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>No.1 Stonecrop</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002299</td>
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<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 Southern Services</td>
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<tr>
<td>Provider Nominee:</td>
<td>Una Nagle</td>
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<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

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

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

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

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<tr>
<td>18 October 2016 08:00</td>
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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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<tr>
<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**

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. The Brothers of Charity Services was a not-for-profit organisation and was run by a board of directors and delivered services as part of a service agreement with the Health Services Executive (HSE). The Brothers of Charity Services provided a range of day, residential and respite services in Cork. This was a follow up to the previous inspection in March 2016.
Description of the service:
The centre was a detached house based on the outskirts of a large town in East Cork. It provided a home to five young adult men who all needed varying levels of support. All five residents had been living in the centre since it opened and each had previously lived in a congregated setting on a campus style service. Residents said to the inspector that they were happy since they moved in.

How we gathered our evidence:
On the day of inspection one of the residents was at home and the inspector met with the other four residents living in the centre. The inspector also observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Five resident and two family feedback forms were received by HIQA prior to the inspection with one of the families outlining that their loved one “receives the best of care”.

Overall judgment of findings:
There was evidence of good practice. A number of residents had followed a healthy eating plan with great success. This included one resident completing a “couch to 5K” exercise plan.

At the last inspection there had been 23 actions identified. This inspection found that most deficiencies had been rectified. A number of actions were identified including:
• residents’ privacy and dignity (outcome 1)
• minor issues relating to the premises (outcome 6)
• risk assessment (outcome 7)
• input from behaviour support specialists (outcome 8)
• more robust controls to ensure that safeguarding allegations could be responded to appropriately (outcome 8)
• medication management (outcome 12)
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:
Overall residents had choice over their lives and their rights were respected. However, there was one issue relating to residents being “checked” at night that required review.

All five residents had been living in the centre since it opened and each had previously lived in a congregated setting on a campus style service. There was evidence that the transition for these residents had taken place in a planned and safe manner. In the feedback received from residents one said that “I feel safe here. I am given choices and freedom to do what I please without restriction”

Residents were consulted with and participated in decisions about their care and the organisation of the centre. There were weekly meetings with residents and issues discussed included activities and menu planning. One of the residents confirmed to the inspector that “I decide on a meal and activities I like to do during the week”.

Residents could keep control of their own possessions. There was an up to date property list in each resident’s personal outcomes folder which identified when the resident bought or received items like furniture or bedside lamps. 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.

The inspector reviewed the management of residents finances and found the process to be transparent. There was a policy on residents finances and all items purchased for and by residents were verified by receipt. Each resident had a “money plan” for the year that outlined their income and what they spent their money on. There was oversight of each
resident’s finances by the person in charge and their was a monthly report sent by the house manager.

The organisation had a complaints policy and easy-to-read versions were displayed throughout the centre. The complaints policy identified a nominated person to manage complaints in the organisation. The inspector reviewed the complaints log since January 2016 and there were three recorded complaints all of which had been resolved.

There were documents seen in residents’ files which recorded residents sleep record during the night. This meant that a staff member had to check whether the resident was awake or asleep every two hour from 10pm to 8 am. This practice did not ensure that each resident’s privacy and dignity was respected in relation to their personal and living space.

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):
No actions were required from the previous inspection.

Findings:
Residents were able to communicate at all times. Effective and supportive interventions were provided to residents as required to ensure their communication needs were met.

There was a policy on communication. In the sample of healthcare files seen by the inspector each resident had a communication “passport”, developed in conjunction with the speech and language therapy department in an easy to read format. The passport identified issues including:

• how the resident communicated
• how people could help the resident to communicate
• things the resident liked to communicate about

There was an activities board in the dining room which had pictures of what activities the residents were doing each day of the week. There were specific communication boards for some residents detailing picture schedules as recommended by the speech and language therapist. There was also a staff rota picture board. These communication boards were used to give certainty to residents about what was planned for the day and which staff were on duty.
Television was provided in the main living rooms and a number of residents had televisions and music systems in their own room. Some residents had computers and one resident said to the inspector that “I speak to my family on facetime”.

**Judgment:**
Compliant

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**Outcome 03: Family and personal relationships and links with the community**
Resident 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 involved in the lives of residents.

Residents were supported to use local services such as leisure and sports facilities. One of the residents said that “in the evenings we go for a walk. At the weekend time we go out to the pub, restaurants, the cinema, bowling and for mass”.

Positive relationships between residents and family members were supported. Many residents spent weekends and holidays with family. One of the residents said “my family collects me for home visits and sometimes they come and see me here”.

Residents were facilitated to keep in regular contact with family through telephone calls and residents could request to use the telephone in private. Staff stated and the inspector 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.

There was an open visiting policy and families with whom inspectors spoke confirmed that there were no restrictions on visits. One of the residents said that “my friends and family are free to visit me whenever they want”. There were a number of areas throughout the centre where each resident could receive visitors in private. The inspector received a number of completed relative questionnaires from family members which were highly complementary of the service.

**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.

The contracts of care outlined that residents were expected to make a financial contribution towards the running of the house. A booklet explaining the detail of these costs and contributions was made available to residents. 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

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

**Findings:**
Each resident’s wellbeing and welfare was maintained by a high standard of evidence-based care and support.

In relation to residents’ assessed needs there were person centred planning folders were available in an easy to read format in words and pictures. There were separate assessments of residents’ healthcare needs and social care needs in the personal planning process.

In relation to healthcare needs the personal file contained the “healthcare management plans” for residents including all relevant healthcare needs for each resident. There was evidence that these healthcare plans were taking into account changes in circumstances and new developments.

In relation to the social care needs of residents, there were “residential personal plans” available for each resident in relation to community/relationships and social inclusion.

The residential personal plans also had the annual person centred planning meeting. There was evidence that in addition to the resident, family and staff were invited to attend this meeting. This planning meeting developed resident goals for the year. In the records seen by inspectors the goals were person centred, appropriate and were realistic. The goals identified what supports the person needed to achieve these goals and also had a timeframe identified to achieve these goals.

**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 East Cork. It provided a home to five young adult men who all needed varying levels of support.

The house was well maintained, nicely decorated and had a large kitchen/dining room, a large sitting room and a second smaller sitting room. Each resident had their own bedroom which was decorated according to each resident’s own taste.

In the feedback received from residents prior to the inspection one resident said that “I find it difficult to get in and out of the bath unaided. The lip is very high and I find it hard to lift my leg that high”. A second resident confirmed that “I sometimes find it hard to get in and out of the bath”. There had been a housing assessment completed by an occupational therapist in May 2016. It was recommended in that assessment that the bath would be replaced with a standard size ceramic bath with a built-in slip resistant base. It was also recommended that “grab rails would be installed to facilitate safe transfer”.

It was also noted that a cover was missing from a drain in the back yard.

Judgment:
Substantially Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
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. Some improvement was required in relation to the implementation of risk assessments.

There was a risk management policy that included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm.

The centre had a risk register in place. The Brothers of Charity service outlined that “a risk register is a database of risks that face your service area at any one time and your management of them....Risk registers must act as an everyday tool in support of managers when managing risks”. There were 14 hazards identified on the centre register including falls from stairs, cleaning products, pain and medication. In general the management of hazards on the register was robust with evidence that each item was being followed up appropriately. If an issue required escalation to senior
management of the service this had also been completed. However, one of the items on
the risk register related to residents not having access to cleaning products, like toilet
cleaner. During the inspection these items were observed not securely stored as
required in the risk assessment.

The inspector saw evidence that suitable fire prevention equipment was provided
throughout the centre and the equipment was adequately maintained by means of:
• servicing of fire alarm system and alarm panel October 2016
• servicing of emergency lighting system August 2016
• fire extinguisher servicing and inspection July 2016

Each resident had a personal emergency evacuation plan which outlined what
assistance, if any, the resident required in the event of an evacuation. There were
records of evacuation drills being carried out at least every three months. All residents
spoke with knew what to do in the event of a fire, including the evacuation routes and
assembly points. There was emergency signage identifying escape routes and
emergency lighting had recently been installed. There was daily checking of the means
of escape routes.

There was a policy in relation to control and prevention of infection and the centre was
visibly clean. Paper handtowels were available in all shared bathrooms. Each resident
had their own laundry basket in their rooms and were encouraged to wash their own
clothes. There were cleaning schedules in place and staff spoken with were aware of
infection control principles.

Judgment:
Substantially Compliant

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

Theme:
Safe Services

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

Findings:
Improvement was required in relation to assisting and supporting residents in relation to
self-care and protection.
The inspector reviewed the incident reporting system from January 2016 to October 2016. Of the 56 incidents seen, 51 related to incidents of residents engaging in self-injurious behaviour. The risk register had three issues relating to residents engaging in self-injurious behaviour. One of the hazards on the register was “self-injurious behaviour; head-banging”. This was rated as 15/25 which was a high risk. The controls identified for this hazard included referral to the positive behaviour support service in August 2016. However, this referral had been placed on the waiting list for the behaviour support service.

There were behaviour support plans in place. However, these were dated 2005 and 2009. Therefore, the behaviour support plans did not provide appropriate up-to-date guidance for staff to identify and alleviate the cause of residents’ behaviour that challenged.

There was one issue on the risk register relating to residents “making false statements”. Staff had received training in relation to responding to incidents, suspicions or allegations of abuse. However, in relation to residents “making false statements” the controls in place were not sufficiently robust to ensure that safeguarding allegations could be responded to appropriately.

**Judgment:**
Non Compliant - Moderate

**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:**
It was 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:**
A comprehensive assessment of residents’ educational, employment and training goals was available to ensure that their skills development, education and training was suited to individual residents’ abilities.

The centre demonstrated a commitment to residents engaging in further education, training and lifelong learning. Some residents had undertaken further training and education including certificates in outdoor vegetable crop production. The back garden to the house had a greenhouse and residents with an interest in horticulture liked to work in the green house.

All of the residents attended a day service that was appropriate to their needs. The person in charge outlined each day service incorporated a life skills training programme. This was also supported in the centre with independent living skills and home activities to equip residents with the skills to manage their home including finances and shopping and also how to access activities in the community.

**Judgment:**
Compliant

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

**Findings:**
Residents were supported on an individual basis to achieve and enjoy the best possible health.

The inspector reviewed a sample of resident healthcare files and found evidence of regular reviews by the resident’s general practitioner (GP). The GP requested review of residents’ healthcare needs by consultant specialists as required. In particular, there was
There was evidence that residents were referred for support as required by to allied health professionals including social work or occupational therapy. There were clear and up to date guidance available to staff following any such review.

There was a policy and guidelines for the monitoring and documentation of residents’ nutritional intake. The inspector noted that residents were referred for dietetic review as required and residents had nutrition care plans as required.

There was a policy and guidelines for the monitoring and documentation of residents’ nutritional intake and the inspector noted that residents had been supported by the Health Service Executive (HSE) community dietetic service as required. A number of residents had followed a healthy eating plan with great success. This included one resident completing a “couch to 5K” exercise plan.

There was a weekly menu plan discussed at the residents’ meeting. All meals were prepared by staff in the kitchen on site. A copy of the menu in picture format was available on the notice board. Staff were knowledgeable about residents likes and dislikes.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
Each resident was protected by the centre’s policies and procedures for medication management.

Medications for residents were supplied by the local community pharmacy. There was a comprehensive medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines. Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines delivered from the pharmacy corresponded with the medication prescription records.
A sample of medication prescription and administration records was seen by the inspector. Records indicated that all staff had received training on the safe administration of medication.

Each medication administration record had a “patient information chart” that had a picture of the resident and a picture of each tablet the resident was taking. It was noted that complete records were not maintained for medicines transferred or administered when residents were not present in the centre, e.g. at day service.

Residents’ medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. Staff confirmed that medicines requiring additional controls were not in use at the time of inspection.

Protocols were in place for residents who required the administration of as required (PRN) medication. These protocols had been signed by the prescribing consultant psychiatrist. A record of each use of PRN medication was maintained.

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.

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

**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:**
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:
The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

The person in charge was the area manager for the service and was suitably qualified and experienced to discharge his role. Since the previous inspection a review of the remit of the person in charge had taken place and the person in charge no longer had responsibility for day service provision and still had responsibility for seven designated centres in total. The governance arrangements may be reviewed by HIQA if at any time the Chief Inspector is not satisfied that the person in charge is ensuring the effective governance, operational management and administration of each designated centre.

The Brothers of Charity service had ensured that an unannounced visit to the designated centre in relation to the quality and safety of care had been completed in October 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 September 2016. The review looked at a number of issues including:

- staffing
- safety
- notifications to HIQA
- incident follow up
- complaints, concerns and compliments
- personal planning
- feedback from residents/families/staff
### 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.*

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<th>Theme:</th>
<th>Leadership, Governance and Management</th>
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<th>Outstanding requirement(s) from previous inspection(s):</th>
<th>No actions were required from the previous inspection.</th>
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<th>Findings:</th>
<th>Adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.</th>
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The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify HIQA any such absence. The provider was aware of the need to notify HIQA in the event of the person in charge being absent.

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<th>Judgment:</th>
<th>Compliant</th>
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### Outcome 16: Use of Resources

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

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<th>No actions were required from the previous inspection.</th>
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<tr>
<th>Findings:</th>
<th>The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.</th>
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The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents’ wishes. The inspector viewed the maintenance log and saw that all requests for maintenance were carried out as quickly as possible. Contracts were in place to manage issues including security of the premises, waste management, gas and fire
extinguishers.

**Judgment:**
Compliant

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**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

An actual and planned staff rota was maintained. A copy of this rota was available in a picture format so that residents were aware of which staff were on duty. There were two staff on duty at all times including an awake staff at night time. In relation to the staff one resident said that “I enjoy my routine and having the same staff all the time is great”. Staff spoken with were knowledgeable about the emergency arrangements in place if, for example, a resident needed to attend hospital during out of hours or at the weekend.

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.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. Some mandatory training was due to be provided in November 2016 including fire safety, crisis prevention and safeguarding.

**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 Brothers of Charity services 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.

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

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
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>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002299</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>17 and 18 October 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 December 2016</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no safety concerns or other reasons, either documented or outlined during the inspection to validate the use of these physical checks. This practice did not ensure that each resident’s privacy and dignity was respected in relation to their personal and living space.

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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 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
We have carried out updated risk assessments on the practice of two hourly observations at night and the practice has now been discontinued.

**Proposed Timescale:** 18/10/2016

<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
</tbody>
</table>
| It was recommended in an assessment by the occupational therapist that the bath would be replaced with a standard size ceramic bath with a built-in slip resistant base. It was also recommended that “grab rails would be installed to facilitate safe transfer”.

2. **Action Required:**
Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

**Please state the actions you have taken or are planning to take:**
The bathroom renovations as recommended by the occupational therapist will be undertaken.

**Proposed Timescale:** 17/02/2017

<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
</tbody>
</table>
| It was also noted that a cover was missing from a drain in the back yard.

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

**Please state the actions you have taken or are planning to take:**
The cover from the missing drain has been replaced.
Proposed Timescale: 25/10/2016

**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:
The process for risk assessment required improvement.

4. **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:
We will review the risk management process to ensure that where a hazard is identified it is assessed accordingly and included on the risk register.

Proposed Timescale: 31/01/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One of the hazards on the register was “self-injurious behaviour; head-banging”. This was rated as 15/25 which was a high risk. The controls identified for this hazard included referral to the positive behaviour support service in August 2016. However, this referral had been placed on the waiting list for the behaviour support service. There were behaviour support plans in place. However, these were dated 2005 and 2009. Therefore, the behaviour support plans did not provide appropriate up-to-date guidance for staff to identify and alleviate the cause of residents’ behaviour that challenged.

5. **Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents’ behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
We have asked the behaviour support services to prioritise this referral and progress on this referral will be monitored to ensure it is addressed as soon as possible.
**Proposed Timescale:** 31/03/2017

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
In relation to residents “making false statements” the controls in place were not sufficiently robust so that safeguarding allegations could be responded to appropriately.

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

**Please state the actions you have taken or are planning to take:**
A referral to the psychology department has been made so that we can identify the functions of the behaviour in order to formulate an appropriate response. This referral will be tracked to ensure it is addressed on a timely basis.

**Proposed Timescale:** 31/03/2017

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**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:**
Complete records were not maintained for medicines transferred or administered when residents were not present in the centre, e.g. at day service.

**7. 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:**
We will ensure that the individual residents’ Medication Records will record medication transferred or administered outside of the designated centre.

**Proposed Timescale:** 08/12/2016