

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
Centre ID:	OSV-0004828
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Norma Bagge
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	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 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 September 2015 09:30	15 September 2015 16:30
16 September 2015 11:00	16 September 2015 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of the centre carried out by the Health Information and Quality Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

The centre is part of the services provided in a community setting by the Brothers of Charity Limerick; a voluntary organisation set up to support the needs of persons with a diagnosis of an intellectual disability. The centre comprised of two separate

houses and a self contained apartment. One house accommodated five persons, the other house accommodated five people and the apartment was occupied by one person. Both male and female residents were accommodated and all were over the age of 18. The houses were in relative close proximity to each other in the suburbs of Limerick city.

As part of the inspection, the inspector met with residents and staff. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. The inspector also reviewed the questionnaires completed by residents and relatives with regards to their views of the service provided.

The two houses and the apartment were domestic in both design and décor. The premises were clean, tastefully decorated, in good repair, warm, homely and safe. Two residents shared a bedroom, all others had their own room. Bedrooms, were personalised and reflected the interests of the resident. Overnight facilities were available for staff.

Overall, the inspector found that a high standard of care and support was delivered by staff who demonstrated commitment, enthusiasm and respect for residents. Staff were knowledgeable regarding each resident's needs. The inspector was satisfied that most individual needs were being met; however, not all the privacy needs of the residents who shared a bedroom were met. Due to the competing needs, not all residents could be facilitated with a social programme that best met their individual needs. This is discussed under Outcome 5.

Residents appeared relaxed in their home and in the company of staff and fellow residents. Relatives completed questionnaires which commented on how happy their family members were in the centre.

The inspector saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. As discussed in Outcome 5 there was some curtailment to activities due to competing needs of residents. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. This was particularly evident for the resident who had their own self contained apartment.

Relatives commented on the respect shown to residents. One relative commented, when referring to their family member, "He is listened to when he has something to say". Reference was made by relatives that there was scope for better communication between staff and family. This is further discussed under staffing in Outcome 17.

Residents were consulted in the planning and running of the centre and in decisions regarding their own care. Minutes of house meetings were available for inspection. Arrangements were in place to monitor and improve key areas in the provision of safe, quality care. Relatives commented on the positive improvements which had taken place over the past few years, albeit that there was room to improve

communication between staff and families. Families were keen to be involved and wished to be part of their family member's care.

In most outcomes the centre was found to be in compliance with regulations. The issues which did arise were in relation to the complaints process, the need for continuity of staff, level of communication with families, frequency of fire drills, planning for further resource needs and some premises issues relating to suitable shower arrangements and sharing of bedrooms. The findings to support these judgements are presented in the body of this 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that residents were consulted and participated in decisions related to the running of the centre. There was a weekly residents meeting. Residents told the inspector that they looked forward to these meetings as they could discuss activities that they would like to participate in and choose destinations for day trips and holidays.

Staff were observed carrying out their work in a way that maximised the residents' independence and choice. A number of the residents were using public transport independently and this was actively encouraged by staff. Some residents were also facilitated to be present in the centre without staff supervision and this was done in a safe way. With the exception of two residents, other residents had their own bedroom and were able to exercise choice in how to decorate the room and what personal effects to have there. However, the people sharing a bedroom had their privacy compromised by the sharing arrangements.

There was a policy on residents' personal possessions. Each residents' file contained a log of possessions which was updated when any new purchases were made or gifts received. The inspector reviewed the record-keeping around residents' finances and found no anomalies.

In general bedrooms had adequate storage space for clothing and other items such as televisions and radios. However, as discussed in Outcome 6, one resident had a small bedroom and another two residents shared a room.

Residents had opportunities to engage in activities of their own choosing. A number of residents had interests outside of the centre. For example, one resident expressed a wish to join a night class and this was facilitated. Residents spoke to the inspector about the range of activities that they would regularly engage in such as meals out, bowling and music sessions. Some residents stayed overnight with their families on a regular basis. In order to facilitate more time for outings, staff had commenced grocery shopping on line. Instead of taking time to attend to this task at weekends the time could now be spent doing activities the residents enjoyed.

Not all residents wanted to engage in the same activity but were unable to stay in their house on their own. In addition, the age profile of residents was such that their needs were regularly changing. Given these varying interests and needs, combined with the limited staff resources, there were occasions where activities had to be curtailed. For example, some residents choose to get up early and go to their day service at the specified time; others would prefer to get up later and perhaps attend day service on a less frequent basis. Some of the relatives feedback alluded to similar issues as those just identified by the inspector.

There was a complaints policy in the centre which included an easy-to-read version. The person in charge informed the inspector that this policy had been recently introduced. However, there remained some confusion as to who the complaints officer was in terms of what is required by regulations. The complaints log was examined and the main issues arising was around continuity of staff. This was also reflected in the relatives feedback to the inspector. The provider, area manager and person in charge had taken this matter on board and were working to address the issue.

Residents had access to advocacy support structures and one resident was a member of this national advocacy group.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that residents' communication needs were facilitated by staff. However, such communications were challenged by the changes there had been in staff. Maintaining continuity of staff was recognised by the provider as a priority and

recruitment was taking place to remedy the situation. A log was maintained of contact residents and staff had with families. This was aimed at addressing some of the deficits that had been identified in communications between families and staff.

Two residents had hearing aids which helped to support their communication needs. Where necessary residents with hearing or visual impairment were seen by specialist personnel. Some challenges existed around communicating all such appointments to staff and families. This was primarily a staff continuity issue and was in the process of being addressed.

The centre had made easy-to-read versions of some of their core policies available in each of the houses in the centre. Easy-to-read and pictorial tools were also used throughout the centre to make information available to residents. For example, there were parts of residents' person-centred plans that were in pictorial format.

Residents' communication needs were highlighted in their personal plans. Residents had access to a variety of media and residents had a television and radio in their bedroom. There were a number of residents who used mobile phones.

There was a recently reviewed and redrafted policy on communicating with residents. Residents interacted and engaged freely with the inspector in the presence of staff. Residents told the inspector that they were "free to say whatever they want" and that their "wishes are accommodated".

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the residents in the centre were supported to maintain positive family relationships and community links. A number of residents spoke to the inspector about their regular contact with family. Residents frequently travelled to their families to stay overnight or for holiday periods. Residents spoke positively about these arrangements and the outings were greatly anticipated. Families also spoke positively about the visiting arrangements. One relative commented "the care our family member has received has been great. We have never had any worries for their health and welfare".

It was clear families were involved in the information gathering part of the care planning. However, there was limited evidence that families were actively involved in actual drawing up of the care plans. Families identified this as an area for improvement and it was in line with the inspector saw. This is also referenced in Outcome 5.

Residents were supported to maintain friendships with other service users of the same provider. Many residents attended a day service at different centres in the locality. The inspector noted, both in person-centred plans and in conversation with staff, that arrangements were made to maintain friendships as this was seen as important to the residents.

Residents were involved in activities in the community. For example, one resident was engaged in a local night class. Each house in the centre had adequate space available should residents wish to meet with their friends or family in private.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that each resident had a contract in place. The contract set out the terms and conditions of accommodation in the centre and also the responsibilities of the resident and the provider. Each contract examined was signed by the resident, a representative of the provider and, where applicable, a family member. The contracts set out the total fee to be charged to the resident and clearly stated that all additional items were at the expense of the resident i.e. activities, clothing, toiletries etc.

The provider had recently introduced a new policy on admissions, discharges and transfers. The inspector was informed that the new policy gave precedence to the choices and preferences of the resident. From relatives feedback it was apparent that admissions to the centre had not always been carried out in a manner which prioritised the residents' choice. However, the last time residents moved house it was an urgent move and there was little time for discussion. The new policy highlighted the need for consultation with residents and relatives prior to any transfer. There had been no new admissions, discharges or transfers in the centre since the introduction of the new

policy. Staff informed the inspector that residents require reassurance in the period immediately after their admission. The inspector was satisfied that the provider and staff took cognisance of proper admission, discharge and transfer procedures.

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):

This was the centre's first inspection by the Authority.

Findings:

Each resident had a comprehensive assessment of their health, personal and social care needs. The plan was divided into three sections under the following headings:

- 1) my life
- 2) my world
- 3) my dreams.

Residents had a pictorial format of the plan. This was a synopsis of the more detailed plan and it was set out in an easy to read format. It was a document that a resident could take with them to day services or a new environment. It was particularly useful if a resident had to attend an outpatient appointment or be admitted to hospital.

There were arrangements in place to meet identified social needs; for example, behavioural management support was sought to assist a resident with their social and behaviour skills; a notice board was in place in each house to show residents what staff was on duty as this information was important for them.

As mentioned in earlier outcomes, much emphasis was placed on supporting residents to integrate into the community. In addition to previously mentioned activities, residents also were encouraged and supported to visit their local cinema, use local public transport and visit local restaurants. Residents were happy to talk to the inspector about these activities. Photographs on display in the houses showed residents enjoying outings, family gatherings and other events. In particular, residents were happy to talk about their holidays abroad which they reported they very much enjoyed. Staff gave of

their time to facilitate this holiday.

The personal plans were reviewed each calendar year by the key worker. However, this resulted in their being 14 to 16 months between reviews. Plans must be reviewed at least annually. The key worker liaised with the resident, their family and the multi-disciplinary team to gather information which informed the care plan. It was not clear that the actual personal plan reviews were conducted to ensure, where appropriate, the maximum participation of residents' representatives; however, this matter appeared to be improving. The personal plan review meetings included an evaluation of whether goals had been met for the previous year. In instances where goals were not being achieved a structure was in place where by the key worker would identify the barriers to achieving the goal and escalate the matter to the attention of the person in charge. If unresolved at this level it was further escalated until such time as a conclusion was made as to how it could or could not be achieved. Once again, the thoroughness of this process was improving but there were instances where it was unclear if the previous year's goals had been met.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the size and layout of the premises was generally in line with the statement of purpose. All three units within the centre were well maintained, homely, suitably decorated and clean. Residents were involved in the decoration of the houses. For example, residents' paintings and cards made in arts and crafts classes were displayed. Residents who spoke to the inspector confirmed that they were happy with their accommodation. However, one female resident was accommodated in a relatively small ground floor bedroom. Adjacent to the bedroom was a small toilet and wash hand basin. Showering facilities were on the first floor. At the time of inspection this arrangement was less than ideal. It compromised the resident's ease of access to a shower in a house that was otherwise occupied by male residents. This resident had some challenges in negotiating the stairs and there appeared to be limited planning for appropriate accommodation for this resident into the future.

Two residents shared a room and as discussed in Outcome 1 this impacted on each of their privacy and freedom to engage in personal activities. Residents were free to decorate their rooms to their personal tastes. There was adequate space for storage and sufficient cooking, dining and communal space. Each house had access to a garden at the rear.

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):

This was the centre's first inspection by the Authority.

Findings:

A Health and Safety statement and a risk register were available in the centre. The risk register detailed the process for identifying, assessing and managing risks and the internal procedure for escalating risks.

The inspector saw a range of completed risk assessments both centre and resident specific. These assessments indicated that risks were kept under review. The inspector saw that staff sought to strike a reasonable balance between resident autonomy and independence and safety.

Risk assessments were in place for the specific risks identified in Regulation 26(1) (c) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

There was policy and procedure for the management of accidents and incidents. A record of all incidents/accidents involving residents was kept in their personal file. The inspector reviewed a number of these records and found that they were documented and well maintained. In addition, there was evidence to support that there was learning from any adverse events. Staff had access to a practical emergency plan. Personal emergency egress plans were available and easily accessible.

There was documentary evidence that vehicles used by residents and staff were maintained on a regular basis so as to ensure their safety and roadworthiness. NCT certification was available.

The person in charge told the inspector that residents did not have any manual handling requirements but staff were still trained and training records indicated that the training was within mandatory timeframes.

The provider was in the process of commissioning an updated fire safety audit of each house. Existing fire safety reports were available for inspection. There was a fire procedure and evacuation procedure. Staff had received fire safety training in the past but this training needed to be updated. This is actioned under workforce in Outcome 17. Staff convened fire drills with residents approximately three monthly. More frequent drills were recommended. Staff tested the existing fire detection devices approximately monthly. Fire fighting equipment was in place, exits were indicated by running man signs.

One house had emergency lighting, the other house did not but did have appropriate directional signs. One house had an interlinked domestic type fire detection system with a control panel that provided coverage throughout the building. The other had a battery operated smoke alarm system. This was checked regularly. The fire control and detection systems were under review as part of the planned fire audit by fire service personnel.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a pro active and non judgemental approach to managing behaviours that challenge. Specific plans were put in place to assist residents and staff in finding a satisfactory way of working with such challenges and the plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a good outcome.

Psychological support was sought to assist with specific positive behaviour plans and in some instances families were involved in these. There was documentary evidence that the interventions put in place were effective, while promoting a restraint free environment and protecting the privacy and dignity of the resident. The restraint-free

environment was evident from the manner in which the house was designed and on observing how staff and residents interacted.

Policies had recently been updated in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and had access to staff with whom they could communicate with. Relatives stated they felt their family members were safe in the centre. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

Staff had specific training and experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way. As discussed in Outcome 1, the inspector reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the person in charge was familiar with the process for recording any incident that occurred in the centre and familiar with the procedure for maintaining and retaining suitable records as required under legislation. The inspector was satisfied that a record of all incidents occurring in the centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the general welfare and development needs of residents were promoted. A proactive approach was taken to ensuring residents had good opportunities for new experiences. Residents had been afforded the opportunity to attend various activities such as visiting their family home on a regular basis and over-nights with family members; attending music events; going for walks; visiting restaurants; swimming, going to the cinema and attending social evenings. Residents had access to a secure garden.

There was an assessment process to establish each resident's employment/activity needs. All residents attended day services which were tailored to suit the requirements of residents. Each resident had a personal development plan. An example of actions for one resident under this plan varied from support with travelling independently, attending a night class and shopping. The plan also outlined the importance, from the residents perspective, to get encouragement, guidance and reassurance from staff.

A system was in place where, if it was identified that a resident's educational or development goal had not been achieved, it was escalated through the review process conducted by the person in charge. A "Job coach" was recently recruited to assist in this area. This person had responsibility for sourcing and supporting residents and staff in securing appropriate work placements for service users.

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):

This was the centre's first inspection by the Authority.

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, behavioural therapist) 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 records showed that blood tests were carried out on a regular basis.

The dietician and speech and language therapist were available if needed, to lend support and guidance in the planning of good nutritional care for residents. There was evidence of referral and access to the general practitioner (GP), psychiatrist, dentist and optician. Where other specialist services were required such as consultation with services for the hearing impaired, these were facilitated. Discussions took place around end of life care and these were documented.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents either took a packed lunch to their day service or purchased lunch at the day service.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a recently reviewed and redrafted medication management policy. The policy was comprehensive and addressed the salient aspects of medication management. However, practice was not fully reflective of policy and medication management practice had not been and was not routinely subjected to audit. For example staff reported a colour coded procedure for the recording of medication administration that was not referred to in the policy.

Policy and procedure required of staff that they check the accuracy of all medications administered to the resident. However, when staff recorded the administration of medication they recorded only that the blister pack was administered rather than each individual medication as indicated on the prescription record and as stipulated in the

policy. It was unclear as to role and responsibility of staff in ascertaining the accuracy of supplied medications as this was reasonably not within the remit of their scope of knowledge and practice.

One resident was facilitated to be responsible for their own medication. This was risk assessed and reviewed on a regular basis in line with the centre's policy on self medication.

The inspector saw that medications were securely stored and formal records were maintained of the return of unused or unwanted medication to the pharmacy. Residents were facilitated to liaise directly with the pharmacist for advice and guidance around their medication. Residents were provided with information on their medication regime in a format that was appropriate to the needs and abilities. Non nursing staff administered medications and had received training in the safe administration of medications. Near misses and/or medication errors were recorded through the critical incident reporting system.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose contained the information required by Schedule 1 of the Regulations.

The statement of purpose was kept under review and was available to the residents and their relatives. The inspector found that the statement of purpose was implemented in practice and reflected the ethos of providing a comfortable and safe environment.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. He worked full-time. The person in charge was knowledgeable regarding the requirements of the Regulations and Standards, and had clear knowledge about the support needs of each resident. The person in charge was committed to his own personal development through regular attendance at courses including specific training days around his responsibilities as person in charge. The person in charge worked aside another similar post holder. They covered annual leave duties for each other and each person in charge was assigned "on call" duties as part of their roster. The person in charge was also "on call" which meant he assisted in other centres if the need arose. There were occasions where the "on call" system limited his time to fulfil his person in charge duties. An analysis of the "on call" system had taken place by senior management which had resulted in the process of recruiting extra staff to support the "on call" system. This was expected to have a positive impact in terms of the time available to the person in charge to focus on the needs of his own centre.

The provider had established a clear management structure. The structure included supports for the person in charge to assist him to deliver a good quality service. These supports included an area manager, head of community services, quality manager and director of services. The person in charge met with the area manager on a regular basis and had formal fortnightly meetings with her. The area manager in turn met with the head of community services. The area manager was contactable almost all the time. If she was not available another area manager covered for her. While this level of available support was reassuring for staff, it was not sustainable and was under review.

The provider nominee or her delegate visited the centre unannounced approximately every six months. The purpose of this was to carry out audits and provide feedback to the person in charge as to the quality of the service provided to residents. If indicated, recommendations were made as to how the service could be improved further. The person in charge responded to these recommendations within 21 days.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There had not been any occasion where the person in charge was absent for 28 days or more. Suitable deputising arrangements were in place for the management of the centre in the absence of the person in charge. Another person in charge covered for such eventualities, in conjunction with the area manager.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector was satisfied that this centre was sufficiently resourced to support residents achieve their individual personal plans. This was evident from;

- 1) the comfortable homes provided
- 2) access to transport
- 3) the satisfactory staffing levels and skill mix
- 4) the varied activity programme
- 5) the good family involvement in the life of residents
- 6) the provision of adequate and suitable equipment
- 7) the provision of an on-going training programme for staff.

However, staff continuity was an issue. The provider was in the process of addressing the matter. This is discussed in Outcome 2 and Outcome 17. Also discussed in Outcome 2 was the need to maintain and improve lines of communication between families and staff. While activities available to residents were good, there was scope to develop them

further. This is discussed in Outcome 5.

As discussed in Outcome 6, there was little forward planning to adequately support the provision of most appropriate shower facilities for an elderly female resident. Two residents shared a room in one of the houses and this compromised each of these two residents' privacy and dignity.

Some shortcomings in staffing and premises as discussed in Outcome 6 and Outcome 17, indicated that an increase in resources were required to adhere to best practice. In addition, a greater level of planning was needed if adequate support was to be available as service users advanced in age

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was not satisfied that the centre had an appropriate staffing level at all times of the day and on all days of the week. For example, extra staff were needed to facilitate residents to go on outings. This was due to the fact that some residents were interested in outings and others were not, but only one staff was available to all. It was not unusual for outings to be postponed, cancelled or not organised due to these varying needs of residents. The inspector observed that the evening time in one of the houses was particularly challenging for one staff to attend to all the demands and needs of residents. The person in charge was aware of this and provided extra support to this house. Work was ongoing in addressing the staff continuity issue. As discussed in previous outcomes and as identified by relatives, the continuity of staff impacted on the quality of care.

Residents were normally present in the centre from approximately 16:30hours until approximately 09:30hours the following morning. During this time there was one staff member present in each house. The staff member from one of the houses was available to support the person in the self contained apartment which was adjacent to one of the houses. There were occasions when residents were present without supervision but this

was appropriately risk assessed and done in a safe manner. There was a planned and actual staff rota which reflected the shift pattern conveyed to the inspector by staff.

Staff with whom the inspector met had suitable skills and qualifications to meet the assessed needs of the residents. Staff were supported in their role by the person in charge. The person in charge had a central office in a different location during the day and was in the centre for the evening hours when the residents were present. In particular the person in charge provided support to the area where newer staff were on duty. The person in charge also worked two sleepover shifts in a fortnight. Staff told the inspector that they felt supported by the person in charge. All staff had training in moving and handling, fire detection, prevention and detection of abuse and management of behaviours which challenge. However, some staff needed to up date their fire training. Staff files were maintained in a central administrative location and were examined by the inspector on a previous occasion. The files were found to be in compliance with the regulations.

There were regular staff meetings held in each of the houses in the centre. The minutes of these meetings were made available to the inspector. Staff were aware of the regulations and standards and were also familiar with the centre-specific policies in place in the centre. There were currently no volunteers connected to the centre or to any residents in the centre.

Both the person in charge and the area manager had a role in staff supervision within the centre. However, there were no formal arrangements for staff appraisals. The inspector's observations of staff interactions with residents were positive. The feedback received from residents and relatives with regards to staff was also positive.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The records were easily retrievable and available to residents in the centre. The inspector was satisfied that the records as 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 were in place and were maintained by staff in an a manner that ensured completeness, accuracy and ease of retrieval. The centre maintained up-to-date records on residents in terms of healthcare, referrals to allied health professionals and person-centres plans.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
Centre ID:	OSV-0004828
Date of Inspection:	15 September 2015
Date of response:	24 November 2015

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:

The sharing of bedrooms impacted on each resident's privacy and dignity.

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

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

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 Brothers of Charity Services Limerick is committed to ensuring that each resident has their own bedroom.
- One resident has been identified as being a suitable to move to another designated centre in the same area. This move will improve their quality of life and will be managed through a person centred process including communication with the resident and their circle of support.
- One resident who shares a bedroom goes home every holiday and every second weekend thus giving the other person some personal privacy.

Proposed Timescale: 01/06/2016

Theme: Individualised Supports and Care

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

There was some ambiguity around the new complaints process and who the complaints officer was as referenced in the regulations.

2. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

- Following another HIQA inspection the complaints policy and process is under review. The policy will be circulated when approved.
- Clear complaints procedure has been drawn up identifying who is responsible for holding and dealing with complaints. The complaints office for Community Services is the Head of Community.
- Complaints is a standing item on the agenda for all house and staff meetings in the designated centre.

Proposed Timescale: 31/12/2015

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:

It was not clear that the personal plan reviews were conducted to ensure, where appropriate, the maximum participation of residents' representatives.

3. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- To date eight plans are fully completed and 3 plans are in progress.
- Families of all residents are invited, where possible, to get involved in the information gathering.
- Planning meetings are rescheduled to accommodate families.
- All planning meetings will be completed by 15th December 2015.
- Reviews as scheduled will take place for each resident on a quarterly basis as per procedure.
- PCP process is currently being reviewed to streamline the process and improve the monitoring goal achievement.

Proposed Timescale: 15/12/2015**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A comprehensive assessment of the health, personal and social care needs of each resident was not carried out at least on an annual basis.

4. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- PIC will continue ensure that every resident has a comprehensive medical review with their G.P. on an annual basis.
- Area Manager will support this through checking on status of reviews in designated centre on the monthly visits
- Annual Medical Reviews for all residents have been completed for 2015 since inspection.

Proposed Timescale: 17/11/2015**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The rationale for any proposed changes to the personal plan or the reasons why the plan was not achieved were not always documented.

5. Action Required:

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

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

- Any proposed changes to PCP priorities will be recorded as part of the review process.
- Barrier forms will be completed by the PIC and escalated if goals cannot be achieved.
- PIC will oversee process with the support of the Area Manager.
- Revised PCP process will be rolled out shortly.

Proposed Timescale: 31/10/2016

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 centre was not adequately adhering to best practice in achieving and promoting accessibility, in that there were no ground floor ensuite facilities available for an elderly female resident in a male dominated household. There was no plan in place to carry out any required alterations to the premises to ensure it is accessible to all.

6. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

- At present the resident has access to upstairs facilities and there is a risk assessment in place evidencing no risk to resident at present using upstairs facilities.
- The resident enjoys living in this house with friends she has shared with for many years.
- Risk assessment will continue to be reviewed every three months. Next review by 17th February 2016
- Plans will be made according to residents changing needs.

Proposed Timescale: 17/02/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Emergency lighting was not provided in all houses within the centre.

7. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- A planned review of fire safety in the designated centres will be undertaken by a suitably qualified inspector.
- Recommendations from inspector including emergency lighting will be addressed subject to funding.

Proposed Timescale: 31/05/2016

Outcome 12. Medication Management

Theme: Health and Development

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

There are written medication management policies but these are not fully implemented in practice.

8. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- Updated medication procedure for Community Services has been circulated to Policy Review Group. This procedure has clear guidelines for ordering, receipt, prescribing, storing disposal and administration of medication. This procedure will be implemented once passed.
- Medication policy and operational procedure for management will include colour coded procedure, routine audit by PIC and Area Manager.
- Checks have been put in place with new pharmacy to ensure that medication is ordered dispensed and administered according to procedure.
- Medication management training for staff will take place by the end of November.

Proposed Timescale: 31/12/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

Some shortcomings in staffing and premises as discussed in Outcome 6 and Outcome 17, indicated that an increase in resources were required to adhere to best practice. In addition, a greater level of planning was needed if adequate support was to be available as service users advanced in age.

9. 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:

- Ensure that the roster is fully filled in relation to morning support hours.
- Support for female resident in house has been arranged as required within current resources.
- A dedicated relief panel for the centre is being set up in order to ensure there is a sufficient and dedicated relief staff to this management area.
- The placement and needs of residents will be reviewed through multi-disciplinary process on at least six monthly basis.
- Risks to residents will be escalated and business cases will be completed for extra funding for staffing when required.

Proposed Timescale: 01/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The quality of life of residents was negatively impacted upon by the lack of continuity of care and support.

10. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

- Ensure that the roster is fully filled in relation to morning support hours.
- A dedicated relief panel for the centre is being set up in order to ensure there is a sufficient and dedicated relief staff to this management area.

Proposed Timescale: 30/11/2015

Theme: Responsive Workforce

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

There were inadequate formal arrangements for the supervision of staff.

11. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Support and Supervision is being reviewed at Senior Management Team level in the context of:-

-Culture of the organisation

-Understanding structures within the Services that are effective. The learning from understanding these structure can be shared across the organisation.

-Recognising underlying management issues in the area of supervision and identifying the training that is required to support managers in addressing these underlying issues as part of the management role.

From this review a process of formal supervision will be introduced across the organisation

Proposed Timescale: 31/01/2016

Theme: Responsive Workforce

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

The records indicated staff did not always have access to appropriate refresher training. This was related in particular to updated fire training.

12. 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:

- Staff training needs will be identified through records including fire training.
- Planned training will take place for all staff according to schedule for training
- Refresher training will be provided according to schedule for staff

Proposed Timescale: 28/02/2016