<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Limerick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004773</td>
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<td>Centre county:</td>
<td>Limerick</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Norma Bagge</td>
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<tr>
<td>Lead inspector:</td>
<td>Margaret O'Regan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
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<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>27</td>
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<tr>
<td>Number of vacancies 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.
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 3 day(s).

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

<table>
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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 congregated setting for people with intellectual disabilities is operated by the Brothers of Charity, Limerick. The campus consisted of 15 bungalow style houses. The 15 houses were grouped under three separate centres and each centre had a person in charge. The centre to which this report refers to, catered for 28 residents.

This was the second inspection of the centre carried out by the Health Information and Quality Authority (HIQA). It was announced and took place over three days. The inspector met with residents, staff, the person in charge and senior management of
the Brothers of Charity, Limerick. The inspector observed practices, examined the
premises and looked at documentation such as residents’ care plans, medical
records, policies and procedures and risk assessments.

The centre comprised of five single storey houses with between four and eight
residents in each house. One relative described the centre as, "a happy and peaceful
little village" and the bungalow "having a homely feel to it". This was a nurse-led
facility and many of the residents were of high nursing needs dependency. A number
of residents had behaviours that challenged. Both male and female residents were
accommodated. All but two residents had their own bedroom. Each house had a
sitting room, kitchen, bathroom and storage space. Three of the five houses had
designated office space. Facilities were available on campus for residents to meet
with visitors in private.

The houses were clean and warm. Cleaning practices seen on the day of inspection,
were much improved from that noted on a previous inspection. In particular much
work had been done over the past few months to ensure the environs were clean,
tidy and well maintained.

Many bedrooms were recently painted and much effort was made to make them as
homely as possible within the limitations of the design and layout of the centre.
Sanitary facilities in two of the houses were grouped together in an institutional like
arrangement. Plans were well advanced to address this for one of the houses. The
sluice room in one of the houses was accessed via the shower room. While houses
were made as comfortable as possible within the design limitations, the premises
were in need of upgrading. For example, some windows needed to be replaced, new
flooring was needed in a number of rooms and improvements were needed to the
sanitary arrangements.

Over 50% of families completed questionnaires and sent them to HIQA with regards
to the services provided in this centre. This was a high response to such
questionnaires and indicated families were very involved and interested in the
services offered in this centre. Some families choose to meet and discuss with the
inspector, their views of the service offered to their relative. The overwhelming
response from relatives was that staff were very respectful and attentive. Relatives
commented on their relative being, "very safe there". However, responses also
indicated that relatives had concerns about the available resources to run the centre.
A number of them referred to, "the cut backs" and the need for investment on the
site.

Staff were well informed about residents' needs and helped residents to make
decisions and choices about their lives. Overall residents looked relaxed and
comfortable in the company of staff. Residents had detailed care plans and they
were written in a respectful and meaningful way. However, the lay out of these plans
were such that they were not easy to follow. Staff expressed similar views with
regards to the care plans. The inspector was informed the layout of the plans was
under review and a draft of the revised plan was provided to the inspector. Residents
had easy-to-read versions of their care plan which described their likes and dislikes in
picture format.
The health care needs of residents were met. This was confirmed by relatives who reported that the, "Health needs have always been met". Records of referrals to specialist services were seen as were medical notes and laboratory results. Generally, there was good access to general practitioners (GP), occupational therapists (OT), behavioural therapist, psychiatry, dental and other health professionals. Staff recruitment in the previous few months resulted in improved access to psychology and social work assessment. Records were maintained of accidents and incidents. These were audited by the person in charge.

Staff with whom the inspector spoke with had received mandatory training and expressed no barriers to reporting any concerns they may have, in particular in relation to protecting vulnerable adults. Staff were satisfied that if they expressed such concerns they would be addressed by management personnel.

A complaints process was in place and the inspector was satisfied that staff were receptive to receiving complaints and acting on them. Training had been provided to staff on the new complaints procedure.

In so far as possible, residents were facilitated to engage with their preferred interests and hobbies. Since the previous inspection, much work had been done to improve the availability of meaningful activities for residents. For example, "the hub" was created in the unused canteen area and day services transferred to this area which was in the centre of the campus. Apart from day services activities, staff were attuned to the need for many residents to have activities such as independently walking around the campus and one to one therapies. Residents were accompanied to mass or attended mass independently. These preferred activities were identified in the residents' care plans.

In summary, the inspector found that a good standard of care was provided to residents in an environment that had experienced the effects of reduced financial resources. Residents were shown respect, their health care needs were attended to and a lot of work was done to help residents manage as independently as possible. The level of activities provided had improved since the previous inspection. Staffing levels continued to be monitored and adjusted as needed. The governance and management systems improved since the previous inspection to this campus in October 2015. The provider was aware that significant resources were required to ensure this centre maintained an acceptable level of maintenance and upgrading. There was ongoing challenges for the provider to secure funding for such upgrading work. The provider nominee's primary way of securing resources was through the submission of business plans to the Health Services Executive (HSE). The HSE was the primary funder of this service.

These issues are discussed further throughout the report.
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):
No actions were required from the previous inspection.

Findings:
Overall, the inspector was satisfied that the rights, privacy and dignity of residents were promoted. Residents were encouraged to make choices and remain as independent as possible. For example, the inspector saw a resident with significant sight impairment being facilitated to independently use the toilet facilities, choose his preferred seating and engage with his preferred activity. Choice of getting up time was given and this was observed by the inspector. Improvements were noted in the level of activities available since the previous inspection. For example, a renovated area was used as a "hub" where day services were provided. Residents were consulted through weekly meetings and minutes were maintained of these. Residents regularly attended advocacy meetings and the advocacy process had been significantly strengthened over the past twelve months. Each resident had a named key worker. This person also advocated on behalf of the resident as did the person in charge.

The inspector saw staff encouraging residents to have free movement around their house and in so far as possible around the campus grounds. One relative reported to the inspector "X likes to walk out on his own. With supervision he can do this on the campus". The relative was particularly pleased that this fostered her family member's independence. The relative also acknowledged that because of his disability this was something "he could never do out in the community or at home".

All interactions observed were respectful and caring. Both relatives and residents stated they found staff “very kind”, “very respectful” and "wonderful". Staff had an in-depth knowledge of residents’ preferences and this knowledge was recorded in the written care plans that each resident had. Relatives were aware of the level of understanding
and knowledge staff had about their family members. The relative of one resident who was non-verbal in their communication commented "Staff have a very good understanding of her".

The inspector saw that residents had control over their own possessions. For example, each resident had their own wardrobe. All but two residents had their own bedroom. The way bedrooms were decorated showed each resident's individual tastes. For example many resident had family photographs, soft toys they liked or a music collection that interested them. The Brothers of Charity had a written policy on how residents' personal property was to be managed.

The complaints policy was displayed. There was evidence of a culture of accepting complaints and in so far as possible addressing the matters identified. The complaints policy was recently reviewed and training on the new policy had been provided. The majority of relatives stated they never had a complaint. A few had minor complaints which they confirmed were dealt with promptly and appropriately. All relatives felt confident in going to a staff member or a member of the management team to discuss any matter of concern to them.

A number of residents communicated in a non-verbal manner. The inspector saw that non-verbal residents were able to communicate if they were anxious, worried or in need of assistance. Residents' care plans showed a good level of attention given to ensuring residents' needs and preferences were documented, respected and acted upon. Relatives commented on the time and patience staff gave to helping residents make decisions. For example, one relative stated their relative was very challenged with decisions or change. They remarked, "even a new coat or new shoes can at time be a problem" and "staff support him with these decisions"

Residents were facilitated to fulfil their religious rights. Residents were facilitated to vote in the upcoming election. One resident was facilitated to do his own grocery shopping and helped to prepare his own meal as this was important to him. Relatives were positive with regards their family members satisfaction with the centre. Relatives comments included "X is very happy there", "it has been his home for 28 years and never had to complain"

Since the previous inspection the number of people living in some of the houses had reduced. These rooms had become available as a quiet room, a larger bedroom or a twin room reduced to single occupancy. These all had positive benefits for residents; not only in terms of providing extra space but also reducing conflict between the house occupants.

Some toilet and shower facilities provided inadequate privacy. This is further discussed under Outcome 6.

**Judgment:**
Compliant
### Outcome 02: Communication

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Staff were aware of each resident’s specific communication requirements. Visual cues and schedules were seen to be utilised to maximise resident consultation, choice and control over their routines. Residents were seen to have access to media, telephones, television, reading material and computers.

Residents interacted and engaged freely with the inspector in the presence of staff. Relatives informed the inspector that their relative had "someone who understands him at all times". Another wrote "10 out of 10" for how staff communicated with their relative.

Notice boards were in place throughout. Residents had their own personal passport. Once staff read and understood the resident's passport they (staff) signed to confirm this.

The message displayed in each house was the ethos of the Brothers of Charity and referred to providing a "quality service in a homely environment". The inspector was satisfied this was the ethos of the centre.

**Judgment:**
Compliant

### Outcome 03: Family and personal relationships and links with the community

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
It was evident from staff and residents spoken with, and records seen by the inspector that family, social, personal and community links for residents were integral to the
operation of the centre. One relative wrote when referring to her family member “It is a wonderful home" and "they (staff) update family on a regular basis”. When I am not able to go to see him they (staff) bring him out to me for a visit which he enjoys.” Others described how they were "happy with the level of support”. One relative described what he considered "extraordinary efforts" by staff to help his family in understanding a new diagnosis and treatment for his family member.

Residents were facilitated to have ongoing access to their family and friends and had choice and flexibility as to how these visits were arranged. Arrangements were set out in the support plan and discussed and agreed with both the resident and their family as appropriate. There was an open door visiting policy and some residents had daily telephone contact with their wider circle of family and friends. Residents were facilitated by staff to attend events of their choosing including the cinema, concerts and restaurants.

Residents were given the option of inviting family to their person-centred planning meetings. Staff also included families in decisions concerning residents. This was done in a way that maximised the residents' choice and independence.

Residents were supported to maintain friendships with other service users of the same provider. For example, one resident enjoyed visiting friends who lived in a nearby house.

Some residents attended an onsite day service which was known within the centre as “the hub”.

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

**Findings:**
The majority of residents had contracts in place, outlining the service provided and fees to be charged. The contract set out the terms and conditions of accommodation in the centre and also the responsibilities of the resident and the provider. Most contracts were signed by a family member. In instances where contracts were not signed, a record was maintained of the contact between the provider and the family with regards to signing a contract.
The provider had a policy on admissions, discharges and transfers. The inspector was satisfied that the policy was written in a person centred manner and covered arrangements in place for the transition of a resident to a new centre. Relatives confirmed a sound process was in place when residents were being re-accommodated. Many gave examples of how they were consulted and where a placement didn't work out, their relative returned to the campus where this centre is located.

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

Findings:
There were systems in place to assess residents' abilities and needs. These systems informed the care plans and identified supports required by each resident. Needs were identified under three headings; my life, my world and my dreams. This information was usually collated by the keyworker.

It was evident that residents participated in the planning process. Relatives were also involved in this process. Relatives referred to care plans being "very much based on the needs of the individual". Another relative stated, "every step is discussed" and another wrote that staff are "always concerned about her (resident) welfare".

The plan was supported as necessary, by input from the multi-disciplinary team. There was evidence that access to the multidisciplinary team had improved since this campus' previous inspection. For example, social workers were recruited since the previous onsite inspection; systems were now in place of regular referral to the social work department and there was documentation to show such referrals were made; there was evidence of social workers working towards improving links with families in relation to frequency of family visits and dealing with issues around the contract of care. Work was well advanced in establishing ways to make the care planning process more streamlined.
The feedback from residents, relatives and staff was that the programme of activities available to residents had improved and covered such things as, music sessions, equestrian activities, bingo, cinemas, shopping, dining out. One relative stated that their family member's needs and wellbeing were of the "utmost importance for carers and nurses". Another commented that their family member "was bored living at home. He is much more occupied here". The activities available could be summed up by the relative who stated "He appears very happy with his social activities".

**Judgment:**
Compliant

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**Outcome 06: Safe and suitable premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

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**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The centre consisted of five separate bungalows. These bungalows were built in the 1970s on a spacious site and are part of a larger group of houses. As stated in the previous inspection report, the houses are attractive buildings. They enjoy a feeling of open space, surrounded by mature trees in a village type setting. However, the premises showed signs of limited investment in upgrading them to modern day standards. For example, one house had communal style bathing and toilet facilities. Plans were underway to address this issue.

Since the last inspection redecoration work had taken place. For example, a number of bedrooms and communal areas were repainted, the heating system in one house had been upgraded and new furniture was purchased. Much effort had been made to make the surrounding environs as neat, tidy and attractive as possible. Relatives in their responses to questionnaires, commented on the environs. Many commented on them "suiting the needs" of residents and being "safe for them to walk about independently". One relative remarked that "it would be nice to see the green areas having more plants and shrubs".

Issues identified in the previous inspection had been addressed such as replacement of a kitchen door, the enlargement of a bedroom, window blinds fixed. However, there remained some areas that needed attention. For example;
- *floor covering needed to be replaced in a number of rooms*
*shower and toilet facilities needed modernisation to provide more privacy for residents
*some windows needed to be replaced
*painting of skirting boards
Relatives identified the premises as an area for improvement with comments such as, "I would like to see it upgraded".

There was access to a kitchen with sufficient cooking facilities and equipment. The main meal of the day was delivered by a food catering company and residents reported satisfaction with this arrangement. Breakfast and evening meals were prepared in each house with assistance from residents.

Vehicles were shared between centres. It was noted by the inspector that there had been significant improvements in access to vehicles that were in good working order. Staff reported that input from the transport manager ensured the efficient running of the fleet of vehicles.

A system was in place for maintenance issues to be addressed swiftly. It was evident on this inspection that this system worked effectively. Good records were maintained by maintenance personnel, in particular in relation to fire safety checks conducted.

Most residents had their own bedroom; however, as discussed under Outcome 1, two residents shared a room. Both residents' families expressed a wish for their family members to either share a room or be accommodated in the same house. A plan was in place, that when a room would become available each resident would have their own room.

Occupancy numbers in the houses had reduced since the previous inspection. This allowed room for a private meeting room, extra office space and a room for alternative therapies.

Hoists were serviced and records were available to confirm this.

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):
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Overall, good practices were in place around health and safety. The centre had policies and procedures relating to this and a fire safety committee was in place. There was a risk management policy that met the requirements of the Regulations. The risk identified on the previous inspection attached to the low level glass in one of the houses had been assessed and measures put in place to minimise the risk. There was ongoing assessment of risk including assessment attached to the night time staffing arrangements. As noted on the days of inspection, when a risk was identified it was discussed at a multidisciplinary team meeting (MDT) and measures put in place to mitigate against the risk.

Since the previous inspection staff had received training updates in relation to the safe transport of residents in vehicles. Part of this safety awareness included the assessment by an occupational therapist of the appropriateness of a safety vest for residents. These vests were appropriately adapted. Staff expressed satisfaction with this development in terms of the safety it offered residents and the support it provided for staff to fulfil their obligations to ensure the safety of residents.

Suitable fire safety equipment was provided and there was adequate means of escape. There were prominently displayed procedures for the safe evacuation of residents. Regular fire drills took place and staff were able to discuss the fire drill procedures. Evacuation times varied between forty seconds and three minutes. Fire evacuation drills took place at different times of the day and night. Fire fighting equipment and emergency lighting records were well maintained. These records indicated that they were appropriate serviced. Regular in house checks took place emergency lighting was working properly. Egress plans were in place for each resident.

Staff had good awareness of appropriate infection control practices. Good hand washing facilities were available. Hand gels were available throughout. Staff were offered appropriate vaccination regimes. Appropriate arrangements were in place for the disposal of clinical waste.

Records were maintained of accidents and incidents and these were audited on a quarterly basis and seen by the inspector. There was evidence of a reduction in the number of falls one resident had which was attributed to the non invasive alarm alert put in place.

Judgment:
Compliant

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

**Findings:**
The inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a non judgemental approach to managing behaviours that challenge. Specific support plans were in place in instances where bedrails were required. Where plans were available they detailed the emotional, behavioural and therapeutic interventions to assist in achieving a good outcome. Psychological support was sought to assist with specific positive behaviour plans and families were also involved in these.

The use of bedrails was assessed prior to their use and when used they were checked regularly. Alternatives were explored including beds which lowered to the floor, safety floor mats and in one instance a specific bed for a resident prone to injuring himself from rocking. The occupational therapy department and the multidisciplinary team were involved in these decisions and sourcing appropriate equipment.

Policies were in place in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and had access to staff with whom they could communicate. There was a designated person to manage any incidents, allegations or suspicions of abuse. Relatives confirmed they were satisfied their relative was safe in the centre. One relative wrote, "X is very vulnerable. We are aware of this and staff are aware of this too". Another commented, "the chalets are perfect environment for his happiness and safety". Another comment was that their family member, "could not be any safer in my opinion".

Staff had specific training and considerable experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way. Restrictive practices were kept to a minimum. For example, residents with significant behaviours that challenge were accommodated in larger houses to facilitate them to move about freely with the minimum disruption to other residents. There was evidence of ongoing review of the use of restraint. Restraint was removed or its duration shortened following such reviews. A policy on restrictive practice was available and was in line with best practice.

The inspector reviewed arrangements in place for managing residents' finances and found that residents, with the aid of their key worker, had access to their monies. A ledger was kept for each resident detailing income and expenditure. The balance in the account was checked on a regular basis by the resident's key worker. Receipts were kept for items purchased on behalf of the resident and these were sent to the person in
charge. If a query arose about any expense incurred by a resident, the receipts could be checked.

**Judgment:**
Compliant

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**Outcome 09: Notification of Incidents**

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that the person in charge was familiar with the process for recording any incident that occurred in the centre and familiar with the procedure for maintaining and retaining suitable records as required under legislation. The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**
Compliant

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

**Findings:**
The inspector was satisfied that there was an assessment process further to which staff sought to facilitate and promote opportunities for residents to enjoy new experiences, learn new skills, enhance their independence, personal development and social integration. Much of this has already been discussed under Outcomes 1 and 5. The
inspector noted the level of detail to which staff went to ensure residents; individual needs were met. For example, one resident who liked to sit outdoors was provided with an outdoor heater. Another resident who was particular about his food, was facilitated to do his own shopping and assisted to prepare his meal of choice. When relatives were asked their opinion as to how their family member's social and developmental needs were met, all stated they were satisfied. In relation to this question, relatives made comments such as "very, very well", "very well supported" and "he appears very happy with his social activities".

As discussed under Outcome 6, the inspector noted that since the last inspection, the management and availability of transport vehicles was better organised and were more readily available. This was an important development as many residents enjoyed having opportunities to go shopping, visiting family or eating out.

Since the previous inspection the onsite day services were relocated to a more central area of the campus. It was referred to by residents and staff as "the hub". It was a larger and brighter day service area than the previous location. The hub had been a canteen which had become redundant. Residents and staff reported this was an improvement. Plans were in place to expand this onsite service and provide a greater and more varied level of activities for residents who live on the campus.

There was regular and frequent access to personal assistants (PA). This was organised by the centre and normally paid for by the resident. This facility allowed residents to enjoy a varied range of social engagements outside of those provided on site or by the centre's staff. For example, one resident was able to avail of hydrotherapy through the use of the PA system.

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):
No actions were required from the previous inspection.

Findings:
The inspector saw that health assessments were carried out for residents. There was evidence of a good referral system in place for allied health services. There was good involvement from disciplines such as behavioural therapists, social workers and psychologists. Relatives were satisfied with the health care provided and described it as, "second to none". Another stated staff were "most vigilant with X's health care needs".
One relative stated that their family member's health "appears better now than it ever was".

The practices in place showed that good health was promoted; for example, healthy eating and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided. Relatives concurred with these findings and in their feedback stated "He (family member) has been supported to acute care when required". Others stated "X developed epilepsy and he has a lot of medical support to help him".

The records showed that blood tests were carried out on a regular basis. Blood pressures were checked and residents were weighted regularly.

The dietician and speech and language therapist were available to lend support and guidance in the planning of good nutritional care for residents. There was evidence of referral and access to the general practitioner (GP), psychiatrist and dentist. Where other specialist services were required such as consultation with medical specialists, these were facilitated, albeit that one relative commented that their relative had to pay privately for specialist medical consultation.

Discussions took place around end of life care and these were documented. Hospice care was available to support staff in caring for residents in their own house at the end of their life.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents had their lunch delivered to them from a contract catering company. The inspector saw that staff supervision and assistance was in place and that residents were facilitated to be as independent as possible.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 12. Medication Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Each resident is protected by the designated centres policies and procedures for medication management.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The service was nurse led and all medication was administered by nurses. The practices observed were in line with professional guidelines. There was little use of PRN medications (medications that are taken only when needed). There was a clear process
for disposal of out of date or unused medication. Medications were regularly reviewed by a psychiatrist, staff and the GP. Staff had received medication management training.

Medication practices were regularly audited by the head of integrated services and by a pharmacist. Recommendations from these audits had been addressed. For example, out of date stock was no longer held within the centre but returned to the pharmacy promptly.

All prescription charts examined were signed for by a doctor. However, the name of the resident's general practitioner (GP) was not recorded on each of these charts. This is actioned under Outcome 18, documentation.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose was kept under review. The inspector found that the statement of purpose was implemented in practice and reflected the ethos of providing "love and respect in every action".

The statement of purpose contained the information required by Schedule 1 of the Regulations such as room sizes and details of the education, training and work opportunities for residents.

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

**Findings:**
The inspector was satisfied that there was a good management structure in place. There were clear lines of accountability. For example, staff reported to the person in charge, who in turn reported to the head of integrated services. The head of integrated services reported to the director of services. There were also management supports available from the human resources department, health and safety personnel and other heads of disciplines. Since previous inspections to this campus improvements had taken place in terms of the organisation's management systems. For example, findings on this inspection showed improved reporting and communication systems in place between the day and night staff. Since the previous inspection clinical nurse managers were employed to support the person in charge in her work. There was ongoing scope to improve the efficiency of the administrative system which appeared to consume a significant amount of the person in charge's time.

The person in charge had the necessary, qualifications, skills and competencies to carry out her duties. She was known to residents. The person in charge worked full-time.

Weekly meetings were held between the person in charge and her line manager. Both formal and informal staff meetings took place. Minutes were maintained of these meetings. All staff had access to these minutes. As previously mentioned, a communication book was put in place to enhance the communication process between day and night staff. Both day and night staff with whom the inspector met reported this to be an effective and improved system of communication. Staff stated they felt supported by their line managers.

Systems were in place to ensure that feedback from residents and relatives was sought and led to improvements. These included weekly house meetings between staff and residents. Six monthly unannounced visits took place by the director of services or her representative. An annual report was prepared by the person in charge. Relatives were complementary of many aspects of how the centre was run, in particular with the level of care, respect and kindness shown to residents. One relative summoned up it up with the comment "it (the good care) is not just down to an individual (staff) but is clearly a culture driven environment".
Staff appraisals did not take place. A national policy and structure was in the process of being set up to address this matter.

**Judgment:**
Substantially Compliant

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**Outcome 15: Absence of the person in charge**
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The provider was aware of the need to notify HIQA of any occasion where the person in charge was or planned to be absent for 28 days or more. Suitable deputising arrangements were in place for the management of the centre in the absence of the person in charge. A clinical nurse manager covered for such eventualities.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Relatives, staff and management spoke of the impact of reduced funding to the service. There was recognition by all, that lack of funding had stymied efforts to maintain the houses and modernise them. The campus is currently classified as a congregated setting. The national policy is for residential care to move from congregated settings into community residential care. This national policy has influenced the level of funding made available to this service over the past few years. The lack of adequate funding was a
source of concern for service users, their families and staff. A number of relatives gave examples of efforts made to provide accommodation for their family member in the community and how it proved unsatisfactory, with their family member either remaining on campus or returning from community houses to living on campus.

There was a palpable sense of insecurity amongst relatives. It was attributable to reduced funding and their concern that their family member may be relocated to another house. Relatives stated that they "worry about pressure on resources" and that their "primary concern is resources". Families spoke of the centre being their family member's "home for 28 years". The inspector observed several residents enjoying walking around the campus independently. Several relatives commented on this freedom "to walk about independently" as being of immense importance to their family member and, as referred to under Outcome 5, was perceived as not being easily achievable in a community setting. Relatives stated they had "seen the impact of cutbacks". Others referred to the need for "additional funding for maintenance of buildings and surrounds". One relative summoned up the feelings of many relatives and staff with the statement, "is anyone focusing on what is the best thing in terms of quality of life of the individual".

Staff mitigated against the impact of premises that were in need of upgrading by providing good and respectful care to residents. For many residents this had been there home for up to 30 years. In addition to the good care, relatives commented on the attractive grounds and how progressive this centre was when their relative first came to live there decades ago. Residents, relatives and staff spoke of the "village type" atmosphere on the campus. Positive aspects of the premises and facilities was the presence of a well maintained attractive church on site which several residents visited on a daily basis. There was a well equipped pool which was accessed by many residents as well as members of the public. There was a gym on site which was accessed by residents with the support of a staff member. This gym was also used by members of the public. On site, were football pitches available to residents and local groups.

There were delays in completing some of the upgrading works identified on the last inspection. These included replacing floor covering, replacing windows and upgrading toilet and shower facilities. The delay appeared to be due to budgetary constraints. Funding of the service came from a third party i.e. the Health Services Executive (HSE). The provider explained to the inspector that the level of funding to the Brothers of Charity Limerick had been reduced over the past number of years at a time when the needs of residents were increasing and the building were becoming increasingly outdated.

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

Theme:
Responsive Workforce

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

Findings:
There was a high level of staff continuity. This was confirmed to the inspector by staff. It was also clear from observation and the care plans examined, that continuity of staff was important to residents. During the inspection, the inspector observed the person in charge and staff interacting and speaking with residents in a friendly, respectful and sensitive way. Staff members were knowledgeable of residents' individual needs and this was reflected in the personalised person-centred plans seen by the inspector. Residents spoke positively about staff saying they looked after them well. The inspector spoke to staff on duty and all appeared competent. They were aware of their roles and responsibilities. Staff stated they felt supported by the person in charge.

Relatives were very complimentary of staff and described them as "so professional and caring" and having "always been wonderful". Relatives stated, "there is great credit due to staff", "the love and support they (staff) give, money can't buy". Some relatives expressed the view that more staff were required, while others considered staffing levels adequate.

All houses had staff on duty all night and some houses had the assistance of extra staff up to 22:30 hours. Staffing levels were kept under constant review; they were risk rated and escalated if indicated; extra staff were employed where there was an identified need. A practice was in place within the campus whereby night staff from one house monitored or assisted staff in a neighbouring house. In some instances this meant the house was unstaffed for a period of time. The inspector saw that this arrangements was risk assessed on a regular basis and noted practices changed as a result of such reviews. For example, following a review a decision was made for staff not to leave one of the houses unattended at any time.

The night manager also provided support to night duty staff. Changes had recently been made to ensure the person in charge had oversight of night staff training requirements.

The day time staffing levels varied and there were no notable deficiencies. The inspector was satisfied should resident needs change extra staff would be employed. As discussed in Outcome 14, the person in charge and staff confirmed that no formal staff appraisals took place. This was actioned under Outcome 14.
Staff with whom the inspector spoke confirmed they had received mandatory training in fire prevention, adult protection and moving and handling. Other training was also provided such as food safety and managing behaviours that challenge.

A staff roster was in place.

**Judgment:**
Compliant

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

**Findings:**

Much of the documentation was well maintained. It was easily retrievable and up to date. As discussed under Outcome 5 some care plans were not updated as per the centre's policy. Prescriptions records did not always detail the name of the resident's GP.

**Judgment:**
Substantially 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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Limerick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004773</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>16 February 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24 March 2016</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Not all contracts were signed. In instances where they were not signed a record was maintained of the contact between the provider and the family with regards to signing a contract.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
- A significant number of residents in the designated centre do not have the capacity to sign their own individual service agreements;
- All relevant families were contacted and forwarded a copy of the service agreement in October 2015;
- Legal advice has been sought by the Provider Nominee in relation to cases where the person does not have the capacity to sign or the person has no family member that is able or willing to sign. Legal advice is to seek guidance from the HSE.
- The guidance provided by the HSE was that the PICs need to evidence how they have engaged with the individual around the signing of the contract. This will demonstrate the efforts made in the context of the contract not been signed due to the capacity of individual.

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

<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>Issues identified in the previous inspection had been addressed such as replacement of a kitchen door, the enlargement of a bedroom, window blinds fixed. However, there remained some areas that needed attention. For example;</td>
</tr>
<tr>
<td><em>floor covering needed to be replaced in a number of rooms</em></td>
</tr>
<tr>
<td><em>shower and toilet facilities needed modernisation to provide more privacy for residents</em></td>
</tr>
<tr>
<td><em>some windows needed to be replaced</em></td>
</tr>
<tr>
<td><em>painting of skirting boards</em></td>
</tr>
</tbody>
</table>

2. **Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
- Logistics are being agreed to facilitate the upgrade of flooring in CD 4
- Plans are in place to vacate one house to upgrade bathroom facilities in CD 7. Residents will relocate to a registered premises presently unoccupied and has been discussed with HIQA. Transition plans are presently being prepared for this work to be completed;
- Costings are being prepared with a view to upgrading the bathroom facilities in one house;
- Several submissions have been made to the HSE in respect of capital funding to maintain the premises to an acceptable standard. The most recent submission was
made in 2015 for €890,000 based on an engineer’s report. This included upgrades to windows, floors, painting, electrics and plumbing. No funding has been allocated for this submission.

**Proposed Timescale:** 30/09/2016

### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff appraisals did not take place. A national policy and structure was in the process of being set up to address this matter.

3. **Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Please state the actions you have taken or are planning to take:**
- A draft policy has been sourced by the outgoing Head of HR and a group has been identified to agree this policy and set out a plan for its implementation;
- A new Head of HR has been recruited to commence in April 2016 and the roll out of this supervision process is identified as a priority for the new appointee.

**Proposed Timescale:** 31/12/2016

### Outcome 16: Use of Resources

**Theme:** Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were delays in completing maintenance work such as replacing floor covering, windows and upgrading toilet and shower facilities. This was reported to the inspector as being due to budgetary constraints.

The insecurity caused by reduced funding impacted negatively on residents and their families.

4. **Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.
Please state the actions you have taken or are planning to take:
• Several submissions have been made to the HSE in respect of capital and revenue funding in the form of business cases.
• Once off funding was allocated by the HSE in respect of a number of business cases in 2015. A proportion of this funding remains as core funding in 2016. However a significant shortfall stills exists. This is reflected in the Corporate risk register.
• All business cases are being reviewed to determine their current accuracy.
• The Services does not have a sufficient budget to meet the maintenance costs arising in this centre. This will continue to be raised with the HSE as part of the Service Arrangement engagement process and is reflected in the Corporate Risk Register.
• There is an ongoing internal review process in relation to rosters and skill mix which will continue in 2016 in order to optimize the resources of the centre.

Proposed Timescale: 31/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some care plans were not updated as per the centre's policy. Prescriptions records did not always detail the name of the resident's GP.

5. Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
• All prescription records have been updated to include the name of the residents GP;
• All person centred plans will be updated in line with the timeframes identified in the centre’s guidelines.

Proposed Timescale: 31/05/2016