<table>
<thead>
<tr>
<th>Centre name</th>
<th>No.1 Fuchsia Drive</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002268</td>
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<td>Centre county:</td>
<td>Cork</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Brothers of Charity Southern Services</td>
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<tr>
<td>Provider Nominee:</td>
<td>Una Nagle</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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 1 day(s).

The inspection took place over the following dates and times
From: 12 October 2016 09:00
To: 12 October 2016 14:30

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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<tr>
<td>Outcome 02: Communication</td>
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<tr>
<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 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 13: Statement of Purpose</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<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 18: Records and documentation</td>
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Summary of findings from this inspection
Background to the inspection:
This report sets out the findings of an announced inspection of a centre managed by Brothers of Charity Services following an application by the provider to register the centre. There had been one previous inspection of this centre in April 2016 and any outstanding actions were followed up during the most recent inspection.

Description of the service:
The centre was a detached house based on the outskirts of a large town in West Cork. It provided a home to four men who required some assistance with day to day activities. The residents were all men who required minimal support from staff. Most residents were independent and engaged in numerous activities in the locality, including walking to work every day and going for coffee in the town on days off.

Since the previous inspection a review of the remit of the person in charge had taken
place; and the number of designated centres that the person in charge had responsibility for had been reduced from six to five. The person in charge no longer had responsibility for day service provision.

How we gathered our evidence:
The inspector met with the four residents staying in the centre on the day of inspection.
In addition, two families had completed questionnaires prior to the inspection providing feedback on the centre. In general the feedback was positive. One family said that their “since they got night time staff I’m much happier”.

Feedback questionnaires were also received from four residents. Again the comments about the service were very positive with one resident saying “I just feel safe here”.

The inspector met the person in charge of the centre, staff and the director of services. The inspector also observed staff practices and interactions with residents and reviewed residents’ personal plans, training records, meeting minutes and the complaints log.

Overall judgment of findings:
There had been improvement on issues identified on the previous inspection including in relation to care planning, upgrading of the physical premises, review of restrictions on residents’ lives and the security of confidential personal information.

Community and family involvement was evident and some innovative projects had been undertaken to positively engage in the social and community life. For example some residents had been actively involved for many years in advocating on behalf of people with a disability. Some residents had participated in initiatives designed and organised by national advocacy groups in cooperation with statutory organisations in publishing national reports in relation to improving how residents views and voices could be better heard. In addition, some residents were part of a recent review group to look at what needed to change in all services for people with an intellectual disability in Ireland.

Residents were also involved in the formal induction process for new staff in the service. This was an interactive induction with DVD presentation, sketches, presentations and interviews with the new staff.
Residents had opportunities to participate in activities that were meaningful and purposeful to them. Each resident had gone on holidays coordinated by a voluntary organisation called the Munster Great Escapes.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
There was evidence that residents were consulted about their care and that residents’ privacy and dignity was respected.

Residents who spoke with the inspector were satisfied with where they lived and that their rights were being respected. In the feedback received by HIQA prior to the inspection one resident emphasized that “I have the right to my money, my privacy and to make decisions about what I want to do”. Another resident said that “I can go out when I want to and to buy whatever I want”.

There was evidence that residents were consulted with and participated in the organisation of the centre. There were weekly resident meetings where things like meal choices and activities for the week were discussed.

On the day of inspection all four men were going to the Brothers of Charity national advocacy conference that this year had as its theme The Rising 2016: Love, Freedom and Equal Rights for everyone.

There was a local advocacy group in place, which was facilitated by the social work department from the Brothers of Charity services and included representatives from across day services and people living in residential services. One of the residents had made a presentation at the most recent meeting of this group.

The inspector found that residents could keep control of their own possessions. There was adequate space for clothes and personal possessions in all bedrooms. The laundry
facilities were appropriately set up to facilitate residents in doing their own laundry if they wished.

There was a complaints policy which identified the person in charge as the designated complaints officer to ensure that all complaints were investigated properly. In the feedback forms submitted to HIQA prior to the inspection both residents and families knew who the complaints officer was and how to make a complaint. There had been three complaints logged from May 2016 to October 2016 and all had been resolved.

Residents had easy access to personal monies and records were kept of residents’ financial transactions. Up to date bank account statements were available to each resident. Financial transactions were checked by a senior member of staff on a regular basis. One of the residents who required additional supports had paid for a staff member to accompany him on a holiday in the summer. There was not any record of agreement by the resident to this additional payment.

**Judgment:**
Substantially Compliant

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**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Residents were supported to communicate at all times.

There was a policy on communication and there was evidence that residents were assisted and supported to communicate. For example, policies were available in easy to read format including the statement of purpose, the residents’ guide and the complaints policy.

There were a number of communication forums for residents including the house meetings and the self-advocacy group.

One of the residents had developed a reminiscence book with some old photographs of family and friends. This was used daily and the resident said that he enjoyed going through the old photos.

Music systems and television was provided throughout the centre and a number of residents had televisions in their own room.
Judgment: Compliant

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

Theme: Individualised Supports and Care

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

Findings:
Residents were supported to develop and maintain personal relationships and links with the wider community.

Families were very involved in the lives of residents and close contact was maintained either through visits home or telephone calls. In feedback received by HIQA prior to the inspection one resident said that “my sister comes to my meeting and I choose goals for the year”. Another resident said that “I can have my friends and family over whenever I want”. Families also confirmed that they were welcome to visit at any time.

Most residents were independent and engaged in numerous activities in the locality, including walking to work every day and going for coffee in the town on days off. A number of residents were musical and attended a music session weekly in a local bar. One of the residents was very involved in the local drama group and had been in a successful production during the year.

The service had advocated on behalf of residents to access funds and support from the independent institutional survivors group, Caranua. This was being used for dedicated supports so that residents could access the community and enjoy activities in the locality.

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:**
Each resident had an agreed written contract which included the details of the services to be provided. The details of the fees charged were contained in a separate booklet.

An updated residential service agreement had been sent to all residents and their families to include reference to the voluntary nature of the charge. The service had also prepared a booklet explaining the detail of costs and contributions being requested from residents. This booklet was entitled “Charges and voluntary contributions – an explanation for residential service users” and was dated February 2016. This booklet outlined:

- “what is a charge
- what is a contribution
- how are charges/contributions calculated
- types of charges
- what the charge/contribution does not cover”

The service also outlined that it was planned that an independent advocate would be engaged to explain the charges/contributions to residents if the residents needed it.

**Judgment:**
Compliant

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**Outcome 05: Social Care Needs**

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

**Theme:**
Effective Services

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

**Findings:**
The arrangements to meet each resident’s assessed needs were set out in an individualised personal plan.
On the last inspection it was found that improvement was required in relation to development of care plans for assessed healthcare needs. On this inspection each resident with an assessed healthcare need had a plan of care in place.

On the last inspection it was also found that the review of the personal plan, and in particular the assessment of health needs was not informed by all relevant healthcare professionals. On this inspection this multi-disciplinary was available as required for each resident.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
The location, design and layout of the centre was suitable for its stated purpose and met residents’ needs in a comfortable and homely way.

The centre was a detached house based on the outskirts of a large town in West Cork. It provided a home to four men who required some assistance with day to day activities.

Since the last inspection the recommendations from an occupational therapist assessment regarding the repair of uneven surface between the kitchen and the back porch to prevent trip hazard had been completed. In addition, a hand rail had been fitted on the left hand side of step at back door for safety.

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

**Findings:**
The health and safety of residents, visitors and staff was promoted and protected.

Since the last inspection each resident’s personal emergency evacuation plan had been updated and residents knew what to do in the event of a fire. Regular fire drills had taken place since the last inspection with the last two evacuation times being less than 30 seconds.

**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

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

**Findings:**
Practice in relation to notifications of incidents was satisfactory.

It is a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. Since the last inspection a record of all incidents occurring had been maintained and all notifications had been sent to HIQA as required.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

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

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

**Findings:**
Residents’ opportunities for new experiences, social participation, education, training and employment were facilitated and supported.

Each resident had a job either in the local town or in the surrounding areas. One resident said about his work that “I love doing what I do”. Residents said that work was important to them and at a recent one house meeting a discussion had taken place regarding enjoyable jobs for residents.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. Each resident had gone on holidays coordinated by a voluntary organisation called the Munster Great Escapes. This summer all the residents had gone to the Costa Del Sol in Spain. There were pictures of previous trips throughout the house and one resident said that “I love going on holidays with the lads”.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was a written statement of purpose that accurately described the service provided in the centre.

The statement of purpose described the service and facilities provided to residents, the management and staffing and the arrangements for residents’ wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre.

**Judgment:**
Compliant
Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Since the last inspection the governance arrangements had been reviewed.

The person in charge was a registered nurse in intellectual disability and was suitably qualified and experienced to discharge her role. Since the previous inspection a review of the remit of the person in charge had taken place; and the number of designated centres that the person in charge had responsibility for had been reduced from six to five. The person in charge no longer had responsibility for day service provision.

The Brothers of Charity service had ensured that one unannounced visit to the designated centre in relation to the quality and safety of care had been completed in May 2016. There was a prepared written report available in relation to the “outcomes” that had been reviewed including: social care, risk management, safeguarding, healthcare, medication, governance and workforce. The review had a detailed action plan to address any deficiencies identified. Each action had a timeline with a named person having responsibility to implement the action.

An annual review of the quality and safety of care of the service had been completed in July 2016. The review looked at a number of issues including:
- risk management and health & safety
- effective services
- safe services
- safety
- complaints
- personal planning
- feedback from residents/families/staff
- achievements

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:**
Adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement. The provider was aware of the need to notify HIQA in the event of the person in charge being absent.

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

**Findings:**
The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was maintained to a good standard inside and out. Equipment and furniture was provided in accordance with residents’ wishes. Maintenance requests were dealt with promptly. There were suitable social care staff and the service had provided additional staff in response to residents’ changing needs.

**Judgment:**
Compliant
Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The centre had prepared, adopted and implemented policies and procedures relevant to the operation of the centre. The policies available on the date of inspection were centre specific and some were available in an easy-to-read format.

A copy of the residents’ guide was available in each resident’s personal file. The residents’ guide included the following items which were specified in the regulations:
• the terms and conditions relating to residency
• how to access inspection reports
• the procedure for complaints

A directory of residents was maintained in the centre and was made available to the inspector.

The inspector reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available.

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:

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

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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Southern Services</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002268</td>
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<tr>
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<td>12 October 2016</td>
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<td>Date of response:</td>
<td>06 December 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 compliantes 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:

One of the residents who required additional supports had paid for a staff member to accompany him on a holiday in the summer. There was not any record of agreement by the resident to this additional payment.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 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:**
The resident and a family representative had given verbal consent to his paying for the staff accommodation and travel expenses. The residents family member has written a retrospective letter of consent to this, and the resident has signed it.

Written consent will be sought prior to any future staff related expenses in accompanying residents on holiday.

**Proposed Timescale:** 03/12/2016