### Health Information and Quality Authority Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Southern Services</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005132</td>
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<tr>
<td>Centre county:</td>
<td>Cork</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Una Nagle</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Hennessy</td>
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<tr>
<td>Support inspector(s):</td>
<td>Louisa Power</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</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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<tbody>
<tr>
<td>14 March 2016 09:30</td>
<td>14 March 2016 17:00</td>
</tr>
<tr>
<td>15 March 2016 09:00</td>
<td>15 March 2016 16:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
<tr>
<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 inspection was the first inspection of this centre and was carried out in response to an application by the provider to the Health Information and Quality Authority (HIQA) to register the centre.

As part of the inspection, inspectors met with residents residing in the centre, the person in charge of the centre, the social care leader and social care worker. Inspectors also reviewed documentation such as personal plans, healthcare plans, training records and risk assessments.
The centre comprised of two houses, one occupied and one vacant. Plans were in place to occupy the vacant house. The occupied house was a five-day house and the application in place for the vacant house was for it to operate as a full-time residential service.

The occupied house was warm, clean, comfortable and pleasantly decorated. The vacant house had yet to be decorated and residents were involved in choosing the furniture and furnishings for this house. The vacant house required an assessment by a suitably qualified person to ensure that the premises was suitably designed and laid out to meet the needs (if any) of prospective residents and to facilitate maximum independence.

Residents told the inspector that they liked living in the centre during the week and were happy with the service being provided to them. Staff were observed to support and encourage residents' choice and decision-making. Residents accessed the local community independently. Staff and residents knew each other well and interactions between staff and residents were observed to be appropriate and relaxed.

However, non-compliances with the Regulations were identified in a number of core outcomes. Some key failings related to the finding that it was not evidenced that a comprehensive assessment had been completed of all areas of residents' health and social needs, which informed residents' personal plans and was reviewed with relevant multi-disciplinary input. The impact of failings regarding the multidisciplinary development and review of the personal plan was evident in this centre mainly in relation to behaviour support. Improvements were also required in relation to care plans, aspects of medicines management and risk assessments. In addition, the Statement of Purpose required review to reflect a part-time individualised day service provided from the centre. The provider's action plan was not accepted in full, despite being afforded two opportunities to submit an acceptable action plan to HIQA. The provider's response to regulation 6(2)(d) did not adequately address the failing identified on inspection.

Findings are detailed in the body of the report and should be read in conjunction with the actions outlined in the action plan at the end of the report.
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:
Residents with whom inspectors spoke stated that they felt safe and spoke positively about their care and the consideration they received. Residents outlined that the staff were readily available to them if they had any concerns. Interaction between residents and staff was observed and inspectors noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing support. There was a friendly rapport observed between the staff and residents.

Inspectors noted that residents and their representatives were actively involved in the centre. Residents were consulted about, and participated in, decisions about their care and the organisation of the centre. Minutes of weekly house meetings attended by all residents were made available to inspectors. Items such as social events, visits, road safety, fire safety, safeguarding, life skills, self-care and protection were discussed. The meetings afforded residents the opportunity to voice their opinions in relation to meal choices, activities and trips out.

Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents were encouraged to choose their activities for the evening including meal preparation, trip to the cinema, a disco organised by the service or visiting neighbours. When residents changed their mind in relation to a planned activity, inspectors were informed that the residents' right to choose was respected. The residents' wish to stay in with visitors was supported.
Inspectors observed that residents were supported in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents were encouraged to maintain their own privacy and dignity. Each resident had their own bedroom and staff were observed to knock before entering. Suitable privacy locks were provided in shared sanitary facilities to allow residents to maintain their privacy and dignity during personal care.

Residents' personal communications were respected and residents had access to a telephone. Residents also had access to a personal mobile telephone. Inspectors observed that residents and their visitors were given space to chat freely.

There was a complaints policy which was also available in an accessible format. The policy was displayed prominently in the entrance hall. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation.

An inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. Complaints were seen to be investigated promptly. Complaints were reviewed by the local manager. A 'learning log' was in place to identify possible trends and to ensure that learning from incidents was identified and implemented.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly. Residents were supported and encouraged to do their own laundry with adequate facilities available.

Where possible, residents had control over their own financial affairs in accordance with their wishes. Money competency assessments were completed annually for each resident which outlined the supports and training needs, if any, required. The social care leader outlined a transparent and robust system for the management of residents' finances who required support in this area. An itemised record of the all transactions with the accompanying receipts was to be kept. The social care leader reviews and checks the financial records on a weekly basis. A monthly return is prepared by the social care leader, checked by the person in charge and sent to the organisation's finance department. However, an inspector noted that there were two minor gaps in documentation for the previous week and therefore a documented, verifiable audit trail was not available for some transactions.

Residents reported that they had easy access to personal monies on a day to day basis. However, there was no contingency plan in place for one resident to access personal monies at all times.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote. Residents were supported to attend religious services in line
with their wishes. Residents were part of the local residents’ committee in their housing development and were involved in campaigning for traffic lights at the entrance of the development.

**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:**  
There was a policy on communication with residents.

Residents communicated verbally with staff and no residents had a hearing impairment. Staff were observed to support residents to relay their wishes, choices and any difficulties they might have. Residents communication abilities were reflected in assessment documentation.

Visual communication prompts in pictorial format were observed in the kitchen and it was unclear whether or why they may be required, based on residents independence in this area. This will be captured under Outcome 5 in relation to assessment of actual needs.

Residents accessed the community and social media and each resident had their own mobile phone. Some residents had access to computers if they wished and access to the internet.

**Judgment:**  
Compliant

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

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

**Theme:**  
Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to be involved in the lives of residents.

Positive relationships between residents and family members were supported. Residents were facilitated to visit family members on a regular basis. Residents were facilitated to keep in regular contact with family through telephone calls. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

Staff stated and inspectors saw that families were kept informed of residents’ well being on an ongoing basis. Records confirmed that families and residents attended personal planning meetings and reviews in accordance with the wishes of the resident.

Inspectors reviewed the policy in relation to visitors, which had been reviewed in November 2015. The policy outlined that a warm welcome was extended to all visitors except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk.

Residents were supported to participate in a range of activities in the local and wider community during their stay. The centre was located close to a bus stop and residents used public transport independently. Residents attended education and training in the local community. Employment in the local community was encouraged and support was provided. Residents enjoyed going for walks in the local area and visiting their neighbours. Residents were supported to use local amenities such as gym, cinema, restaurants, cafés, banks and shops.

Judgment:
Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The policy on admissions, transfers and discharge or residents, which had been reviewed in October 2015, was made available to inspectors. The policy outlined the transparent criteria for admission. Residents' admissions were seen to be in line with the statement of purpose. The admissions process outlined by staff did take into account the need to protect residents from abuse by their peers. However, the policy did not take account of the need to protect residents from abuse by their peers.

One part of this centre comprised of a vacant house. Inspectors reviewed the admissions process as it related to this centre and any planned or future admissions. Four residents had been identified to move into this house. A transition plan was in place and outlined the steps to be taken in relation to the move. A plan was in place in relation to the installation of fire doors. A risk assessment had been completed in relation to the new house. However, a comprehensive assessment of the health, personal and social care needs of each resident had not been completed prior to admission to the centre, as required by the Regulations. The action for this failing is under Outcome 5.

A written contract was in place which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. The fees and additional charges were included.

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:
Overall, while residents had a personal plan, a link between assessment, the setting of personal goals and the review of the personal plan was not clearly demonstrated.
Each resident had a personal file and a personal plan. These included a personal profile, pictures of residents’ family and friends, health information, personal goals and outcomes, individual likes and dislikes, an activity schedule and a record of appointments and multidisciplinary (MDT) supports. Plans had been developed to support residents' independence and promote safety awareness, for example, including financial plans and road safety plans.

However, it was not evidenced that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident was carried out as required to reflect changes in need and circumstances and no less frequently than on an annual basis.

In addition and as previously mentioned under Outcome 4, a comprehensive assessment of the health, personal and social care needs of individual resident planned to be admitted to this centre had not been completed, as required by the Regulations.

Residents were involved in the development of their own personal plans. Personal goals were developed between residents, their keyworkers and their representatives, if appropriate. However, the supports required to meet such goals were not clearly outlined, for example in relation to a resident's wish to participate in volunteering in the community.

Family involvement in the review of personal plans was demonstrated. The review process involved a review of the previous year and the identification of priorities for the coming year. However, the review process did not meet the requirements of the Regulations as the review of the personal plan was not multi-disciplinary.

The impact of failings regarding the comprehensive assessment and multidisciplinary review of the personal plan was evident in this centre in relation to behaviour support plans, healthcare and supporting independent skills development. This will be further discussed under Outcomes 8, 10 and 11. For example, the arrangements in place did not ensure that behaviour support interventions or healthcare interventions were reviewed as part of the personal plan.

**Judgment:**
Non Compliant - Moderate

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

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

Findings:
The location, design and layout of the centre was suitable for its stated purpose. The centre comprised two houses, one occupied and one vacant. Plans were in place to occupy the vacant house.

The occupied house was warm, clean, comfortable and pleasantly decorated. It was well-maintained with no obvious hazards. Bedrooms in both houses were single rooms with no shared bedrooms. Residents chose to show inspectors their rooms, which were individually decorated and where residents displayed person effects demonstrating person achievements (such as sporting medals). Bedrooms in the vacant house were also single rooms.

The vacant house had yet to be decorated and the person in charge said that residents were involved in choosing the furniture and furnishings for this house.

There was adequate communal space in each house that comprised a sitting room. In the occupied house, this room included a television with sufficient seating and space.

There was a separate kitchen/dining area in each house with suitable and sufficient cooking facilities, kitchen equipment and tableware.

There was a separate utility room in each house with a washing machine, dryer and cleaning equipment where residents could launder their own clothes should they wish to do so.

In the occupied house, baths, showers and toilets were sufficient in number and standard to meet residents' current abilities. A handrail had been installed in the upstairs bathroom and on the stairs as required.

In the vacant house, a number of items required attention. For example, it was not demonstrated that the locks on doors were of a suitable type, exposed wires were observed in an upstairs bedroom and the environment presented a number of potential challenges to any resident with a mobility impairment including a steep staircase, steps leading to the outdoor garden and baths, showers and toilets that were confined in space. In addition, the smallest of the upstairs bedrooms required review in terms of its current layout to ensure that sufficient storage and space would be afforded to the occupant of that bedroom.

As a result, an assessment by a suitably qualified person was required to ensure that the premises was suitably designed and laid out to meet the needs (if any) of prospective residents.

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

Theme:
Effective Services

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

Findings:
While there were arrangements in place in relation to risk management, health and safety, infection control and emergency planning in the centre, some improvements were required in relation to fire safety, the use of risk assessments and the infection control policy.

Precautions were in place for maintaining fire equipment, detecting, containing and extinguishing fires, giving warning of fires and evacuating the centre. Servicing and fire extinguisher records demonstrated that the fire alarm, fire extinguishers and emergency lighting was serviced and maintained as required. The fire evacuation procedure was readily accessible and in an accessible format. Weekly checks were completed as required.

While the doors in the centre were not fire doors as required to effectively contain fire and prevent the movement of smoke and heat, a date for installation of the fire doors had been arranged by the end of this month (March 2016).

There were policies and procedures for risk management, health and safety, infection control and emergency planning in the centre.

Practice fire drills were carried out at regular intervals and included night-time drills. Each resident had a personal emergency evacuation plan (a ‘PEEP’). Fire drill records indicated that individual residents required verbal prompting in order to evacuate in the event of an emergency in a timely manner. However, PEEPs were generic in nature and did not outline any specific support or assistance that an individual resident may require in order to evacuate in a timely manner.

Records of practice fire drills were maintained. However, records did not contain sufficient information to demonstrate that the arrangements in place were effective. For example, night-time records did not include the time taken to evacuate the centre and any action required arising from drills was not stated.

Procedures were in place for the prevention and control of infection. An organisational policy was in place as well as a community-based information booklet. The centre appeared visibly clean. However, improvements were required in relation to the prevention and control of infection. While all staff had received food safety training, staff confirmed that hand hygiene training records were inaccurate and as a result, it was not possible to determine whether all staff had received hand hygiene training. There were no infection control audits available for review in the centre. The organisation's infection
control policy did not adequately outline procedures in place for the prevention and control of healthcare associated infections. For example, procedures in relation to hand hygiene training and assessment/auditing of hand hygiene and infection control practices were not outlined.

A health and safety risk assessment had been completed of the unoccupied house in this centre and identified required actions. Risk assessments were in place in the occupied house in this centre and in addition, an 'individual risk profile' had been completed for each resident, which in turn informed a summary risk management plan. The risk management plan fed into the organisation's risk register. However, improvement was required to risk assessments. For example, some risk assessments were not within date and control measures in another risk assessment were not current and did not reflect recent staff discussions and possible actions.

The organisation had an incident recording system in place. The person in charge demonstrated how the system facilitated her to maintain oversight of incidents in the centre. Where additional reports were required for specific types of incidents (relating to behaviour that may challenge), such reports had been completed.

**Judgment:**
Substantially Compliant

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**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

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

**Findings:**
There were policies and procedures in place in relation to the safeguarding of vulnerable adults, reviewed in February 2015. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team.
An intimate care policy had been reviewed in May 2015 and outlined how residents and staff were protected. Each resident had a personal care protocol which was reviewed on a regular basis. The plan outlined in detail the supports required, resident's preference in relation to the gender of staff delivering personal care, communication aids and safety requirements.

Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. However, one staff member had not received refresher training, in line with updated national policies and procedures, since 2010.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, all staff received ongoing training in understanding abuse and all staff spoken with stated that there was an open culture of reporting within the organisation.

The minutes of the house meetings indicated that safeguarding was discussed and residents were aware of who to disclose any incidents, suspicions or allegations of abuse.

A policy was in place to support residents with behaviour that challenges, reviewed in March 2014. However, training records indicated that five staff members had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques and one staff member had not received training since April 2011.

Where residents had behaviours that may challenge, the supports provided were not demonstrated to be adequate as of the time of the inspection. There were a number of communications on file between different departments from April 2015 in relation to what was required for a resident in terms of behaviour support and by which department. Minutes of a meeting dated 3 February 2016 and attended by behaviour support services recommended that this support be provided through education and training of staff. Information had since been developed by the staff team to support a resident to manage behaviours of concern. However, it was not demonstrated that this approach would allow for effective review of the behaviour support plan on an on-going basis.

A policy in relation to restrictive practices was in place had been reviewed in March 2014. The policy was comprehensive and evidence based. Inspectors saw and the staff confirmed that no restrictive practices were in place at the time of the inspection.

**Judgment:**
Non Compliant - Moderate
<table>
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<th>Outcome 09: Notification of Incidents</th>
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<tr>
<td>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</td>
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**Theme:**

Safe Services

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

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

**Findings:**

A record of all incidents that occurred in the centre was maintained. Any notifiable incidents had been notified to the Authority, as required under the Regulations. A quarterly report was provided to the Authority as required. The person in charge was aware of the requirements in relation to notifiable incidents.

**Judgment:**

Compliant

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<th>Outcome 10. General Welfare and Development</th>
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<td>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.</td>
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**Theme:**

Health and Development

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

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

**Findings:**

The policy on access to education, training and development was made available to the inspectors and had been reviewed in May 2015. Residents were supported to access education, training and employment through their individualised day service. However, the assessment process to establish each resident’s educational, employment and/or training goals was not included in the resident's individual plan. Therefore, it was not clear that the appropriate opportunities were made available in line with residents' needs, wishes and abilities.

It was not clearly demonstrated how residents' personal skills and development were assessed and how support was provided in accordance with those assessed needs and their wishes and abilities, as required by Regulation 13(1). For example, visual aids were observed in the kitchen to aid with meal choice and it was not clear why such aids were required for residents with the level of ability of residents in this house. The provider had also identified skills development as an area for improvement in a six-monthly visit.
on 3 March 2016 - the report of that visit identified that it was necessary to develop a skills development programme for residents and increase the involvement of residents in household chores.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Health and Development

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

**Findings:**
Overall, while residents had access to their own general practitioner (GP) and were supported to access medical and allied health appointments, it was not demonstrated that the part of the personal plan that dealt with healthcare needs was based on a comprehensive assessment of residents' healthcare needs and reflected residents actual and current healthcare needs.

An annual review of residents' health was completed each year by the GP and part of the personal plan considered residents' healthcare needs. Residents had access to medical consultants based on their needs, including neurologists and psychiatrists. However, inspectors observed that reports were not on file for five psychiatric reviews from 2015 and 2016. As a result, it was not demonstrated that the healthcare being provided was in accordance with treatment recommended by that same resident's consultant.

Residents had access to some allied healthcare professionals, including in relation to chiropody, dental treatment and nutrition. However and as previously discussed under Outcome 8, timely access to the full range of multi-disciplinary team supports was not evidenced, in particular as it related to behaviour support services.

While residents had an annual review completed by their GP, a copy of this review was not on file for all residents. As a result, it could not be demonstrated that a healthcare plan had been developed where required and that such a care plan was based on residents' actual healthcare needs. Overall, the link between the assessment of healthcare needs and the part of the personal plan that dealt with healthcare was not demonstrated.

Each resident had a 'hospital passport'. However, key information was not always contained in the passport, such as in relation to a primary mental health diagnosis.
Improvements were required to healthcare planning. For example, a healthcare plan had not been developed to monitor a resident's bloods on a six-monthly basis, as recommended by the medical consultant. In addition, 'protocols' had been developed for key healthcare areas, such as to monitor weight and blood pressure. These protocols did not allow for the monitoring and review of healthcare checks, where required.

A personalised management plan was in place to guide staff in the event of an epileptic seizure which directed staff to call emergency services. However, no information was included in relation to the monitoring and management of the resident until emergency services arrive. This was particularly pertinent as seizures were infrequent.

Where residents had dietary needs, access to a dietician had been sought. Residents chose what was on the menu at a weekly residents' meeting. Residents participated in setting the table and preparing the main meal on the first evening of the inspection. Residents made their own snacks and lunches for bringing to the day service.

**Judgment:**
Non Compliant - Moderate

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
There was a medicines management policy and had been reviewed in May 2012. Training had been provided to staff in relation to medicines management.

Overall, staff demonstrated an overall understanding of safe storage and administration practices. However, staff did not demonstrate a sufficient understanding of the purpose of all PRN ("as required") medication, including the therapeutic benefits of such medication, as necessary to ensure that PRN medication was given as prescribed e.g. what symptoms to watch out for and at what point PRN should be administered in order to alleviate anxiety. In addition, this information was not clearly laid out in a care plan.

The inspector noted that medicines were stored securely and there was a robust key holding procedure. Staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection.

Compliance aids were used by staff to administer some medicines to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.
Medicines for residents were supplied by local community pharmacies.

A sample of medication prescription and administration records was reviewed by an inspector. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. However, a protocol to guide staff in relation to the administration of 'as required' medicine in the event of side-effects from other medicines was not comprehensive and was ambiguous. The protocol was written on a template to be used for 'as required' psychotropic medicines used for incidents of challenging behaviour. The protocol did not outline sufficient detail in relation to description of the symptoms that would indicate the need for this medicine in line with the prescription.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. A comprehensive and individualised assessment was used which took into account cognition, communication, reception and dexterity.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records.

A system was in place to ensure the timely identification, recording, investigation and learning from medication related incidents.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The Statement of Purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for
residents. The Statement of Purpose was made available to residents and their representatives.

However, improvement was required to ensure that the Statement of Purpose fully met the requirements of the Regulations. For example, the criteria used for the admission to the designated centre was not specific to this centre. In addition, an individualised day service provided from this centre two afternoons per week was not included in the Statement of Purpose. The arrangements in place in relation to the provision of this day service, including consultation with residents and any other considerations (such as ensuring privacy and dignity) were not outlined. Inspectors did however find that in practice, residents' privacy and dignity was promoted and residents residing in the house told inspectors that they did not object to the provision of the day service two days a week. The Statement of Purpose did not outline what would happen to this day service should the fourth bedroom in this house be occupied, which would have a significant impact on communal space in this house.

Finally, the name of the social team leader and the arrangements in place for deputising in the absence of the person in charge were not outlined in the Statement of Purpose.

Judgment:
Non Compliant - Moderate

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 clearly defined management structure in place in the centre. A social care leader supervised both houses and staff in this centre reported directly to him. The social care reported to the person in charge. The person in charge reported to the sector manager who in turn reported to the provider nominee. However, the social care leader had not been identified as a person participating in the management of the centre despite having supervisory responsibilities and being involved in the day-to-day management of the centre.
The person in charge of the centre was full-time and met the requirements of the Regulations in terms of qualifications, skills and experience. The person in charge was in charge of a number of services including two designated centres, an outreach service and a day centre. The person in charge and social care leader met fortnightly on a formal basis. The person in charge visited the centre at least weekly and attended staff team meetings, which were held fortnightly. However, she was not involved in residents’ personal plans. Improvements required to personal planning were previously outlined under Outcome 5. In addition, improvements required to risk assessments and fire drill records were outlined under Outcome 7 and improvements to healthcare plans were outlined under Outcome 11. Overall, while inspectors did not find evidence of negative impacts on residents, such gaps would indicate that a review of the operational management of the centre was required to ensure that adequate re-assurance mechanisms were put in place.

Audits available in the centre were reviewed. These included a health and safety audit of the unoccupied house in this centre and medicines management audits. The most recent medicines management audit had been completed in March 2016. However, improvements were required as audits did not cover all aspects of the medicines management cycle.

The provider had carried out a six-monthly unannounced visit of the centre on 3 March 2016 and reviewed four areas as they related to social care needs, health and safety, safeguarding and safety and medicines management. Actions were identified in an action plan. Inspectors followed up on a sample of actions and found that they had been completed. However, the unannounced visit was limited in scope and findings in the unannounced visit indicated that improvement was required to ensure that the safety and quality of care and support being provided in the centre was fully reviewed. For example, gaps in relation to the need for a skills development programme did not explore how the organisation assessed residents’ skills and developed such programs. Others gaps identified on this inspection, such as relating to the effectiveness of the risk management system in place were not explored. Key outcomes such as residents’ healthcare needs and the operation and management of the centre were not explored. Possible issues relating to the incompatibility of residents residing in the centre was also not explored.

An annual review of the centre had been completed on 18 November 2015. Again, the review was limited in scope as it reviewed 4 of 18 outcomes. The review did however invite and consider parents experience of the service, including in relation to staff attitudes and approach, the quality and safety of care provided to their loved one and level of satisfaction with consultation.

Judgment:
Non Compliant - Moderate
### 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 instance where the person in charge had been absent from the centre for 28 days or more. The provider was aware of the requirement to notify the Authority of any expected absence or absence as the result of an emergency as outlined in the Regulations. There were suitable arrangements in place in the event of the absence of the person in charge for 28 days or more with the social care leader deputising in such an event.

**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:**
Inspectors found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose.

The facilities in the centre reflected the Statement of Purpose. The centre was well maintained and in good condition. There was evidence that maintenance requests and other actions required were completed in a timely manner.

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

**Theme:**
Responsive Workforce

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

**Findings:**
There was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff on duty at night. Inspectors noted that there was a potential that the centre would not be staffed for a period of up to 30 minutes after residents returned from their day service. A risk assessment had been completed for each resident in relation to this risk. Staffing had been recently reviewed to reduce the period of time residents could potentially be on their own, in response to contact from residents’ representatives.

Based on observations, a review of the roster and these inspection findings, inspectors were satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. Inspectors noted that a regular team supported residents and this provided continuity of care and support.

A sample of staff files was reviewed and found to contain all the required elements. There was evidence of effective recruitment and induction procedures; in line with the policy.

Staff were observed to be supervised appropriate to their role on an informal basis. Regular staff meetings were held and items discussed included health and safety, medicines management, residents' needs, complaints/compliments, safeguarding and documentation. However, a formal supervision system was not in place for all staff to improve practice and accountability.

Staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships. Inspector saw that copies of both the Regulations and the Standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Gaps in relation to training were previously discussed under Outcome 8. Training records indicated that staff completed further education and training including mandatory training and training in medicines management, first aid, food safety, personal planning and nutrition.
The person in charge stated and inspectors saw that volunteers were not attending the centre at the time of the inspection.

**Judgment:**
Substantially 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):

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

**Findings:**

The records listed in Schedules 3 and 4 of the Regulations were maintained in the centre.

All of the key policies as listed in Schedule 5 of the Regulations were in place and these policies were made available to staff who demonstrated a clear understanding of these policies. However, improvements were identified to three policies in order to guide practice.

The medicines management policy required review as it did not outline robust measures to ensure the safe administration of non-prescription and complementary medicines by staff. In addition, the food and nutrition policy made available to inspectors did not outline the monitoring and documentation of nutritional intake as required by the Regulations. Finally and as previously discussed under Outcome 7, improvements were required to the infection control policy to reflect national policy and evidenced-based practice.

A process was in place to ensure that policies and procedures were reviewed and updated to reflect best practice and at intervals not exceeding three years. However, the medicines management policy made available to inspectors was dated May 2012.

Records were kept securely, were easily accessible and were kept for the required period of time. Residents’ records were stored securely.
The centre was adequately insured against accident or injury and insurance cover complied with all the requirements of the Regulations.

**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:**

Julie Hennessy  
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 Southern Services</th>
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<td>OSV-0005132</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>14 March 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 April 2016</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were two minor gaps in documentation for the previous week and therefore a documented, verifiable audit trail was not available for some transactions.

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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 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
1. All outstanding records of transactions have been updated.

2. Staff have been reminded of procedures where all money transactions must be receipted as soon as possible after the transaction. A clear description of transaction to be written on receipt. All receipts to be signed by resident and co-signed by staff involved in the transaction.

3. The procedures will be monitored monthly by the Person in Charge or delegate.

**Proposed Timescale:** 07/04/2016

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no contingency plan in place for one resident to access personal monies at all times.

2. **Action Required:**
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
Resident to be supported with bank details which will include, name of bank, number, sort code and balance available and retained in the designated centre as a contingency plan in the event of emergencies.

**Proposed Timescale:** 03/05/2016

**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:**
The admissions policy did not take account of the need to protect residents from abuse by their peers.
3. **Action Required:**
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

**Please state the actions you have taken or are planning to take:**
The Admission Policy will be reviewed to includes procedures on safeguarding residents.

**Proposed Timescale:** 13/05/2016

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### 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:**
As previously mentioned under Outcome 4, a comprehensive assessment of the health, personal and social care needs of each resident had not been completed prior to admission to the centre, as required by the Regulations.

4. **Action Required:**
Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

1. A comprehensive assessment of the health, personal and social care needs of each resident will be completed prior to admission to the centre. In particular comprehensive assessments of the four residents identified to transfer to the centre will be undertaken to ensure that, as far as is practicable, arrangements are in place to meet the needs of the residents as assessed and that the facility is suitable to their needs. The assessments will include environmental sensory assessments by Occupational Therapy. A preadmission plan will be prepared from this comprehensive assessment prior to the opening of the vacant unit scheduled for June 2016. 31/05/2016

2. A Personal Plan will be developed involving Multi-D review within twenty eight days of taking up residency. The goals will include emphasis on behaviour support, health care, skills training and development and social care needs for all residents. 31 July 2016

**Proposed Timescale:** 31/07/2016
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evidenced that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident was carried out as required to reflect changes in need and circumstances and no less frequently than on an annual basis.

5. 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:
A completion of the comprehensive assessment of health, personal and social care needs of each resident will be carried out to reflect changing needs on annual bases. The designation of the appropriate health care professional will be consulted on with multidisciplinary inputs during the assessment process.

Proposed Timescale: 31/05/2016

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review process did not meet the requirements of the Regulations as the review of the personal plan was not multi-disciplinary.

6. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
1. The review of personal plans will be multi-disciplinary in nature.

Proposed Timescale: 25/11/2016
7. **Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
The goals outlined in the personal plan will be reviewed to clearly identify the supports required to meet these goals.

**Proposed Timescale: 25/11/2016**

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An assessment by a suitably qualified person was required to ensure that the premises was suitably designed and laid out to meet the needs (if any) of prospective residents.

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

**Please state the actions you have taken or are planning to take:**
An assessment of the vacant premises will be carried out by a suitably qualified person (occupational therapist, safety officer and general maintenance officer).

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

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**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:**
Improvement was required to risk assessments. For example, some risk assessments were not within date and control measures in another risk assessment were not current and did not reflect recent staff discussions and possible actions.

9. **Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.
Please state the actions you have taken or are planning to take:
Risk assessments will be reviewed to ensure they are within date and control measures are in order.

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

**Theme:** Effective Services

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

Procedures in place were not consistent with the standards for the prevention and control of healthcare associated infections published by the Authority:

- The organisation's infection control policy did not adequately outline procedures in place for the prevention and control of healthcare associated infections. For example, procedures in relation to hand hygiene training and assessment/auditing of hand hygiene and infection control practices were not outlined;

- Hand hygiene records were confirmed by staff to be inaccurate. As a result, it was not possible to determine whether all staff had received hand hygiene training or not;

- There were no infection control audits available for review in the centre.

**10. 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:
1. The organisation’s infection control policy will be reviewed to ensure it outlines procedure for the prevention and control of healthcare associated infections. (29 April 2016)

2. Review the infection control policy to include a process is in place for infection control audits.

3. Training will be provide to all staff on the updated Procedures

**Proposed Timescale:** 30/06/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Improvements were required to demonstrate that there were adequate arrangements in place to evacuate residents in the event of fire.
PEEPs were generic in nature and did not outline any specific support or assistance that an individual resident may require to evacuate;

Records of practice fire drills did not contain sufficient information to demonstrate that the arrangements in place were effective.

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

**Please state the actions you have taken or are planning to take:**
1. Individual PEEPs are currently being reviewed to ensure they detail any specific supports or assistants that may be required by residents especially in relation to night time evacuations. They will be written in a personalised format individual to each resident. 13/05/2016

2. Template for the fire drills has been reviewed. This will ensure sufficient information can be recorded about the fire drill, e.g. how many people to evacuate, how long the fire drill took, what action was required as a result of the fire drill etc. 15/04/2016

**Proposed Timescale:** 13/05/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The doors in the centre were not fire resistant doors as necessary to effectively contain fire and prevent the movement of smoke and heat throughout the building in the event of a fire. However, a date for installation of the fire doors had been arranged by the end of this month (March 2016).

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

**Please state the actions you have taken or are planning to take:**
1. Fire doors have been installed in the designated centre.
2. Vacant building, fire doors and up-grade of fire detection systems to be completed.

**Proposed Timescale:** 13/05/2016
#### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

It was not demonstrated how the effectiveness of residents' behaviour support plans would be reviewed as part of the personal planning process.

13. **Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The review of the personal planning process including behaviour support plans will include a Multidisciplinary -D element.

**Proposed Timescale:** 25/11/2016

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**Theme:** Safe Services

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

Training records indicated that five staff members had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques and one staff member had not received training since April 2011.

14. **Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The Positive Behaviour Support Services has organised training staff in June 2016. Staff in this designated centre will be included in this training. Training will be complete prior to the admission process to the vacant house.

**Proposed Timescale:** 30/06/2016

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**Theme:** Safe Services

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

One staff member had not received refresher training, in line with updated national policies and procedures, since 2010.
15. **Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
All staff have now been trained on Protection and Welfare Training. Completed 21/4/16.
Refresher training on HSE Safeguarding Procedures and updated Brothers of Charity Procedures. Refresher Training 31/12/16

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

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**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

*The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:*
The assessment process to establish each resident's educational, employment and/or training goals was not included in the resident's individual plan to ensure the appropriate opportunities were made available in line with resident's needs.

It was not clearly demonstrated how residents' personal skills and development were assessed and how support was provided in accordance with those assessed needs and their wishes and abilities, as required by Regulation 13(1).

16. **Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
The residents employment and training goals will form part of the annual review with each resident, key worker and day support worker.

**Proposed Timescale:** 25/11/2016

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

*The Registered Provider is failing to comply with a regulatory requirement in the following respect:*
It was not demonstrated that the part of the personal plan that dealt with healthcare needs was based on a comprehensive assessment of residents' healthcare needs and reflected residents actual and current healthcare needs. This was evidenced by:
Reports not on file following appointments;

A lack of evidence that recommendations from a consultant in relation to the taking of bloods had been followed up on.

Annual medical reviews not on file for all residents.

Key information missing from a hospital passport.

Gaps in relation to healthcare plans and the use of protocols where the need for monitoring of vital signs had been identified.

Insufficient information in a personalised management plan to guide staff in the event of an epileptic seizure.

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

Please state the actions you have taken or are planning to take:
1. All reports from psychiatrist to be place on residents file. 29/04/2016

2. Annual medical review currently being completed for one resident. Once annual medical review is completed it will be place in the residents file. 21/04/2016

3. Staff to work with family with medical appointment and to support resident with taking of bloods. Details of results and appointment to be logged in the resident’s personal profile. 21/04/2016

4. Key information such as diagnoses to be recorded on one resident’s hospital passport. 18/04/2016

5. The current management plan in relation to epileptic seizure will be reviewed to include details on the monitoring and management of the resident until emergency service arrive. 29/04/2016

Proposed Timescale: 29/04/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
As discussed under this outcome and Outcome 8, it was not evidenced that where residents required behaviour support services, that such supports were provided in a timely and adequate manner.
18. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Referrals will be made to Psychology and Social Work as recommended as part of the Behaviour Support Plans currently in progress. These referrals will be followed up to ensure that the required inputs can be accessed on a timely basis. Any foreseen delays will be discussed with the Executive to identify alternative pathways to address these support needs.

The response submitted by the provider to this action did not satisfactorily address the failings identified in this report.

Proposed Timescale: 27/05/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not demonstrate a sufficient understanding of the purpose of all PRN ("as required") medication, including the therapeutic benefits of such medication, as necessary to ensure that PRN medication was given as prescribed e.g. what symptoms to watch out for and at what point PRN should be administered in order to alleviate anxiety. In addition, this information was not clearly laid out in a care plan.

19. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
The format of the PRN Protocol will be reviewed to ensure that it provides clarity on the purpose of all PRN medication including the therapeutic benefits, side effects, and any potential counter indications with other prescribed medication. This information to be clearly documented in the resident’s personal profile. Residents will be supported to visit pharmacy, to become more educated around their own medication and its side effects etc.

Proposed Timescale: 29/04/2016
**Theme: Health and Development**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A protocol to guide staff in relation to the administration of 'as required' medicine in the event of side-effects from other medicines was not comprehensive and was ambiguous.

20. **Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
The format of the PRN Protocol will be reviewed to ensure that it outlines protocol to be followed by staff in the event of side-effects from other medicines.

**Proposed Timescale:** 27/05/2016

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**Outcome 13: Statement of Purpose**

**Theme: Leadership, Governance and Management**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
As detailed within the findings, Improvement was required to ensure that the Statement of Purpose fully met the requirements of the Regulations.

21. **Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose will be reviewed to ensure it meets the requirements of Schedule 1 of the regulations and in particular (a) the admission criteria in the statement of purpose to ensure compatibility of any new resident coming to the designated centre, e.g. age range, ability. (b) includes information that details the individualised day service provided from this designated centre e.g. Personalized support and training in daily living skills and (c) arrangements for seeking agreement from other residents if day service provision is to be home based.

**Proposed Timescale:** 27/05/2016
### 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:**
As detailed in the findings, gaps identified in this inspection indicated that a review of the operational management of the centre was required to ensure that adequate reassurance mechanisms were put in place. In addition, audits viewed were limited in scope, such as the medicines management audit.

**22. Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge will attend all Personal Planning Meetings. 29/04/2016
2. The provider will review the range of current audits carried out in the Centre and introduce more robust audit systems. Particular attention to be placed on the current medication audit system in place to ensure all aspects of the medication management cycle is monitored. 30 September 2016
3. The provider will review the scope of the internal 6 monthly audits encompassing the core outcomes – 5, 7, 8, 11, 12, 14, 17. 30 September 2016

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

### Theme: Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The social care leader had not been identified as a person participating in the management of the centre despite having supervisory responsibilities and being involved in the day-to-day management of the centre.

**23. Action Required:**
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

**Please state the actions you have taken or are planning to take:**
The Provider will ensure that all staff having a supervisory role and who is engaged in the day to day management of the Centre will be identified as a Persons Involved in the Management of the Centre.

**Proposed Timescale:** 31/05/2016
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While the provider had carried out a six-monthly unannounced visit of the centre within the previous six months, improvement was required to ensure that this review considered all aspects of safety and quality of care and support provided in the centre.

**24. Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**
The provider will review the scope of the internal 6 monthly audits encompassing the core outcomes – i.e. Outcomes 5, 7, 8, 11, 12, 14, 17.

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

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While the provider had carried out an annual review of the centre, it was not demonstrated that the annual review ensured that care and support provided was in accordance with standards.

**25. Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
The format of the Annual Review has been changed to comply with the Regulations and the new format will be used in the 2016 Annual Review.

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A formal supervision system was not in place for all staff.
26. **Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
The organisation is currently rolling out staff supervision training for Managers and awareness training for all staff. Individual supervision sessions will be arranged with staff by 31 May 2016 and all staff will have had individual supervision by 30 September 2016.

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

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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:**
Improvements were required to a number of policies in place in order to guide practice:

- The medicines management policy did not outline robust measures to ensure the safe administration of non-prescription and complementary medicines by staff.
- The food and nutrition policy made available to inspectors did not outline the monitoring and documentation of nutritional intake as required by the Regulations.
- The organisation's infection control policy did not adequately outline procedures in place for the prevention and control of healthcare associated infections.

27. **Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The provider will review:
1. Infection Control policy.
2. Medication Management Policy with emphases on the administration of non prescription and complementary medicines and medication audits.
3. Food and Nutrition policy

**Proposed Timescale:** 30/06/2016
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The medicines management policy made available to inspectors was dated May 2012.

28. Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The Medication Management Policy is reviewed and will be circulated to staff with guidelines on updates.

Proposed Timescale: 31/05/2016