<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Limerick</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0004842</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Limerick</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Norma Bagge</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Margaret O'Regan</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>13</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
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About monitoring of compliance

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>09 February 2016 10:15</td>
<td>09 February 2016 18:30</td>
</tr>
<tr>
<td>10 February 2016 09:10</td>
<td>10 February 2016 17:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<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 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</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 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

This was the first inspection of the centre by the Health Information and Quality Authority (HIQA). It was a registration inspection and was announced. It took place over two days. As part of the inspection, the inspector visited the centre and met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.
The centre comprised of two single storey houses in a Co Clare town. The centre was operated by the Brothers of Charity Community Services, Limerick. On the days of this inspection the centre was home to 13 residents; one house catered for six residents and the other for seven. There were two twin bedrooms and all of the others were single. The houses were set on spacious sites which had attractive views of the surrounding countryside. Each house had a well maintained garden.

Overall, the inspector was satisfied that care was provided to a good standard and identified many areas of good practice. A number of questionnaires were sent to relatives on behalf of HIQA in advance of this inspection and seven completed questionnaires were returned. The feedback from the questionnaires was complimentary of the care provided and the only suggested improvements related to the lack of privacy in one house for family visits and possibly more staff in one house.

Staff members were seen to interact with residents in a kind and caring manner and residents appeared to be comfortable in their presence. Personal plans were person-centred and for the most part, residents were supported to achieve the goals set out in the plans. However, improvements were required in relation to reviewing the plans in a timely manner.

Residents had moderate to severe disabilities and some required significant support to participate in activities, both within the centre and in particular within the community. The inspector noted the ongoing efforts by staff and the Brothers of Charity organisation to find meaningful activities for residents. A new day service was due to commence in a local community centre. It was envisaged all residents could avail of this two day a week service.

Improvements were required in relation to fire safety. A fire safety survey had identified a number of recommendations such as the provision of fire resistant doors throughout, emergency lighting in house number one and fire alarm systems with appropriate certification. The schedule of works from the fire safety audit was submitted by the provider to the Health Services Executive (HSE) for funding. The HSE is the primary funder for this service.

Night time staffing levels in one house was increased in late 2014 to ensure evacuations times were swift. Regular fire drills took place at various times of the day and night. Evacuations times in both houses were recorded as being between one and two minutes.

Apart from the issues needing to be addressed following the fire safety report, the centre was in substantial compliance with regulations. Matters identified as needing attention included:
- the annual review of all care plans
- the completion of entry dates on all records
- the provision of mandatory training and appropriate training updates for all staff
- the putting in place of a staff appraisal system
- the provision of sign language training for staff
- the provision of a contract of care for all residents
• the provision of adequate space for residents to have a private meeting
• the provision of single occupancy bedrooms for all residents
• the completion of decorative works in bedrooms.
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 inspector was satisfied that the rights, privacy and dignity of residents were promoted and residents’ choice was encouraged and respected. This was evident from the observations of the interactions between residents and staff. Without exception, all interactions were respectful and caring; and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of residents’ preferences and this was supported by information in the care plans and the residents’ file notes.

The inspector noted that residents retained control over their own possessions. For example, each resident had adequate wardrobe space in their bedroom. Each bedroom was decorated in a manner that reflected the resident’s individuality. However, four residents were accommodated in two twin rooms and this was a compromise to each of their privacy. Residents, in so far as possible, were supported to choose and purchase their own clothes. This was noted in the receipts retained of purchases. The inspector saw residents returning from day services, and carrying out their preferred routine which varied from helping to set the table, to making a jigsaw, to chatting with staff. Residents were seen to be given choice in relation to what food they wanted, when and where to eat, what to wear and what outings to go on.

The inspector reviewed the system in place to ensure residents’ financial arrangements were safeguarded through appropriate practices and record keeping. A system was in place whereby all receipts were numbers and logged in the resident’s ledger. However, two signatures were not on these lodgements and withdrawals as per good practice recommendations. This is actioned under Outcome 8. Receipts were retained for
purchases made on the residents’ behalf. The person in charge did a random check of finances each month and this was documented. The inspector carried out a check on a random sample of residents’ personal finances and those examined were correct.

Minutes were maintained of house meetings that were held with the residents. A set day was assigned for these meetings. Changes were made according to matters arising at the meetings. For example, one resident brought it to the attention of staff that he was not happy to be sharing a bedroom. At the time of inspection this had been escalated to senior management.

The complaints policy had recently been updated. It was available and provided detail on how to make a complaint. Staff were aware of the complaints process. An easy to read version of the policy was available. Staff displayed an openness about receiving complaints, the number of complaints received was low and complaints received were documented and corrective action taken. There was a culture of inviting complaints and viewing complaints as constructive feedback.

Residents had access to advocacy support. The emphasis on advocacy as a way to promote person centred care was noted by the inspector in her discussions with the advocacy coordinator. Her enthusiasm and creativity around her role was inspiring. The focus was on the resident. For example, the advocacy meeting invited members of the multi disciplinary team to attend the meeting to explain how they could assist residents. Residents at the meeting were assisted to understand the different roles of the multi disciplinary team and supported to ask questions.

Each resident had a named key worker and this person also advocated on behalf of the resident as did the person in charge and day services staff.

A number of residents communicated in a non verbal manner. From speaking with staff and from observing, it was clear 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' preferences were documented, respected and acted upon. The inspector noted that residents were listened to. When a care intervention was taking place it was explained to the resident in a friendly and genuine manner.

**Judgment:**
Substantially 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:
Effective and supportive interventions were provided to residents to ensure their communication needs were met. Staff were qualified and experienced in the care of residents with a disability and this was evident in the expertise they displayed in communicating with all residents. For example, staff understood residents’ facial expressions, body movements and general demeanour. Residents and staff regularly used pictures to express themselves. For example, pictures were used to determine a resident's choice of activity, for communicating which staff were on duty and what food was on the menu. Pictures were also used to communicate the priorities from the care planning meetings.

Each resident’s communication needs were set out in individual care plans. Residents, their families and the multi-disciplinary team were involved in completing and reviewing these plans, albeit some plans were not reviewed as frequently as is required by regulation. This is discussed under Outcome 5. In general, the actions set out in the plans were seen implemented in practice. Residents' communication care plans documented the input from professionals including speech and language therapists and occupational therapists. Overall, there was a good sense of a team approach to ensuring residents’ communication needs were met.

Staff were seen to communicate with residents in a manner that created an emotional contact between resident and staff member and affirmed the resident in his communications. For example, one such interaction was where the staff member would say part of the expression and the resident would finish the phrase. This created a pleasant connection between the two. Another staff member was seen to engage with a resident who was keen to discuss the upcoming general election. One resident was feeling unwell on the day of inspection and staff ensured he got the food of his choice which was different what the other residents were having.

Sign language was used by one resident. This resident also understood the vocal word and communicated via gestures and pictures. However, not all staff were skilled in the particular form of sign language used by this resident. Plans were underway to provide staff with a greater level of training in this sign language.

Where indicated residents were provided with hearing aids which the inspector noted they managed themselves. For example the resident took care of the batteries for the aid, put it in and out as he choose and decided which type of hearing aid best suited him.

In general, residents had easy access to television and radio. However, one relative felt their relative would benefit from having a television in their bedroom. Residents’ preferences in terms of what programmes or music they preferred were facilitated. Families were involved in ensuring residents visited the family home and where possible, stayed overnight.
Staff and management of the houses were aware of the importance of how disruptions to routine impacted on residents. Staff were observed using simple, direct language. Much emphasis was placed on ensuring all staff who interacted with a resident were kept informed of the resident's wellbeing and kept up to date on any issues that arose during the day. A diary was kept in each house to keep staff informed of important events and appointments.

Judgment:
Substantially Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The centre provided opportunities for residents to maintain links with family, friends and the wider community. Many of the residents travelled to a day service five days per week. Others had activities within the house such as music, massage and reflexology. In addition, links had been forged with the local community to use its day centre two days weekly for resident activities. It was anticipated all residents would be able to avail of the local day service. Social events were held regularly in a local hotel where residents had an opportunity to interact with other service users and also members of the wider community.

The inspector reviewed a number of care plans and noted that family members were invited to participate in the personal care plan meetings. Visitors were welcome to the centre and facilities were in place in one of the houses for residents to meet with visitors in private. However, such arrangements were not available in the second house. Family members identified this as an area for improvement. This is actioned under Outcome 6.

Residents regularly went on outings such as shopping trips, the cinema and meals in a restaurant or bar. The inspector reviewed a sample of the residents’ money logs and found a number of entries which confirmed these outings.

Cognisance was given to ensuring that residents’ boundaries were not infringed by other residents. For example, staff closely observed interactions between residents; used distraction techniques if necessary and explained in a sensitive and respectful manner to residents how their actions impacted on others.
Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

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

Findings:
The admissions policy was stated in the statement of purpose along with the procedure for emergency admissions. The inspector was satisfied that new admissions to the centre were given opportunities to familiarise themselves with the environment prior to their arrival. Consideration was given to the prospective resident’s daily routine in their previous setting and the centre took steps to facilitate this routine. Placements were reviewed where indicated and attention was given where it was felt a resident would benefit from a change of setting.

Contracts of care were available for the inspector to review. These listed the services to be provided by the centre to the resident. Fees were also laid out. Most contracts were signed and in place. However, some were not. In these instances a note had been made of the communication that took place with family around the signing of contracts.

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

**Findings:**
The inspector found residents’ well being and welfare to be maintained to a high standard with evidence of individualised assessment and personal planning. The inspector found that residents participated in activities appropriate to their individual interests and preferences. For example, residents attended activities and social outings such as day services, golfing, music sessions and shopping trips.

Personal plans contained resident, family and multi-disciplinary input and reflected residents’ needs, interests and capacities. The plans were divided into three themes: myself, my world and my dreams. It was evident from the plans and from speaking with staff that staff had good insight and awareness of residents’ needs and circumstances. The personal plans contained important information about the residents’ life, their likes and dislikes, their interests, details of family members and other people who were important in their lives. However, two plans were seen not to have been updated within the yearly timeframe set out in regulation.

Daily records were maintained of how residents spent their day and key workers were assigned to each resident. These were written in a sensitive manner. Also in place were minutes of weekly meetings between residents and staff. These meetings were held to plan for the week ahead; for example what would be on the menu each day, what activities each resident would get involved in and each resident’s preferred time for personal care activities.

**Judgment:**
Substantially Compliant

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

**Theme:**
Effective Services

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

**Findings:**
Both houses were of a domestic design and on visual inspection were in a good state of repair albeit that some decorative works were needed such as repainting of some bedrooms and repair to some floor covering. Plans were in place to have these matters addressed.
The centre recently had a fire safety audit and work was recommended. The provider had made an application to the Health Services Executive (HSE) for funding to undertake this work. This was discussed under Outcome 7.

Both houses offered adequate communal and dining space for the number of residents to be accommodated and each house had an adequately equipped kitchen. However, one house had limited space for residents to meet with relatives in private. Relatives also identified this as an issue to be addressed.

Bedrooms offered adequate space including personal storage space. There was one twin bedroom in each house, both of which had onsite suite facilities. One of the residents sharing expressed a wish to have a single room and this had been brought to the attention of senior management. A plan was in place to provide all single rooms once a vacancy arose.

There were no apparent difficulties with general storage. Adequate facilities were available for the laundering of residents’ personal clothing.

Adequate sanitary facilities were available in each house, albeit that as residents’ needs were changing, so too was the need to provide adequate sluicing facilities. No plan was in place to address this need.

Each house provided residents with access to a garden.

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:
The inspector found that there were adequate arrangements in place in regards to health, safety and risk management including robust policies and procedures relating to such matters. A health and safety statement was in place. There was a risk management policy in place that met the requirements of the Regulations. Hazards had been identified and assessed. These assessments were seen by the inspector and were found to be comprehensive. Each resident had assessments in their file notes of risks which pertained specifically to them. Control measures were put in place to minimise the hazards. For example, in order to minimise the risk of incidents when travelling in the bus, staff were provided with specific training on this matter.
There was evidence that learning took place from incidents which occurred including inspections to other centres operated by the Brothers of Charity, Limerick. A list of phone numbers of maintenance personnel was available and the person in charge confirmed maintenance matters were attended to swiftly. There was a robust system in place for incident reporting and investigation of same. The inspector reviewed the incident logbook and found that it was completed as required and appropriate actions were taken to minimise a recurrence.

Procedures in place for the disposal of incontinence wear was not in line with best practice. Appropriate bins were not in place. Hand gels and hand washing facilities were in place throughout.

Suitable fire equipment was provided and there were adequate means of escape. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Residents' mobility and cognition had been accounted for in the evacuation procedure. Each resident had an evacuation plan in place on a holder inside the front door for easy access by fire personnel should they be needed. Evacuation times varied between one and two minutes and took place at various times of the day and night.

The mains fire alarm was tested on a weekly basis and this was documented. Daily checks were completed to ensure the fire exits were unobstructed. Most staff were trained and demonstrated sound knowledge on what to do in the event of a fire. However, there were some gaps in staff fire safety training. The inspector reviewed service records and found that fire fighting equipment and emergency lighting was serviced on an annual basis.

A recent fire safety officer report identified works to be completed in order that both houses be in full compliance with fire safety regulations. These included upgrading of the fire alarm systems, putting in place of fire resistant doors throughout and the instillation of emergency lighting in one of the houses. At the time of inspection the provider had applied to the funding authority for financial support to complete this work. No details were available as to when or if these funds would be granted.

An emergency plan was in place should the house need to be evacuated and emergency contact numbers were included in the emergency policy.

Judgment:
Non Compliant - Moderate
**Theme:**
Safe Services

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

**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 restrictive practices were required, such as limited access to the kitchen in one house. The plans 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.

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.

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. However, one staff member had not received this training update since 2008. 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 supported to express themselves, go on frequent outings and engage in activities which they enjoyed. 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 and monthly checks were carried out by the person in charge. However, the ledger and the receipts were only signed by one staff member when best practice is for two staff to sign such transactions. Receipts were kept for items purchased on behalf of the resident. If a query arose about any expense incurred by a resident, the receipts could be checked

**Judgment:**
Substantially Compliant
### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

**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

### Outcome 10. General Welfare and Development

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
The inspector found that the general welfare and development needs of residents were promoted. A proactive approach was taken to ensuring residents had good opportunities for new experiences. Residents had been afforded the opportunity to attend various activities such as visiting their own home on a regular basis and over-nights with family members; attending horse riding; listening to music; going for walks; visiting restaurants; going to the cinema, golfing and attending social evenings. Residents had access to a secure garden.

There was a comprehensive assessment process to establish each resident's employment/activity needs. The majority of residents attended day services. Plans were at an advanced stage to provide day services locally which all residents could attend. Activities were designed around what mattered from the resident's perspective.
**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
The inspector saw that a comprehensive holistic assessment was used by staff in conjunction with the resident and/or relative to assess each resident’s needs. From the assessments, plans of care were devised. The plans seen by the inspector were detailed and there was evidence of a multi-disciplinary approach to care and the integration of recommended care interventions into the care plan. Staff spoken with were knowledgeable and informed as to each resident’s needs and requirements. There was evidence of a health promoting ethos to care; for example, healthy lifestyle including diet and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided.

There was documentary evidence of the monitoring of residents' blood pressure, pulse rate and weight. Where a risk was identified appropriate control measures were put in place. The speech and language therapist was available to lend support and guidance in the formulation of nutritional care plans. There was evidence of referral and access to the GP, psychologist, psychiatrist, dentist and optician. Where other specialist services were required these were facilitated and staff attended hospital appointments with residents.

Religious and spiritual care needs were assessed. Reviews of care plans took place where it was most convenient for the resident; this usually was at the day services. Families were invited to these meetings and the multi-disciplinary team were involved in the input to the care planning meetings.

The breakfast and evening meal was prepared and cooked daily in both houses. Residents who went to day services had their lunch there. The inspector saw that meals, mealtimes and the provision of snacks were dictated by residents’ routines and choices and residents had their meal at a time of their choosing. While mealtimes were flexible the inspector saw that staff supervision and assistance was in place and that residents were facilitated to be as independent as possible.
**Judgment:**
Compliant

**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

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

**Findings:**
The inspector was satisfied that there were systems in place to ensure that medication management practices were safe. Practice was guided by policy. This policy had recently been reviewed and updated. The inspector saw that medications were securely stored and formal records were maintained of the return of unused or unwanted medication to the pharmacy. At the time of this inspection staff spoken with confirmed that no resident had been assessed as having the capacity to safely manage their own medication.

Nursing and non nursing staff administered medications. Non nursing staff had received training in the safe administration of medications and there was documentary evidence of this.

The inspector reviewed the medication prescription and the medication administration chart and both satisfied regulatory and legislative requirements. There were good systems in place for the ongoing review of medications and the monitoring of medication management systems. This was overseen by the area manager. The prescription charts demonstrated medication review in line with the resident's changing needs. The centre had regular contact with the pharmacist who supplied medications and the pharmacist was available to advice staff.

Near misses and/or medication errors were recorded through the critical incident reporting system. There was a reported low incidence of medication related errors including any dispensing or supply errors.

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

Findings:
There was a clear management structure in place consisting of the person in charge, the area manager, the head of community services and the director of services. All staff spoken with were clear on their respective roles, responsibilities and reporting relationships. The inspector was satisfied that persons involved in the management of the centre demonstrated accountability for the service and the residents, a commitment
to regulatory compliance, on-going improvements and positive outcomes for residents.

The person in charge was suitably qualified in the provision of social care services, was employed full-time and had established experience in the organisation, in the provision of supports to residents and in the supervision of staff. The person in charge was supported in their role by the area manager.

Staff confirmed that there was an on call out of hours manager available within the wider organisation; the rota was readily available to staff and seen by the inspector.

The person in charge informed the inspector that unannounced visits took place by a member of the senior management team. Reports from such visits were available for inspection. The area manager and the person in charge also conducted a detailed twelve month review of the service. This review set out actions to be undertaken, who was responsible for the actions and the timeframes for the actions to be completed. It could be seen from this review that many of the actions had been realised. It was clear staff and management were willing to adapt and try new ways of working. Examples of changes that took place included;

*a change in the transport arrangements to morning day services for residents. This resulted in facilitating residents and staff to have extra time in the morning to get ready for day services.
*the organising of day services locally in which all residents could participate
*training for staff in the use of wheelchair clamping thus improving travel safety arrangements for residents. It also supported staff to fulfil their health and safety responsibilities.
*follow up of occupational therapy assessment and grab rails installed in toilet and shower facility which enabled a resident to retain independence in toileting.
*the putting in place of an extra exit door from one twin bedroom to improve ease and speed of evacuation.
*the putting in place of a wide pathway and railing outside the new exit door.
*the putting in place of a laminated summary page of each resident’s personal care plan. This was a means of communicating the priorities of the plan with residents and a reminder to both residents and staff of personal goals.

The person in charge in conjunction with the area manager, supervised staff. However, there was no formal organisational structure in place 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. This matter had been brought to the attention of the provider on other inspections of centres within her remit. The matter is currently being addressed nationally by the Brothers of Charity and a system of staff appraisals is expected to be introduced by July 2016. Plans were in place for the person in charge to relocate their office from the day services to an office in one of the two houses. This was aimed at facilitating the person in charge to provide support, guidance and supervision to staff. It would also facilitate the person in charge to fulfil their responsibility of being aware of the individual needs of each resident.
### Judgment:
Substantially Compliant

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

#### Theme:
Leadership, Governance and Management

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

#### Findings:
There had not been any occasion where the person in charge was 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. The area manager was available to deputise in the absence of the person in charge.

#### Judgment:
Compliant

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

#### Theme:
Use of Resources

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

#### Findings:
The findings of this inspection indicated that adequate resources were available to support residents achieve their individual personal plans. The centre was well maintained and in a good state of repair and decoration work was ongoing.

However, at the time of inspection and as discussed under Outcome 6, the resources to address the recommendations from the fire safety report were not available. A business case had been submitted to the HSE, the primary funder of the service, for finances to address this matter.
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):
This was the centre’s first inspection by the Authority.

Findings:
Overall, the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents albeit, that the changing and increasing needs of residents was placing a greater demand on staff, particularly in house number two. House number one did not normally have daytime staff Monday to Friday, as residents in this house attended a day service. Staffing arrangements were flexible in order to meet the needs of residents. It was noted on the day of inspection that relief staff were in place to stay in house number one with a resident who was feeling unwell. Residents in the second house had higher needs and not all attended day services. Two staff were on duty twenty four hours a day in this house.

Without exception, all relatives who responded to the questionnaires were complementary of staff. They described staff as "very supportive". Some relatives reported a need for extra staff, in particular in house number two. One relative stated "they (staff) seem to be very busy at all times". Weekend staffing hours increased in house number one to take cognisance of the extra time required to assist one resident with his meals. Increased staffing also took place in house number two and staff recognised the significant positive impact of this. This was an increase from one to two staff at night. The increased night time staffing arrangements was beneficial from a safety and evacuation perspective and it also allowed staff to attend more to the individual needs of residents. However, staff (in particular in house number two) also described the challenges for them to attend to the increasing needs of residents. This corroborates with what families reported and what the inspector noted as increasing age profile and corresponding increase in needs. Management staff were aware of this situation and consideration was being given as to the best option for providing care for this cohort of people in the medium to longer term.

Staff records were stored in a central office. The inspector reviewed a sample of these records on a previous occasion and found they contained the information outlined in Schedule 2 of the Regulations.
The inspector reviewed the staff training records which demonstrated that training was made available to staff. Mandatory training in the areas of managing behaviours that challenge, awareness of protection of the vulnerable adult and moving and handling had been provided. However, as discussed and actioned under Outcome 7 not all staff had received fire safety training. One staff member had not received a training update since 2008 in the management of behaviours that challenge.

Throughout the inspection residents appeared to be relaxed in the company of staff on duty. These staff demonstrated a good rapport and knowledge of the residents. The inspector observed that residents received care in a respectful, timely and safe manner.

The inspector viewed the staffing rosters which matched the personnel on shift at inspection time. Staff highlighted the importance of the social model of care when meeting residents’ needs and spoke of the importance of providing a professional caring home environment.

As discussed under Outcome 14 there were inadequate arrangements in place around staff appraisals.

**Judgment:**
Substantially Compliant

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**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

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

**Findings:**
Overall, the inspector was satisfied that the records listed in part 6 of the Health Act 2007( Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 were in place and were retrieved as requested. However, there were a few instances where records were not dated as referenced under Outcome 5.
There was documentary evidence that the provider had appropriate insurance in place.

There were policies which reflected the centre's practice. Policies were reviewed and updated and at intervals not exceeding 3 years.

The residents guide satisfied regulatory requirements and was also available in a format that enhanced its accessibility and usefulness to residents.

A directory of residents was maintained and available. It included the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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-0004842</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>9 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents shared a bedroom and this limited their private personal space.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
• The designated centre comprises of 2 houses. In both houses there are 2 residents sharing bedrooms.
• In one of the houses a needs assessment is being completed in relation to the residential placement for one resident at the request of the Admission, Discharge and Transfer (ADT) committee with a view to assessing their current placement and if another residence within the organisation might be more suitable to the residents needs.
• This assessment of need is to be completed by the end of April 2016 and will be considered by the Committee.
• To complaints have been received in this residence in relation to sharing of bedrooms.
• In the second residence, a resident has raised a complaint in relation to sharing a bedroom which has been escalated by the PIC to the Head of Community Services as a formal complaint. This complaint will be processed per procedure and will be referred to the ADT committee.

Proposed Timescale: 31/12/2016

Outcome 02: Communication
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While plans were in place to provide appropriate training, at the time of inspection not all staff were familiar with the use of a specific form of sign language used by one resident.

2. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
• Day 1 of a communication training day was completed on 01/03/2016.
• Day 2 of this training is to take place April 2016 and date is currently being agreed with the clinicians.
• This training is to include training in frequently used Lamh signs.
• Lamh sign of the week is to be promoted where a new sign is to be introduced in the Day Services and residence to promote the use of the sign in all areas of the services. The sign is to be practiced at meetings with Service Users and staff
• If further Lamh training is required PIC and Area Manager will plan this with staff

Proposed Timescale: 31/05/2016
### 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:**
Most contracts were signed and in place. However, some were not. In these instances a note had been made of the communication that took place with family around the signing of contracts.

3. **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:**
- As per legal advice on the signing of contracts by residents, a referral was made to the HSE for guidance.
- The guidance provided 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:** 30/06/2016

### 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:**
While residents' needs were addressed, not all the assessments and care planning were reviewed on an annual basis.

4. **Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
- The 2 residents who do not have a current plan are at the information gathering stage of the Person centred planning process.
- Planning meetings for the completion of the annual plan are scheduled for 30th and 31st of March 2016.
- Dates for all annual reviews have been set.

**Proposed Timescale:** 31/03/2016
### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some decorative works needed to be completed. One of the houses had inadequate provision for residents to meet with visitors in private.

#### 5. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
- Plans to complete decorative works will, in consultation with resident’s preferences and tastes, be completed by the end of June 2016 under the supervision of the PIC.
- There are no plans on how to resolve this limitation relating to privacy in the environment. All areas in the house are utilised to meet the day to day needs of the residents. There are no plans to make structural changes to the house due to budgetary constraints.
- PIC will discuss with staff on how to support residents to have privacy while they have visitors in the house at next staff meeting on 21/03/2016

**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:**
Procedures in place for the disposal of incontinence wear was not in line with best practice. Appropriate bins were not in place.

#### 6. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
- Appropriate bins have been sourced and are in place

**Proposed Timescale:** 31/03/2016
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had adequate fire safety training.

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

**Please state the actions you have taken or are planning to take:**
• The identified staff who had not attended this training was scheduled and attended this training on 07/03/2016

**Proposed Timescale:** 07/03/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A recent fire safety officer report identified works to be completed in order that both houses be in full compliance with fire safety regulations. These included upgrading of the fire alarm systems, putting in place of fire resistant doors throughout and the instillation of emergency lighting in one of the houses. At the time of inspection the provider had applied to the funding authority for financial support to complete this work. No details were available as to when or if these funds would be granted nor when the work would be completed.

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

**Please state the actions you have taken or are planning to take:**
• The HSE have been informed of the costs associated with the fire safety upgrade and funding has been requested.
• The HSE has advised that “all required funding for Fire and Safety work will be reviewed and prioritized for approval”.

**Proposed Timescale:** 31/12/2016
### 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:**
Not all staff had been provided with training updates in the management of behaviour that is challenging including de-escalation and intervention techniques.

**9. Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**
- All staff who required this training have been scheduled to attend this training during April 2016

**Proposed Timescale:** 30/04/2016

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**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents' financial ledgers and receipts were only signed by one staff member when best practice is for two staff to sign for such transactions

**10. Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
- Staff have been advised that where meaningful that a resident should co-sign for all transactions on their ledgers. Where this is not a meaningful 2 staff should sign for all transactions.
- Training in relation to residents personal assets is to be provided in April 2016. A date for this training will be arranged with the accounting technician by PIC.

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

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**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:**
No formal arrangements were in place 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.
11. **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

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**Outcome 16: Use of Resources**

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The resources to address the recommendations from the fire safety report were not available. A business case had been submitted to the HSE, the primary funder of the service, for finances to address this matter

12. **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:**
- The HSE have been informed of the costs associated with the fire safety upgrade and funding has been requested.
- The HSE has advised that “all required funding for Fire and Safety work will be reviewed and prioritized for approval”.

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

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
One staff member had not received a training update since 2008 in the management of behaviours that challenge
13. **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:**
- All staff who require this training have been scheduled to attend this training by end of April 2016. The above mentioned staff member attended this training on 04/03/2016

**Proposed Timescale:** 30/04/2016

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### 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 records were not dated.

14. **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:**
- The PIC and AM to carry out monthly reviews of the documentation in the designated centre to ensure that the documentation requirements are met including appropriate content, dating and signing.

**Proposed Timescale:** 30/04/2016