director of services for the region. There were suitable systems in place to govern and promote accountability.
The local management team included the regional services manager, human resources, social work and psychology department, human resources and training/quality manager. The provider nominee had commissioned two unannounced visits to the centre to review specific issues and meet residents and staff.
The annual report was available and this was a detailed and frank record and analysis of the quality of the service and objectives for the coming year. Issues identified included some lack of staff consistency, the need for a team leader in the centre, personal planning and the need for increased psychological support. Resident’s views included the need for less noise in the house. All issues with the exception of the noise level had been actioned or were being considered. There was evidence of learning and review. Information from audits and accidents was used by the quality review team to monitor practises. They were in the process of having the annual report compiled in a format which was accessible to the residents.
The inspector was satisfied that these systems provided an overview of the delivery of care, were part of an ongoing process and the provider demonstrated a commitment to responding to need.
The person appointed to the position of person in charge of this centre had relevant qualifications in nursing and extensive experience as service manager. He had continued professional development with behaviour support and nurse management training.
He demonstrated his knowledge of the regulatory responsibilities and could be seen to be fully involved managing the centre. He was very knowledgeable on the residents needs and proactive in planning to meet these and known to the residents and staff. The team leader for the services in the region was also suitably qualified in nursing and very knowledgeable on the responsibilities and the residents care needs and plans. There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive. The day to day management was the responsibility of the centre team leader and she also demonstrated her knowledge of her responsibilities and oversight of the delivery of care to the residents.
There are suitable arrangements made for the absence of the person in charge with the regional team leader appointed to over the centre.
Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

Findings:

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. A number of staff had been with the service for some time. There was an induction programme in place. There was a documented staff supervision/appraisal programme undertaken annually. The person in charge stated that it was his intention to see that this was undertaken more frequently. Staff were supervised on a day-to-day basis both by the team leader and social care leaders who worked opposite rosters to provide this oversight.

There was an actual and planned roster available. The inspector found that the provider had been responsive to the changing needs of the residents. This had resulted in the appointment of a nurse for five days per week, an additional waking night staff and a one to one staff for a resident each day. Staff informed the inspector that this had been a significant support to them in their work.

Examination of a sample of personnel files showed good practice in recruitment procedures for staff with all the required documentation sourced and verified by the person in charge prior to taking up appointments. One volunteer was used and the inspector was informed that the required vetting and recruitment information was available with the human resources department. Staff have either social care qualifications or FETAC level five as the minimum requirement. Mandatory training was up to date for staff although there were deficits found in the numbers who had training in MAPA (a specific system for the management of challenging behaviours).

Some improvements were required however. The dependency levels of the residents ranged between high to medium with varying levels of both physical and personal supports required.

In addition, there were complex mental health and dementia care needs presented. A
number of residents had to be driven to day care services and there were a significant number of medical appointments to be attended to. Staff were also responsible for all ancillary duties such as cooking, cleaning and preparing meals. There were between two and four staff on duty at various times. In the morning between 08:00hrs and 09:00hrs two staff were available. This coincided with the medication round which the inspector was informed could take up to thirty minutes.

The inspector observed and staff acknowledged that for these residents who remained in the centre there was limited opportunity to engage with them in activities or bring them out individually. This was primarily due to the amount of ancillary tasks and driving duties which was required, all of which took from the availability of staff. Staff were seen and heard to be attentive and supportive to the residents.

A review of tasks, duties or deployment of staff is required based on the above findings.

**Judgment:**
Non Compliant - Moderate

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Noelene Dowling  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<td>23 February 2016</td>
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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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The personal plans and reviews were not a cohesive reflection of the assessed and expressed needs and wishes of the residents.

1. 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 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
During 2016 we will be holding a multidisciplinary team review on each resident of The Mews. We will introduce our new Personal Plan template for each person. The multidisciplinary team reviews will provide for all areas of assessed and expressed needs of the person to be comprehensively and cohesively discussed and reviewed by the team.

Proposed Timescale: 31/12/2016

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Steps prevented access to the rear garden for the majority of the residents.

2. Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
The surface of the rear garden will be replaced by tarmacadam which will allow all residents to access the garden safely from the side door.

Proposed Timescale: 30/06/2016

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:
Manual handling plans were unclear and lack of easy access to residents’ swallow care plans placed residents at potential risk.

3. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
Manual Handling and mobility plans are being reviewed and corrected to include recommendations for the required number of staff to assist with the manual handling and transfers etc. for each relevant resident. The swallow care plans are being placed in kitchen area in order to ensure that all staff who assist in feeding residents have easy access to same in order to ensure that the potential choking risks are minimised.

**Proposed Timescale:** 18/03/2016

**Theme:** Effective Services

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

Systems for containing fire in the provision of fire doors and self closing compartment doors were not satisfactory.

4. **Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

There are fire doors on all bedrooms throughout the centre. The PIC has consulted with the Health and Safety Manager regarding the requirement for further fire doors and will install these as advised. A contractor has been retained to repair the self-closing fire door compartment.

**Proposed Timescale:** 31/05/2016

**Theme:** Effective Services

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

Fire drills did not provide sufficient training or experience for staff or residents in the use of all of the fire exits.

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:

Following the changes which were made to the individual Fire Evacuation plans, fire drills will occur on an ongoing quarterly basis in order to provide training and experience for staff and residents in the use of all fire exits. The next full fire drill will take place prior to end of first quarter 2016. This one will determine if the quarterly drills are adequate or if we need to increase their frequency in order to improve the learning.
Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

Delays were noted in seeking psychological assessment and implementation of behaviour supports in order to understand and alleviate the causes of behaviour.

### 6. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Psychology supports are provided in the Centre by an Assistant Psychologist who is supervised by the Principal Psychologist. This support is now provided bi-weekly. Recommendations for supporting the residents who present with behaviours that challenge have been made and are being implemented by team members.

Proposed Timescale: 14/03/2016

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Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

Catheter care management systems were not fully complied with in order to avoid illness.

### 7. Action Required:

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

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

Fluid intake and output for the resident who has an in-dwelling catheter is now being monitored, recorded and collated daily. These records are being checked daily by the Team Leader in order to ensure adequate intake and matching output.

Proposed Timescale: 14/03/2016
### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The deployment and duties of staff prevented activities and recreation for some residents and required review.

**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:**
An initial review of staff rosters has taken place and priority times for most staff support required have been identified. A follow-up meeting with Team Leader and Social Care Leaders will be held to ratify recommended roster changes. Quotations are being sought for the general cleaning of the Centre to be carried out by contract cleaners. When the contract cleaners are retained, Care staff will be also freed up from their cleaning duties enabling extra support for residents at critical times. One resident is now being collected each morning in our general minibus transport and brought to her day service. Mews staff were previously doing this.

**Proposed Timescale:** 29/04/2016

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of staff did not have training in the recognised intervention for the management of behaviour this is challenging.

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

**Please state the actions you have taken or are planning to take:**
These staff are booked on the next MAPA training which is taking place on 14th and 15th April 2016.

**Proposed Timescale:**