<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Ireland</th>
</tr>
</thead>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005232</td>
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<td>Centre county:</td>
<td>Clare</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>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eamon Loughrey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

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

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<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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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</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 17: Workforce</td>
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**Summary of findings from this inspection**

This was an inspection carried out to monitor compliance with the Regulations and Standards. The provider had applied to vary conditions of the registration for the centre and to increase the number to be accommodated in the centre from three to four residents.

As part of the inspection, the inspector met with one resident and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Interviews were carried out with the person in charge and the social care worker.

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre was a cluster of three ground-floor apartments located within a larger residential complex on the outskirts of a large town. The service is available to adult men and women who have intellectual
disabilities.

Overall, the inspector was satisfied that the provider had put systems in place to ensure that the Regulations were being met. This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified in the following areas:
• residents were consulted with and participated in decisions about their support (outcome 1)
• admissions were in line with the statement of purpose (outcome 4)
• safeguarding practices were robust (outcome 8)
• effective management systems were in place (outcome 14).

Improvements were required in the following areas:
• development of personal plans and goals in line with residents' assessed needs and wishes (outcome 5)
• fire safety signage (outcome 7)
• infection prevention and control practices (outcome 7)
• documentation relating to medicines management (outcome 12).

The reasons for these findings are explained under each outcome in the report and the Regulations that are not being met are included in the Action Plan at the end.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Residents with whom the inspector spoke and interacted with stated that they felt safe and spoke positively about their care and the consideration they received. Interaction between residents and staff was observed and the inspector noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

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. A regular weekly meeting was facilitated by the social care worker where residents were given the opportunity to discuss the day to day running of the centre and to offer their opinion. Minutes of local self-advocacy meetings attended by a representative from the centre were made available to the inspector. The meetings took place at least six times per year and issues such as social events and development of information in easy read format were discussed. Representatives from the local advocacy group attended the regional advocacy group who meet the local management teams at least three times per year.

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 day.
The inspector 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 locks were provided on the doors of toilets and sanitary facilities. Each resident had designated sanitary facilities and staff took appropriate measures to promote the privacy and dignity of residents during personal care.

Residents' personal communications were respected and residents had access to a telephone and the internet.

There was a complaints policy which was also available in an accessible format and had been reviewed in June 2015. The policy was displayed prominently throughout the centre. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form included whether the complainant was satisfied. The investigation undertaken in response to complaints was thorough, comprehensive and prompt.

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 in line with the centre-specific policy reviewed in February 2015. Residents were supported to do their own laundry if they wished and adequate facilities were available.

Residents had easy access to personal monies and, where possible, 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. Staff 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 kept and there was evidence of a monthly audit of records by the person in charge.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights and elections. Residents were afforded the opportunity to vote. Residents were supported to access religious services in line with their wishes. Residents reported that they were supported and facilitated to make complaints in relation to public services and the inspector saw evidence of letters that residents had sent with the support of staff.

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

Theme:
Effective Services

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

Findings:
The policy on admissions, transfers and discharge or residents, which had been reviewed in February 2014, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers. Residents' admissions were seen to be in line with the statement of purpose.

The provider had applied to increase the number of residents to be accommodated at the designated centre from three to four by the addition of a new service unit for a sole occupant. A resident had been identified to move into the new service unit. The transition plan was made available to the inspector and the transition process had started in December 2015. The transition plan outlined that the resident would be introduced to the new accommodation on a phased basis and would have lunch in the service unit at least two or three times per week. Links were made with the local day services and meetings were arranged with neighbours. Plans had been made to decorate and personalise the service unit in line with the resident's individual taste.

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. The contract was also available in an accessible version.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.
Theme: Effective Services

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

Findings:
A sample of residents' plans was reviewed. A discovery document was used to assess the health, personal, social care and support needs of the resident annually and the information contained was individualised and person centred. The discovery document formed the basis of an individual personal plan (IPP). However, the information contained in one discovery document viewed was not complete as details pertaining to the resident's life story and the home, rights and respect domains were not comprehensively completed.

An IPP had been developed for each resident which included a comprehensive life story, family support network and important background information. The IPP outlined residents' needs in many areas including healthcare, education, lifelong learning and employment support services, social services, personal support network, transport and mobility. The resident and representatives were consulted with and participated in the development of the personal plan. The IPP was made available to each resident in an accessible format in line with their needs.

Goals and objectives were clearly outlined. There was evidence of resident involvement in agreeing/setting these goals. There was also evidence that individual goals were achieved. A number of goals were true aspirations and would improve the residents' quality of life such as accessing employment, hosting friends/family in new home and achieving financial independence. However, the inspector noted that a number of the goals outlined focussed on staff continuing to support the residents in activities of daily living and meeting healthcare needs. The person responsible for supporting the resident in pursuing these goals was not always clearly identified. Some of the goals outlined were not specific. For example, goals outlined for residents included providing support to participate in the local community and to develop independent living skills without additional detail. The lack of definite goals could lead to residents not maximising their personal development.

The IPP contained personalised management plans and care plans to guide staff in relation to residents' healthcare needs. A personalised epilepsy management plan was in place for one resident which was comprehensive and would effectively guide staff. However, for another resident who had infrequent seizures, a personalised management plan had not been developed to guide staff in relation to the management of epilepsy and seizures. In addition, care plans were not in place to guide staff in relation to the management of some of the residents' assessed needs such as pain management, constipation and under-active thyroid.

The person in charge and staff outlined that the IPP was subject to a review on an annual basis or more frequently if circumstances change with the maximum participation of the resident. The inspector noted that the review did assess the effectiveness of the
plan and reviewed the goals/aspirations that had been identified. Changes in circumstances and new developments were included in the IPP and amendments were made as appropriate.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

Residents were afforded the opportunity to participate in meaningful activities, appropriate to his or her individual interests and preferences. Residents attended either a day service external to the centre or an individualised day service within the centre, in line with their interests. Residents were supported to participate in a range of activities in the local and wider community including meals out, adult education courses and swimming. Residents were encouraged to shop and use services locally.

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

**Findings:**
The design and layout of the centre was in line with the centre’s statement of purpose and met residents' individual and collective needs in a homely and comfortable way.

The centre was a cluster of three apartments within a larger residential complex on the outskirts of a large town. One apartment (Apartment C) had three bedrooms and accommodated two residents and the other two apartments had two bedrooms and accommodated one resident (Apartment A and Apartment B). The apartments were all located on the ground floor.

There was adequate private and communal space for residents. Each resident had their own bedroom which was personalised with the resident’s choice of soft furnishings, photographs of family and friends and personal memorabilia. Ample storage space was provided for residents’ personal use. Apart from the residents’ own bedrooms, there were options for residents to spend time alone if they wished with an open plan.
communal area provided in each apartment. All rooms were of a suitable size and layout for the needs of residents.

There were adequate sanitary facilities provided throughout. Two shower rooms (one en-suite) were provided in Apartment C. Suitable adaptations such as grab-rails were provided as appropriate.

The centre was clean, suitably decorated and well maintained. The residents had input into the décor of the centre and each area reflected the residents who resided there. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings.

Each apartment had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish. A contract was in place for the disposal of clinical waste.

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

Findings:
Overall, the provider was committed to protecting and promoting the health and safety of all in the centre. A proactive approach had been implemented in relation to risk management. However, some improvement was required in relation to fire safety signage, the development of moving and handling plans and infection prevention and control practices.

There was a health and safety statement in place which was last reviewed in September 2014. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy, last reviewed in November 2014. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.
The inspector reviewed the risk register and saw that there was a system to identify and review hazards on an ongoing basis. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review.

A comprehensive emergency plan was in place which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector reviewed a sample of incident forms and saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. The inspector noted that the improvements identified were implemented in a timely fashion. A quarterly review was completed of incident forms which analysed any patterns and reviewed the effectiveness of preventative actions.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was to be serviced on an annual basis, most recently in July 2015. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. However, signage only indicated one safe route of egress from the communal living area in Apartment A and Apartment B even though there was an alternative route indicated on the fire procedures.

The fire panel in each service unit was serviced on a quarterly basis, most recently in February 2016. Records of daily and monthly fire checks were kept. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure.

Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire and the training matrix made available confirmed that all staff had received mandatory fire training. Fire drills took place on a quarterly basis and a detailed description of the fire drill, duration, participants and any issues identified was maintained.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and had been updated regularly and in line with resident's changing needs.

Procedures were in place to for the prevention and control of infection. An infection prevention and control policy was available, dated May 2015 and contained information in relation to the management and disposal of sharps, hand hygiene, waste disposal, food safety and the management of an outbreak of norovirus. The centre was visibly clean throughout. Staff confirmed that personal protective equipment such as gloves and aprons were available. However, as the centre provided 'shared care' in some instances, improvements were required to prevent and control infection. The inspector saw and the person in charge confirmed that alginate bags were not available for the handling and segregation of laundry. The infection prevention and control policy did not include the management of other outbreaks of common infections in the community such as influenza, scabies, rotavirus and chickenpox/shingles. The training matrix
indicated that staff had not yet completed infection prevention and control training. This was confirmed by the person in charge who provided evidence that staff had been booked for this training in April 2016.

The training matrix confirmed that moving and handling training had been completed by all staff. Safe moving and handling practices were observed by the inspector. However, a moving and handling plan had not been developed for a resident who required support in this area.

Vehicles were available and records confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

**Judgment:**
Non Compliant - Moderate

### Outcome 08: Safeguarding and Safety

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

**Theme:**
Safe Services

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

**Findings:**
Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Supports were in place to ensure that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges.

There was a policy and procedure 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. The policy was also available in an accessible format.
The intimate care policy outlined how residents and staff were protected. Each resident had a personal care plan 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.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. 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. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse.

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 staff stated that there was an open culture of reporting within the organisation.

The person in charge confirmed that there had not been any incidents, allegations and suspicions of abuse since the last inspection. The person in charge demonstrated comprehensive knowledge in relation to the recording and appropriate investigation of such incidents in line with national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, reviewed in October 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques. The inspector saw and staff confirmed that, at the time of the inspection, residents did not require support with behaviours that challenge. Staff were aware of the process to access specialist input in relation to behaviour support.

The policy in relation to restrictive practices was made available to the inspector. The policy had been reviewed in October 2014, was comprehensive and was in line with evidence-based practice. The person in charge stated and the inspector confirmed that restrictive practices were not in use at the time of the inspection.

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

**Theme:**  
Health and Development

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

**Findings:**  
Residents were supported on an individual basis to achieve and enjoy best possible health. However, improvements were required in relation to the documentation of each resident's wishes in relation to care and support during times of illness and at end of life.

Residents’ healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Access to a medical practitioner was facilitated regularly. There was clear evidence that there treatment was recommended and agreed by residents, this treatment was facilitated. Residents’ right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including occupational therapy, psychology, psychiatry, physiotherapy, dietician and dental.

A bereavement and end of life policy was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death. The policy outlined that a proactive approach was to be taken in order to ascertain residents’ views in relation to loss, death, dying and end of life. The inspector reviewed a sample of residents' records and saw that a plan had not been developed to capture each resident's wishes in relation to care at times of illness or end of life. Therefore, information would not be available to guide staff in meeting all residents’ needs whilst
respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Some residents were supported to attend a weight management class in the community. Residents had access to a dietician, in line with their needs, and recommendations made were seen to be implemented. A process was in place to make referrals to a speech and language therapist, when appropriate. Residents were encouraged to be active through swimming, walking, exercise classes and bowling.

Residents were encouraged to be involved in the preparation and cooking each meal. Staff with whom the inspector spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks and residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents’ needs was available in an easy read format.

**Judgment:**
Substantially Compliant

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

**Theme:**
Health and Development

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

**Findings:**
Each resident was protected by the centre's policies and procedures for medicines management but improvements were required in relation to documentation in medicines administration records.

Medicines for residents were supplied by local community pharmacies. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There was a centre-specific medicines management policy and had been reviewed in January 2016. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. Staff demonstrated an
understanding of medication management and adherence to guidelines and regulatory requirements. The inspector noted that medicines were stored securely.

The medication prescription and administration records for all residents were reviewed. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. However, the medication administration records were not completed as the inspector noted a total of 25 gaps across all medication administration records viewed where medicines were due to be administered and no reason recorded. In addition, where a dose range was prescribed to be administered, the actual dose administered was not recorded on the medication administration record.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. A comprehensive and individualised risk assessment was available 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. Stock levels were checked and reconciled on a weekly basis to identify any errors or discrepancies. A system was in place for reviewing and monitoring safe medicines management practices. The results of a medication management audit were made available to the inspector. The audit identified pertinent deficiencies and the inspector confirmed that actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented. Medication incidents and the use of 'as required' medicines were reviewed on a quarterly basis to identify any trends.

Training had been provided to staff on medicines management and the administration of buccal midazolam.

**Judgment:**
Substantially Compliant
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<th><strong>Outcome 13: Statement of Purpose</strong></th>
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<tr>
<td>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.</td>
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<tr>
<td><strong>Theme:</strong></td>
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<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
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<td>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.</td>
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<td><strong>Theme:</strong></td>
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
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</tbody>
</table>
The person in charge was employed full time by the organisation. The person in charge demonstrated an in-depth knowledge of the residents and residents were comfortable in his presence.

The person in charge was also appointed as the person in charge in two other centres. A social care worker was appointed in the centre to ensure the effective governance, operational management and administration of the centre. The inspector spoke with the social care worker who confirmed that the person in charge was accessible at all times. The inspector observed a good and supportive working relationship between the person in charge and the social care worker. The social care worker confirmed that she was given protected time to perform functions related to governance and management.

There were established regular management meeting between the regional managers, the provider nominee and the person in charge. The inspector saw minutes of these meetings.

Arrangements were in place for the provider to undertake an unannounced visit to the centre every six months to assess quality and safety of the care and support in the centre. The provider nominee was aware of the requirement to complete an annual review of the quality and safety of care in the centre and to make this review available to residents.

A report of accidents, incidents, medication related incidents and 'as required' medicine administration was prepared and reviewed by the regional manager on a quarterly basis. The provider nominee reviewed the reports every six months. Trends were identified and areas of improvement were identified by the senior management team.

### Judgment:
Compliant

### Outcome 15: Absence of the person in charge

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

### Theme:
Leadership, Governance and Management

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

### Findings:
A notification had been submitted to the Chief Inspector relating to the appointment of an additional person participating in management and the inspector spoke with this person during the inspection.
There had been no change to the person in charge since the commencement of the Regulations. Where the person in charge had been absent from the centre for 28 days or more, the provider nominee had informed the Chief Inspector of the proposed absence of the person in charge and the arrangements to cover for the absence.

There were adequate arrangements in place for the management of the centre when the person in charge is absent. The additional person participating in management (social care worker) was identified to deputise for the person in charge in his absence. The inspector spoke with the social care worker who demonstrated that she had a good understanding of her responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

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

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

There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy. A comprehensive induction process was in place which also included job shadowing and the completion of a competency framework for all new staff.

Staff were observed to be supervised appropriate to their role. Regular staff meetings were held and items discussed included personal planning, rosters, family contact, fire safety, health and safety, policies, finances and medicines management. A formal and meaningful supervision and appraisal system was in place for staff.
Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The 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.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. Further education and training completed by staff included mandatory training and training in medicines management, child protection, restrictive practices, risk management and first aid.

The person in charge stated and the inspector saw that volunteers were not attending the centre at the time of the inspection.

**Judgment:**  
Compliant

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Louisa Power  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The information contained in one discovery document viewed was not complete as details pertaining to the resident's life story and the home, rights and respect domains were not comprehensively completed.

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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 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:**
This discovery document is being reviewed as part of training in the area of ‘Personal Planning’ and all outstanding details pertaining to the resident’s life story, the home, rights and respect domains will be comprehensively completed.

**Proposed Timescale:** 11/07/2016

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some of the goals outlined were not specific and the person responsible for supporting the resident in pursuing goals was not always clearly identified.

2. **Action Required:**
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**
As part of ‘Personal Planning’ training each plan is being reviewed and the person responsible for supporting the resident in pursuing goals will be clearly identified.

**Proposed Timescale:** 11/07/2016

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some goals focussed on activities of daily living and did not maximise the resident’s personal development.

3. **Action Required:**
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.
Please state the actions you have taken or are planning to take:
As part of 'Personal Planning' training plans are being reviewed to ensure the goals set will maximise individual's personal development. Activities of daily living will form part of the overall goal of helping individuals to live independent lives.

Proposed Timescale: 11/07/2016
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A personalised management plan had not been developed to guide staff in relation to the management of epilepsy and seizures for one resident.

Care plans were not in place to guide staff in relation to the management of some of the residents' assessed needs such as pain management, constipation and under-active thyroid.

4. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
The individual was reviewed on 12/4/2016 by the consultant neurologist at the Department of Neurology in University Hospital Limerick. It was confirmed the individual is seizure free and no longer has a diagnosis of epilepsy. (12/4/2016)

As part of 'Personal Planning' training individual plans will be updated to guide staff in relation to all assessed needs such as pain management, constipation and under-active thyroid.

Proposed Timescale: 11/07/2016

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:
A moving and handling plan had not been developed for a resident who required support in this area.

5. Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.
Please state the actions you have taken or are planning to take:
The individual plan will be updated with a moving and handling plan to meet the assessed needs of the individual in this area. The plan will focus on assessments already in place from community Occupational Therapist and Physiotherapist as well as an updated assessment from the BOC external manual handling instructor.

**Proposed Timescale:** 01/06/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Improvements were required to prevent and control infection in line with the standards for the prevention and control of healthcare associated infections published by the Authority:
- alginate bags were not available for the handling and segregation of laundry (criterion 3.6)
- the infection prevention and control policy did not include the management of outbreaks of common infections in the community (criterion 10.1)
- one staff member had not completed hand hygiene training and staff had not yet completed infection prevention and control training (criterion 4.5)

**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:**
Infection Prevention & Control Procedure will be reviewed and updated to provide guidance to staff with regard to the handling and management of laundry in line with the HSE Guidelines on Infection Prevention & Control for Community & Disability Services 2012. 30/05/16

Infection Prevention & Control Procedure will be reviewed and updated to provide guidance to staff in the management of outbreaks of common infections in the community. 30/05/16

All staff will complete Infection Prevention & Control Training which includes Hand Hygiene. 22/07/16

**Proposed Timescale:** 22/07/2016
**Theme: Effective Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Signage only indicated one safe route of egress from the communal living area in Apartment A and Apartment B even though there was an alternative route indicated on the fire procedures.

**7. 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:**
Signage has been erected on all routes indicated on fire Procedures.

**Proposed Timescale:** 10/03/2016

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**Outcome 11. Healthcare Needs**

**Theme: Health and Development**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Personalised care plans had not been developed in line with each resident's assessed healthcare need.

**8. 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:**
As part of ‘Planning Training’ discovery documents and individual plans will be reviewed & updated in line with individuals assessed health care needs. Each resident has an annual Health & Wellbeing assessment carried out by their own GP and plans will also be updated with all relevant information from this process. Individuals have been referred to Occupational Therapy, Physiotherapy, Public Health Nurse and Dental services where necessary and Personal Plans will be updated to reflect this after assessments have taken place.

**Proposed Timescale:** 11/07/2016
### 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:**
There were a total of 25 gaps across all medication administration records viewed where medicines were due to be administered and no reason was recorded.

Where a dose range was prescribed to be administered, the actual dose administered was not recorded on the medication administration record.

9. **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:**
Local practice when individuals are at home will be agreed with all staff at next team meeting.

PIC will have the Kardex reviewed by the individuals GP which will reflect the exact dose, instead of a dose range, to be administered.

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