

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
<b>Centre ID:</b>	OSV-0004576
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Una Nagle
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## 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 1 day(s).

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

From: 04 May 2016 09:15 To: 04 May 2016 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this 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 August 2015. Since then, HIQA had received correspondence from the Brothers of Charity Service where the provider confirmed that one part of the centre (one house) did not meet the criteria as a designated centre and was now managed as part of the community supported living services. The Brothers of Charity Services had made an application to register the remaining one part of the centre. The centre, as reconfigured, provided a home to four men in a house based in a community setting in a suburb of Cork city. The house itself was well maintained and had recently been upgraded to take account of fire safety precautions including the availability of emergency lighting throughout. One of the residents showed the inspector his "men's shed" in the garden where he

worked on different projects.

The statement of purpose, which was a document intended to describe the service and facilities provided to residents, outlined that the aim of the centre was "to support people to be valued citizens in their local community, to have ordinary life experiences and to be closely connected to family and friends. We are committed to supporting people to make choices about their lives and to the provision of quality services that meet peoples' needs".

As part of the inspection, the inspector met with the residents and staff members. One resident said to the inspector that he "loved living here" and that "he had everything he needed". All residents appeared to get on well together and with the staff members. All of the residents were active in the community with one person telling the inspector that he goes to town to the library every week. One of the residents had a job in a restaurant where he said he was "very busy"; and one resident was being supported to attend University College Cork for a course which he said he "was well able for".

The staff member who spoke to the inspector had worked for the Brothers of Charity service for approximately eight years and she was very committed to supporting residents to live fulfilling lives. There were pictures throughout the house showing residents and staff on holidays together in England, Belgium and France.

At the last inspection there had been 21 actions identified. Some of these actions related to the house that was no longer part of the centre. This inspection found that most of these deficiencies had been rectified. However, three were still outstanding namely:

Outcome 11: Healthcare

Improvements were required to healthcare planning for assessed healthcare needs.

Outcome 14: Governance

The provider had not prepared a written report on the safety and quality of care and support provided in the centre which was required at least once every six months.

Outcome 17: Staffing

Staff were involved in food preparation for residents but did not have training in food safety or food preparation.

**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:**

On the previous inspection two actions had been identified. Both actions related to the fact that it was found that some residents made a voluntary contribution to the organisation and a letter to indicate this arrangement was seen by inspectors. However, a consent form signed by the resident or family/next of kin and witnessed by a third party was not maintained.

On this inspection it was found that two of the four residents had chosen not to pay the voluntary contribution and that all contracts had been signed either by the resident or their representative. The service had also prepared a booklet explaining the detail of costs and contributions being requested from residents. This booklet was entitled "Charges and voluntary contributions – an explanation for residential service users" and was dated February 2016. This booklet outlined:

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

The nominee on behalf of the Brothers of Charity Services outlined that it was planned that an independent advocate would be engaged to explain the charges/contributions to residents if the residents needed it.

**Judgment:**

Compliant

**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):**

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

**Findings:**

On the previous inspection it had been identified that not all residents had a signed written agreement outlining the contract for the provision of services.

On this inspection it was found that that all contracts had been signed either by the resident or their representative. Each contract outlined:

- how many days the person lived in the centre
- your individual support plan
- accommodation
- finances
- food
- religion
- communication
- property
- health
- multi-disciplinary team
- visits
- records management
- complaints
- responsibilities
- costs

**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:**

On the previous inspection it had been identified that there were gaps in the information outlined in residents' hospital passports. A hospital passport was a document to support persons with a communication difficulty/intellectual disability and their main carers when in contact with an acute general hospital. During this inspection the passports seen were in a traffic light format with:

- priority (red) for "Things you must know about me"
- priority(amber) "Things that are important to me" and
- priority (green) "My likes and dislikes".

All of the hospital passports had a photograph of the resident, the allergy status in all the passports was completed and diabetes mellitus was noted on the passport on one resident who had a diabetes mellitus diagnosis.

**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:**

On the previous inspection two actions had been identified. Both related to that part of the centre (one house) that no longer met the criteria as a designated centre.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

On the previous inspection six actions had been identified; two related to risk assessment; one related to incident reporting; and three related to fire safety management. On this inspection it was found that these deficiencies had all been remedied.

Following the previous inspection each resident had participated in identifying specific hazards relating to their lives. These were contained in an individual risk assessment and management plan. All residents were independent and engaged in numerous activities in the locality, including taking the bus to college and going for coffee in town. The individual risk management plan addressed the hazards associated with these activities. Strategies included all residents participating in "stay safe" training and staff reminding residents of safety issues at resident meetings. Each resident had also participated in a "skills assessment to allow individuals to stay at home without supervision". This identified the person's social skills, fire safety skills and telephone skills.

The inspector reviewed the incident reporting system and noted that there had not been any incidents in the centre since the previous inspection. However, there was a clear process in place to ensure that all incidents would be followed up by the person in charge and reported to senior management of the service at a regional level to review for trends.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. Since the last inspection the centre had recently been upgraded to take account of fire safety precautions including the availability of emergency lighting throughout.

There were fire evacuation drills being undertaken every three months involving the residents. The records of these drills indicated that it had taken between 35 seconds and 48 seconds to evacuate the premises in drills. Each resident had a personal emergency evacuation plan in place which indicated that each could read the fire notices, hear and see the alarm and didn't require any assistance to evacuate. Residents outlined clearly to the inspector what they do when the fire alarm activates.

**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):**

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

#### **Findings:**

Overall at the last inspection it was found that residents were being supported to achieve and enjoy the best possible health. However, it was found that healthcare plans were not in place for residents with diabetes mellitus. On the previous inspection it was also found that there was no formal assessment of residents' activities of daily living, mobility or skin integrity where appropriate for certain residents to monitor their healthcare needs. However, this related to residents living in that part of the centre (one house) that no longer met the criteria as a designated centre.

On this inspection one resident had a healthcare plan for diabetes mellitus. This had been updated on April 2016 and included details on medical monitoring, exercise and healthy eating. However, the care plan had not been updated to reflect the results of a recent screening programme. In addition, the most recent review from a consultant specialist indicated that a particular medication prescribed for the resident was related to weight gain. This information was not included in the care plan and the resident's weight had only been recorded once in 2016.

**Judgment:**  
Non Compliant - Moderate

**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:**

On the previous inspection it was identified that the medication fridge did not have a temperature gauge to record temperatures over 24 hour periods. On this inspection there was not any medication prescribed that required refrigeration. There was not a medication fridge in the centre. However, the person in charge outlined that if medication was prescribed that required refrigeration then a fridge with a temperature gauge would be provided for the house.

**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):**

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

**Findings:**

On the last inspection it was found that the address on the first page of the statement of purpose was not that of the centre and the age range and gender of the accommodated residents was not outlined. Due to the reconfiguration of the centre the statement of purpose had been amended entirely.

The statement of purpose was a document intended to describe 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. The stated aim of the centre was to "to support people to be valued citizens in their local community, to have ordinary life experiences and to be closely connected to family and friends. We are committed to supporting people to make choices about their lives and to

the provision of quality services that meet peoples' needs".

**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:**

On the last inspection it was found that there was no evidence whether or not the annual review of the quality and safety of care in the centre was prepared in consultation with the residents or their families. On this inspection it was found that there had been both resident and family feedback but these had been submitted directly to the quality department of the Brothers of Charity service and had not been available in the centre. The "service user questionnaire" had asked questions like: "do you like living here"; "is there anything you don't like"; "are your rights respected"; "do you know how to make a complaint"; "do you feel safe here". The "family questionnaire" had asked questions like: "are you satisfied with the care"; "are staff respectful"; "are you consulted"; "is there choice for residents".

On the last inspection it was found that the provider had not prepared a written report on the safety and quality of care and support provided in the centre which was required at least once every six months. Since the last HIQA inspection one such report had been prepared following an unannounced visit of the centre in September 2015. This review of quality and safety looked at a limited number of issues namely: risk management, safeguarding/safety and medication management. There had not been another report prepared in the six month interval as required by the care and welfare regulations.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

At the last inspection it was found that staffing was at the level of major non-compliance.

On the previous inspection it was found that staff were involved in preparing some of the residents' meals and did not have training in food preparation or food safety. On this inspection while all permanent staff did have this training, one staff on the "relief" rota did not have this training.

It was found on the previous inspection that there was not adequate staff supervision in place to ensure the safety of the residents especially by day between 10am and 6pm when there were no staff on duty. While this finding was mainly related to that part of the centre (one house) that no longer met the criteria as a designated centre, on this inspection it was found that there were no staff on duty between 10am and 6pm between Monday and Friday. During the week three of the four residents attended either work or college, while the fourth resident was enjoying as he described "my active retirement". Each resident had also participated in a "skills assessment to allow individuals to stay at home without supervision". This assessment had not been in place at the time of the last inspection. Staff were on duty from 4pm on Friday to 10am on Monday morning.

The last inspection found that a volunteer who had accompanied residents and staff on holiday did not have up to date Garda vetting in place and did not have their roles or responsibilities set out in writing. There was no volunteer currently working in the centre.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

Since the last inspection all of the policies required by Schedule 5 of the Regulations were in place and up to date.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Kieran Murphy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
<b>Centre ID:</b>	OSV-0004576
<b>Date of Inspection:</b>	04 May 2016
<b>Date of response:</b>	24 May 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 11. Healthcare Needs

**Theme:** Health and Development

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

There was evidence that healthcare plans for assessed healthcare needs were not being kept updated.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

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

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

The Healthcare planning system is being updated to ensure that Health Care Plans are evidenced as to having being regularly reviewed and updated for all assessed health care needs.

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

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The provider had not prepared a written report on the safety and quality of care and support provided in the centre which was required at least once every six months.

**2. Action Required:**

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

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

The timing of the issue of the written report of the six monthly unannounced Provider visits will be readjusted to provide a timely report on the safety and quality of care and support provided in the centre which will identify time-framed actions to address any concerns regarding the standard of care and support in the centre.

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff were involved in food preparation for residents but did not have training in food safety or food preparation.

**3. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The remaining staff (relief staff) who have not yet been training in food hygiene has been booked onto next available training. Staff will be issued with training materials whilst awaiting training in this areas.

**Proposed Timescale:** 28/06/2016