## Health Information and Quality Authority Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Limerick</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002830</td>
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<td>Centre county:</td>
<td>Limerick</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 Limerick</td>
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<tr>
<td>Provider Nominee:</td>
<td>Norma Bagge</td>
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<tr>
<td>Lead inspector:</td>
<td>Margaret O'Regan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<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>29</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

<table>
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<th>From:</th>
<th>To:</th>
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<tr>
<td>24 May 2016 09:35</td>
<td>24 May 2016 18:30</td>
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<tr>
<td>25 May 2016 07:00</td>
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<tr>
<td>26 May 2016 10:30</td>
<td>26 May 2016 19:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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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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Summary of findings from this inspection

Background to the inspection
This was an inspection carried out to inform a registration decision and monitor compliance with the regulations and standards.

How evidence was gathered
As part of the inspection, the inspector met with 21 of the 29 residents that were in the centre. Overall, residents were satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them. The
inspector noted that since the November 2014 inspection, a number of residents were provided with improved living arrangements. For example, on the previous inspection three residents benefited from living in apartment type accommodation, on this inspection eight residents were accommodated in apartment type environments. The inspector noted the improved quality of life such arrangements gave to the residents. There were less issues with behaviours that challenged, residents had become more independent and residents appeared happier. Providing this accommodation required flexibility with rostering, cooperation from staff and a cultural awareness of how residents needs are best met. It was interesting to note how this had been provided in a congregated setting at a time when the cultural shift was towards community accommodation. The approach taken by the Brothers of Charity in providing apartment accommodation on campus shows the potential to provide a high level of personalisation in the context of what is deemed a congregated setting. It demonstrated that residential care (both community and congregated) can be flexible and unique dependent upon user preference and care needs.

Description of the service
The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which "makes every effort to provide each resident with a safe, homely environment which promotes independence and quality care based on the individual needs and requirements of each person". Accommodation was in bungalow type, single storey housing. Between one and seven residents occupied each house or apartment. Each unit had a sitting room, kitchen, single occupancy bedrooms, sanitary facilities and laundry facilities. The mission of the Brothers of Charity, as set out in its statement of purpose, is "to support and promote the wellbeing and dignity of each individual in its service". It aims to achieve this by "person centred planning that supports life choices of service users".

The centre is part of a congregated setting for people with intellectual disabilities. In total 87 people were accommodated on this large site. The campus consisted of 15 bungalow style houses. The 15 houses were grouped under three separate centres and each centre had a person in charge. All of the housing units in this centre catered for residents with behaviours that were challenging. The service is available to both male and female residents.

Residents were able to get out and about almost on a daily basis. The grounds were well maintained and facilitated residents to visit friends or colleagues in other houses on campus. Residents also availed of the onsite day services, swimming pool, gym and church.

Overall judgment of our findings
The inspector found that care was provided in an environment in which community is an inherent part of daily life, and indeed is part of the care itself. The inspector noted that despite inadequacies in the funding arrangements, the majority of residents had a good quality of life. The inspector saw residents going on outings, being able to spend leisure time together and develop friendships and avail of 24/7 nursing support. This was particularly relevant to those who had the most complex needs.
Residents were offered independence while safeguarding security.

Good practice was identified in 13 of the 18 outcomes inspected. In the five Outcomes where improvement was required there were also aspects of good care. Improvements were identified as being required under Outcome 1 (Privacy and dignity), Outcome 5 (Social care), Outcome 6 (Premises), Outcome 14 (Governance), Outcome 16 (Resources). The underlying issue with regards to the non compliances identified was the inadequate provision of resources to ensure accommodation and services were reaching the level required by current regulations and standards. This was an ongoing and major issue for the centre.

The reasons for these findings are explained under each Outcome in the report.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Overall, the inspector was satisfied that residents rights and dignity were respected and that residents were consulted about how the houses were run. Feedback was sought from residents, families and staff. This informed the way things were done. For example, a resident who liked to collect items was facilitate to keep his collections in his bedroom and its adjoining room, another resident was provided with a hand push lawnmower as he liked to be active and maintain a tidy lawn, another resident who had no wish to go on outings or engage in activities was provided with a door fob to enable him to independently walk around the grounds. The provision of these and other arrangements were very significant and important for the residents who they pertained to. These arrangements were well thought out, discussed at multi disciplinary meetings and risk assessed. The risk attached to these activities was kept under constant review and a balance was given to enabling residents to take risks within their day to day lives.

Residents had access to advocacy services and information about their rights. For example, each resident had a key worker who advocated on residents' behalf, residents were involved in the local, regional and national advocacy organisation and residents rights were included in the residents care plan.

There were policies and procedures for the management of complaints. Residents were aware of the complaints process and were confident that complaints would be listened to and addressed. The complaints process was displayed in the houses and was also discussed at house meetings.
Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Residents were encouraged to maintain their own privacy and dignity by being facilitated to lock their bedroom door.

Residents were facilitated to have private contact with friends, family and significant others. For example, going out to dinner together. Residents’ personal communications were respected. For example, resident gestures were interrupted to good effect and staff knew when a resident wanted staff to leave the room, help them with their work or listen to their story.

Relatives told the inspector that they were satisfied with the respect shown to residents. One relative wrote, "the staff have great respect for all. Indeed I hear all the staff in other areas (of the campus) show the same respect". Another relative commented on how all that matters to their relative "is that his room is safe". The relative wrote, "he has key to his room and he is happy with that".

The centre was managed in a way that maximised residents’ capacity to exercise personal autonomy and choice in their daily lives. For example, residents choose what time they got up, went to bed and what activities they got involved in.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care. Residents attended Sunday mass and a number of residents voted in recent elections.

There was a policy on residents’ personal property and possessions. Residents’ personal property, including money, was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Residents were facilitated to do their own laundry if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, watching particular television shows, attending a day service or chatting with staff. Individual residents engaged in their own specific interests outside of the centre such as horse riding, going to the cinema and visiting the family home.

As outlined above there was a good attitude towards respecting residents; however, environmental constraints impacted on some residents' dignity. For example, the living arrangement in some of the houses were such that when a shower was in use another resident might have to enter the shower area to use the toilet. This matter was identified in the last report and also by the organisation's occupational therapy department as needing to be addressed but thus far had not been. In one house in which six residents lived, there was inadequate space to meet the needs of residents. The provider, person in charge and staff were aware of this challenge and made efforts to minimise it. However, the situation in the house was tense, some residents were fearful of other residents behaviours and residents' behaviours were escalated due to the confined living arrangements.
Judgment:
Non Compliant - Moderate

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 assisted and supported to communicate. Staff were aware of the different communication needs including non verbal communication. There were systems in place including external professionals input where necessary, to meet the diverse communication needs of residents. Individual communication requirements were highlighted in personal plans and reflected in practice. For example, a communication dictionary was updated to reflect the increasing awareness of the meaning of a resident’s gestures. Details of residents’ food likes and dislikes were maintained in the kitchens and staff were aware of this. Staff had learnt techniques to assist in understanding a resident’s mood.

The centre was part of a larger campus and enjoyed the community that this provided. The centre was in operation since the 1970’s. Many residents had lived here for over 30 years and were well know to staff working in this centre and staff in other centres on campus. Staff greeted residents and chatted with them. Residents were involved in the campus day centre known as "the hub", attended local restaurants and shopped locally.

Residents had access to radio, television, social media, newspapers, internet and information on local events. Residents were facilitated to access, where required, assistive technology such as mobile phones, ipads and laptops. Such aids assisted in promoting residents’ full capabilities. For example, one resident remained connected to his family by having regular phone calls to them.

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:
The centre provided opportunities for residents to maintain links with family, friends and the wider community. The inspector reviewed a number of care plans and noted that family contacts were laid out. Much effort was taken to ensure family members were invited to participate in the personal care plan meetings. For example, staff ensured families were aware of residents’ changing health status. All relatives who completed questionnaires told the inspector they were involved in the resident's personal plan. Some residents went home at the weekend for a visit or out for a meal with family members. One resident who experienced considerable behaviours that challenged, was supported to visit a close family member in hospital. In some instances reaching a point where the resident was able to visit the family home was a significant important development that took months and years to achieve. Staff spoke warmly of the satisfaction residents, resident families and they (staff) got from such accomplishments.

Visitors were welcome to the centre. Most houses had adequate arrangements for residents to meet with visitors in private. However, one house did not. Alternative meeting arrangements were possible. Residents regularly went on outings such as shopping trips, the cinema, concerts and meals in a restaurant or bar.

Cognisance was given to ensuring that residents’ boundaries were not infringed by other residents. For example, staff closely observed interactions between residents, used distraction techniques if necessary and explained in a sensitive and respectful manner to residents how their actions impacted on others. However, the number of residents and the complexity of their needs in one of the houses was such that residents' boundaries were frequently crossed or at risk of being crossed. This matter is also referenced under Outcome 1 and Outcome 5.

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:
Overall, residents’ admissions were in line with the centre’s statement of purpose. The admissions process considered the wishes, needs and safety of the individual and the safety of other residents living in the service. For example, a new resident was facilitated to continue working with staff from their previous centre until such time as they became accustomed to their new environment and new staff. However, the communication between the previous centre (also operated by the Brothers of Charity) and the new centre was less than professional. The residents personal effects were transferred in a plastic bag, information in relation to the resident's finances was incomplete and the person in charge of the new centre was not kept fully informed of the transfer arrangements.

Staff monitored how residents adapted and settled into their new home. Residents were supported to maintain as much family contact as needed, in particular at the time the resident was adapting to their new house.

Admissions, discharges and transfers to the centre were organised through the organisation’s admission, discharge and transfer team (ADT). Staff meetings, staff rosters and staff training was conducted to facilitated good support for residents. For example staff in this centre had advanced training in managing behaviours that challenge.

Residents had written contracts. The contract set out the services to be provided and the fees to be charged. Details of additional charges were also included.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.
**Findings:**
The documentation showed, and residents confirmed, that much time and energy had been put into meeting many of the residents' needs. This improved the quality of life for residents. For example, one resident who experienced significant behaviours that were challenging had, with the support of staff over a long period of time, developed skills which allowed them visit the family home. This activity was welcomed by the resident, their family and staff. A number of residents were helped to live semi-independently and the number of problematic incidents experienced by these residents had reduced greatly. For other residents, staff had hired the services of a personal assistant, a music therapist and a reflexologist. These interventions were enjoyed by residents, helped residents relax and provided residents with something to look forward to.

Residents spoke to the inspector about how much they enjoyed celebrating birthdays; festivals such as Halloween, Christmas and Easter and it was clear that these celebrations brought joy to them. Other activities such as the summer barbeque (as seen on the day of inspection), Sunday mass and being able to go outdoors were important to residents.

There was a well maintained swimming pool, Jacuzzi and gym on the campus. The inspector saw that many residents used this facility. Community groups also used it and this provided opportunities for the centre to be part of the local community.

Residents or their representatives were actively involved in an assessment to identify residents' individual needs and choices. Relatives confirmed this through their responses to the questionnaires issued to them. Assessments had multidisciplinary input. Very many of the residents had complex needs which were, in general, well managed by skilled staff. However, the inspector also noted instances where social needs were not met. For example, six residents lived in one bungalow. Each had their own bedroom but shared a communal room and sanitary facilities. The needs of residents were such that they needed a lot of personal space which was not available to them in this house. This resulted in disharmony and aggressive outbursts between residents. A number of residents displayed fear of certain behaviours and left the room or got up from their chair when they anticipated these behaviours. When visitors called they met with their relative in the small kitchen or in another building on the campus. Staff in this house had good strategies for keeping a volatile situation under control but a longer term solution was needed to ensure all residents living in this particular house felt safe in their home.

Overall, residents and relatives were keen to tell the inspector they were happy with the care provided. Residents stated, "I like going for a walk" and "I like my house the way it is". Another stated, "I love my visits home" and "I like going to the hub". One resident described the care by saying, "The staff help me. They take care of me morning, noon and night". All relatives remarked on the good care. One mother stated her son "loves to be in X (name of house)" and added "He is very happy there and well cared for".

Since the last inspection a vacant building, originally the Canteen building, has been identified as an location in which to offer increased opportunities for activities for residents in the centre during the day and in the evening. This renovation rejuvenated the centre point of the campus. Staff embraced this evolving social model of care while
at the same time providing specialised clinical nursing support where needed.

Plans had been in place to relocate some residents to community houses. This would reduce the cramped conditions (outlined above) in which some residents lived. It would also provide residents with a choice of living arrangements which best suited their needs. However, the inspector was informed this plan had not progressed due to a lack of funding.

**Judgment:**
Non Compliant - Major

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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

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The premises consisted of bungalows which were built in the 1970s on a spacious site. The centre is part of a larger group of houses. The houses are surrounded by mature trees in a village type setting. As found on previous inspection, the premises showed signs of limited investment in upgrading them to modern day standards. For example, one house had communal style bathing and toilet facilities, floor covering was damaged in a number of houses and as discussed elsewhere in this report, the number of residents accommodated in one house was more than the house could adequately cater for. Notwithstanding that there were deficits with the premises, the inspector did note that much effort had gone into maintaining the premises in reasonable good decorative order. The inspector noted the attractive coordinated painting and soft furnishing in one house which previously was in poor repair. The gardens were well tended to with flower baskets and neat lawns. Each garden was private and complete with patio set which many residents were seen to use.

The refurbishment work to the apartments was of a high standard and generally met the needs of the residents. However, a greater level of sound proofing between the apartments was needed. Residents and staff commented on this need and the inspector noted the impact of the current poor sound proofing that was in place. The provider was in the process of addressing this matter. Some larger works such as upgrading heating systems, replacing windows and upgrading sanitary accommodation were identified as requiring attention. As noted on the last inspection, the upgrading work that was taking
place was more remedial than part of a longer term plan. The longer term arrangements for the centre were dependent on securing funding and it was unclear how this was likely to progress.

On the previous inspection there were two houses which were overcrowded. This matter had been addressed in one of the houses with better outcomes for all six residents. However, the overcrowding issue remained in one of the houses. The plan to accommodate residents from the campus to a community house had not materialised due to funding issues. The needs of residents in these houses were such, that living with five other people meant their individual needs were not met. Relatives of residents in this house also commented on the lack of space. One wrote, "X (name of bungalow) is in my opinion rather small to cater for the needs of six adult males". The relative also remarked, "I have no complaints about the centre apart from space and staffing (occasionally unfamiliar staff)".

There was access to a kitchen with sufficient cooking facilities and equipment. The main meal of the day was delivered by a food catering company and residents reported mixed satisfaction ratings with this arrangement. The matter had already been identified and brought to the attention of the person in charge and the organisation's head of integrated services. Breakfast and evening meals were prepared in each house with assistance from residents where possible.

The houses within the centre were generally homely. The single storey design and layout promoted residents' safety, dignity, independence and wellbeing. The houses was free from significant hazards which could cause injury. There was sufficient furnishings, fixtures and fittings. The centre was clean and suitably decorated albeit flooring was damaged and/or worn in several places.

There was a suitable outside areas for residents. Residents had access to appropriate equipment which promoted their independence and comfort such as sensor alarms, walking frames and wheelchair adapted transport. The equipment was fit for purpose and there was a process for ensuring that equipment was properly installed, used, maintained, tested, serviced and replaced. Staff were trained to use equipment and equipment was stored discreetly safely and securely.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
**Findings:**
The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. The risk management policy was implemented and covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. The risk assessments were updated regularly or as the level of risk changed. The inspector was satisfied the risk assessments were current, accurate and meaningful. Staff were familiar with the level of risk in the centre. There were also arrangements in place for responding to emergencies. Reasonable measures were in place to prevent accidents. Staff were trained in moving and handling of residents where required.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were regular fire drills and evacuation times were swift. Records were kept of fire alarm tests and fire fighting equipment. Emergency lighting was in place.

There were satisfactory procedures in place for the prevention and control of infection. Staff were familiar with the various colour coding systems in place for hygienic cleaning. Each house had appropriate cleaning equipment.

**Judgment:**
Compliant

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

**Theme:**
Safe Services

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

**Findings:**
There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and
procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. Residents in the centre felt safe. Staff had received training in understanding abuse especially as it pertains to adults with disability.

There was a designated person on the staff team who took responsibility for following up on allegations of abuse. Any incidents, allegations, suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre’s policy, national guidance and legislation.

Efforts are made to identify and alleviate the underlying causes of behaviour that was challenging for each individual resident. Specialist and/or therapeutic interventions were implemented in consultation with the resident and their family member through their personal plans. Interventions were regularly reviewed to assess their impact on improving challenging behaviour and improving the lives of the resident. There was evidence of improved outcomes for residents following interventions put in place such as living in single occupancy apartments, providing appropriate activities, ensuring residents living together were appropriately placed. However, there was also an example of where the living arrangements impacted negatively on residents. This is also discussed elsewhere in this report.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was carefully monitored to prevent its abuse and/or overuse. Family members were informed of the use of restrictive procedures.

The use of medication to manage behaviour that challenged was monitored and regularly reviewed by the psychiatry team.

**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:
A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within three days of occurring. A quarterly report was provided to Health Information and Quality Authority (HIQA) as required by regulation.

| 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: | There was an assessment process to establish each resident’s personal goals. Residents were engaged in social activities internal and external to the centre. There was good communication and engagement between the centre and the onsite day services. |

| Judgment: | Compliant |

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

| Theme: | Health and Development |

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

| Findings: | The inspector saw that a comprehensive holistic assessment was carried out by staff in conjunction with the resident and/or their relative. From the assessments, plans of care were devised. The plans seen by the inspector were detailed and showed that many disciplines (psychologist, occupational therapist, social worker) were involved in drawing up and implementing the plan. Staff with whom the inspector spoke with were well |
informed as to each resident’s needs and requirements. The practices in place showed that good health was promoted; for example, healthy eating and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided. The inspector noted that clinical care interventions resulted in good outcomes for residents. For example, with support one resident gained their capacity to independently mobilise, a number of residents experienced less episodes of behaviours that challenged due to skilled care and an appropriate environment, a number of residents strengthened their links with family with the guidance and support of staff.

The records showed that blood tests were carried out on a regular basis. Blood pressures were checked and residents were weighted regularly. Where something was wrong with these tests action was taken to correct them.

The dietician and speech and language therapist were available to lend support and guidance in the planning of good nutritional care for residents. A significant number of residents required a modified diet and this was provided. Staff were trained in managing situations where residents were at risk of choking while eating. There was evidence of referral and access to the general practitioner (GP), psychologist, psychiatrist, dentist and optician. Where other specialist services were required such as ophthalmology and neurology, these were facilitated. Discussions took place around end of life care and these were documented. Religious and spiritual care needs were assessed.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents had their lunch delivered to them from a contract catering company. Some issues had arisen in recent times with regards to the meals provided by the catering company and staff raised these concerns with the company concerned and with management staff. The matter was being addressed at the time of inspection. The inspector saw that staff supervision and assistance was in place and that residents were facilitated to be as independent as possible. All relatives who responded via the questionnaires stated that they felt their relative's health care needs were met. One relative stated "the staff are very observant and notice if anyone is in bad form".

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):
No actions were required from the previous inspection.
Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were responsible for their own medication following an appropriate assessment. For example, one resident managed their own nebuliser.

A system was in place for reviewing and monitoring safe medication management practices.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose consisted of a statement of the aims, objectives and ethos of the centre and a statement as to the facilities and services which were to be provided for residents.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

It was kept under review and any changes which affected the purpose and function of the centre were communicated to the Chief Inspector in writing prior to being made.

It was available in a format that was accessible to residents. Staff were familiar with the statement of purpose.

The statement of purpose was implemented in practice.
### 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

### Findings:
Management systems were in place to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. However, inadequate arrangements were in place to support, develop and performance manage all members of the workforce. The provider was in the process of developing a staff performance management system.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The person in charge demonstrated good knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Staff reported she provided good support, leadership and guidance to them. Residents could identify the person in charge.

The person in charge was supported in her role by clinical nurse managers (CNM). The person in charge role could be enhanced with a greater level of delegation of duties to clinical nurse managers or administrative staff. However, at the time of inspection CNMs were part of the staffing roster and had no designated time to take on delegated management duties.

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

Theme:
Leadership, Governance and Management

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

Findings:
When the person in charge was absent from the centre for more than 28 days the provider notified HIQA of the absence. HIQA was also notified within 3 days of the person in charge's return. While the person in charge was absent there were suitable arrangements made to cover her duties.

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:
This centre came under the term "congregated setting". As reported to the inspector, the system of funding of such services was such that monies for capital expenditure was very limited. As per national reports on congregated settings, the focus of care in the disability sector currently leans towards community housing and community integration. Notwithstanding the benefits of community living, excellent work was carried out in this centre, supporting and empowering some of the most vulnerable in society. However, as already stated it was inadequately resourced.

Relatives, staff and management spoke of the impact of reduced funding to the service. There was a recognition by all, that lack of funding had stymied efforts to maintain the houses and modernise them. The lack of adequate funding was a source of concern for residents, their families and staff. A number of residents had transferred from living in the centre to living in the community. Some community transfers worked well while others were unsatisfactory. A few residents returned to living in the campus.
accommodation. It was reported to the inspector the facilities offered in this congregated setting better met the residents' needs. In addition, the inspector noted that residents, with whom she had previously met with in community housing, had their needs more appropriately met in this centre's environment.

Following the last inspection the provider put a plan in place to facilitate some residents to move to a community house. The appropriateness of this was discussed with the residents, their families and the multi disciplinary team. Such movement would create space on campus and alleviate the overcrowding situation. The provider, in response to the previous inspection gave a plan and timeline for completion of these moves. Premises were secured, renovated and registered by HIQA. However, the transfers did not occur. The provider informed the inspector funding to staff the community house was not available.

There were delays in completing some of the upgrading works identified on the last inspection. These included replacing floor covering, replacing windows and upgrading toilet and shower facilities. The delay appeared to be due to budgetary constraints. Funding of the service came from a third party i.e. the Health Services Executive (HSE). The provider explained to the inspector that the level of funding to the Brothers of Charity Limerick had been reduced over the past number of years at a time when the needs of residents were increasing and the building were becoming increasingly outdated.

Staff mitigated against the impact of premises that were in need of upgrading by providing good and respectful care to residents. For many residents this had been their home for up to 30 years. In addition to the good care, relatives commented on the attractive grounds. The inspector observed several residents enjoying walking around the campus independently. Several relatives commented on this freedom "to walk around the grounds" as being of immense importance to their family member. One family member wrote, "In X (name of bungalow) one man could go for a walk on his own and I often wished that Y (their relative) could also. Then one day when I went in to visit, the staff said Y had gone for a walk on his own, that is between the box wood hedges around the perimeter of the centre, very secure".

Other positive aspects of the premises and facilities was the presence of a well maintained attractive church on site which several residents visited on a daily basis. There was a well equipped pool which was accessed by many residents as well as members of the public. There was a gym on site which was accessed by residents with the support of a staff member. This gym was also used by members of the public. On site, were football pitches available to residents and local groups.

**Judgment:**
Non Compliant - Major
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 was satisfied that there was sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. Staffing levels took into account the statement of purpose and size and layout of the building and were kept under constant review. However, relatives stated they felt more staffing was required. In addition relatives found it problematic when staff changed and new staff did not understand their relative. In discussions with the management team there was an awareness of the need for regular staff and the importance of this and at the same time balancing the needs of staff and the benefit of staff knowing residents across the centre.

There was an actual and planned staff rota. The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence based practice. For example, staff working in this centre had received advanced training in managing behaviours that challenge. Education and training provided reflected the statement of purpose. For example, the statement of purpose stated care was delivered to residents with an intellectual disability. Staff were trained and qualified in intellectual disability.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability. For example staff reported they had easy access to the person in charge whom they described as "a very good manager".

There were effective recruitment procedures that included checking and recording required information. All relevant members of staff had an up-to-date registration with the relevant professional body.

Judgment:
Compliant
<table>
<thead>
<tr>
<th><strong>Outcome 18: Records and documentation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
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</table>

| **Theme:** |
| Use of Information |

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

| **Findings:** |
| In general, records were complete, accurate and up-to-date. Records were kept secure and easily retrievable. Residents’ records and general records were kept for not less than seven years after the resident to whom they related ceased to be a resident in the centre. There was some duplication of records which added to the work of maintaining accurate documentation. An occasional document was not dated. |

There were centre-specific policies which reflected the centre’s practice. Staff indicated they understood policies by signing once they had read them. Policies were seen to be implemented in practice.

Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

| **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:

Margaret O'Regan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
Centre ID: OSV-0002830
Date of Inspection: 24 May 2016
Date of response: 21 July 2016

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:

Environmental constraints impacted on some residents dignity. For example, the living arrangement in some of the houses were such that when a shower was in use another resident might have to enter the shower area to use the toilet. This matter was identified in the last report and also by the organisation’s occupational therapy department. In one house in which six residents lived, there was inadequate space to

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
meet the needs of residents. The provider, person in charge and staff were aware of this challenge and made efforts to minimise it. However, the situation in the house was tense, some residents were fearful of other residents’ behaviours and residents’ behaviours were escalated due to the confined living arrangements.

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:**
- The number of residents in this accommodation reduced by one resident week beginning 20/06/16;
- Plans are presently being explored to further reduce the number of residents in this house by one which will allow for increased space and privacy for the remaining residents. This will require remodelling works in an existing building and are presently awaiting final drawings. This will be costed and a submission forwarded to the local HSE for funding. Once funding is secured, works will commence;
- There are 2 bathrooms available to residents at present. When the number of residents decreases to four bathroom facilities will be reviewed to ensure privacy and dignity are maintained;
- A proposal to relocate 4 residents to a community facility was delayed as a result of the community premises being required to renovate another community residential premises. It is expected that this building will be vacated by end of January 2017 whereby relocation of 4 residents can then progress;
- The Designated Officer is involved in supporting and reviewing safeguarding plans which are in place for residents;
- An extra staff resource is in place and a business case in this regard is being prepared for submission to the HSE;
- All staff working in this area have received training in Safeguarding and in positive strategies in supporting behaviours which challenge;
- This area is fully supported by an Multi-Disciplinary Team who attend scheduled MDT meetings;
- Monthly staff meetings are held and chaired by the PIC or delegate;
- Weekly house meetings are held with residents.

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

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all units within the centre was suitable for the purposes of meeting the assessed needs of each resident. For example, six residents lived in one bungalow. Each had their own bedroom but shared a communal room and sanitary facilities. The needs of
residents were such that they needed a lot of personal space which was not available to them in this house. This resulted in disharmony and aggressive outbursts between residents. A number of residents displayed fear of certain behaviours and left the room or got up from their chair when they anticipated these behaviours. When visitors called they met with their relative in the small kitchen or in another building on the campus. Staff in this house had good strategies for keeping a volatile situation under control but a longer term solution was needed to ensure all residents living in this particular house felt safe in their home.

2. **Action Required:**
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
- The number of residents in this accommodation reduced by one resident week beginning 20/06/16;
- Plans are presently being explored to further reduce the number of residents in this house by one which will allow for increased space and privacy for the remaining residents. This will require remodelling works in an existing building and are presently awaiting final drawings. This will be costed and a submission forwarded to the local HSE for funding. Once funding secured, works will commence;
- There are 2 bathrooms available to residents at present. When the number of residents decreases to four bathroom facilities will be reviewed to ensure privacy and dignity are maintained;
- A proposal to relocate 4 residents to a community facility was delayed as a result of the community premises being required to renovate another community residential premises. It is expected that this building will be vacated by end of January 2017 whereby relocation of 4 residents can then occur.
- The Designated Officer is involved in supporting and reviewing safeguarding plans which are in place for residents;
- An extra staff resource is in place and a business case in this regard is being prepared for submission to the HSE;
- All staff working in this area have received training in Safeguarding and in positive strategies in supporting behaviours which challenge;
- This area is fully supported by an Multi-Disciplinary Team who attend scheduled MDT meetings;
- Monthly staff meetings are held and chaired by the PIC or delegate;
- Weekly house meetings are held with residents.

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

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The number and needs of residents accommodated in one house were such that the premises was not designed and laid out to meet the aims and objectives of the service.
3. **Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
- The number of residents in this accommodation reduced by one resident week beginning 20/06/16;
- Plans are presently being explored to further reduce the number of residents in this house by one which will allow for increased space and privacy for the remaining residents. This will require remodelling works in an existing building and are presently awaiting final drawings. This will be costed and a submission forwarded to the local HSE for funding. Once funding is secured, works will commence;
- There are 2 bathrooms available to residents at present. When the number of residents decreases to four, bathroom facilities will be reviewed to ensure privacy and dignity are maintained;
- Funding has been requested from the HSE in relation to upgrading bathroom facilities in houses in the centre;
- A proposal to relocate 4 residents to a community facility was delayed as a result of the community premises being required to renovate another community residential premises. It is expected that this building will be vacated by end of January 2017 whereby relocation of 4 residents can then occur.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Parts of the premises were in need of repair. For example, floor covering needed to be replaced and sanitary facilities needed to be upgraded.

4. **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:**
- Several submissions have been made to the HSE in respect of capital funding to maintain the premises to an acceptable standard. The most recent submission was made in 2015 for €890,000 based on an engineer’s report. This included upgrades to windows, floors, painting, electrics and plumbing. No funding has been allocated for this submission;
- The Services does not have a sufficient budget to meet the maintenance costs arising in this centre. This will continue to be raised with the HSE as part of the Service Arrangement engagement process;
- Maintaining the residences is on-going and works are prioritised and completed as funding allows;
• Replacing of floors in two houses is presently being costed and will be submitted to HSE for funding.

**Proposed Timescale:** 01/11/2016

**Outcome 14: Governance and Management**

*Theme:* Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inadequate arrangements were in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**5. Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Please state the actions you have taken or are planning to take:**
- A local policy on Support & Supervision is in draft format.
- The implementation of this policy is expected to commence 1st September 2016

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

**Outcome 16: Use of Resources**

*Theme:* Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre was inadequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**6. Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
- Several submissions have been made to the HSE in respect of capital funding to maintain the premises to an acceptable standard. The most recent submission was made in 2015 for €890,000 based on an engineer’s report. This included upgrades to windows, floors, painting, electrics and plumbing. No funding has been allocated for this submission;
- The Services does not have a sufficient budget to meet the maintenance costs arising in this centre. This will continue to be raised with the HSE as part of the Service Arrangement engagement process;
- Maintaining the residences is on-going and works are prioritised and completed as funding allows;
- A proposal to relocate 4 residents to a community facility was delayed as a result of the community premises being required to renovate another community residential premises. It is expected that this building will be vacated by end of January 2017 whereby relocation of 4 residents can then occur.

**Proposed Timescale:** 28/02/2017