

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	East Limerick Services
Centre ID:	OSV-0002839
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Limerick
Provider Nominee:	Norma Bagge
Lead inspector:	Margaret O'Regan
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	1

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:
24 October 2016 09:15	24 October 2016 18:15
25 October 2016 09:05	25 October 2016 17:30

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

Background to the inspection:

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

How evidence was gathered:

As part of the inspection, the inspectors met with all 15 residents who were residing in the centre. Overall, residents were satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them.

The inspectors spoke with staff who shared their views about the care provided in the centre, aspects of the service which worked well and areas which could be improved. The inspectors spoke with the person in charge who was recently appointed to this role.

The inspectors spoke with members of the senior management team who made themselves available to the inspectors on both days of the inspection. The provider nominee was present for inspectors' feedback at the end of the inspection.

Residents and relatives completed questionnaires about the quality of the service provided. In total 12 questionnaires were completed and returned to the inspectors.

The inspectors examined documentation such as care plans, risk assessments, fire documentation and medication records.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which 'is committed to providing person centred and person directed service that support life choices of service users.' Inspectors were satisfied that the service was person centred.

Accommodation was in four single-storey houses. Between three and five residents occupied each house. Each house had a sitting room, kitchen, single occupancy bedrooms (except one), modified sanitary facilities and laundry facilities.

The centre is part of the organisations' community living facilities. The service is available to both male and female residents.

Residents were able to get out and about on a daily basis. The houses were well maintained. Residents availed of a variety of day services which included services provided by the Brothers of Charity and services provided by local community day centres. Transport was provided to and from the day services.

Overall judgment of our findings:

Inspectors noted the good quality of life that residents enjoyed. The flexibility around care practices helped to minimize the occurrence of incidents around behaviours that challenge. Residents were independent in so far as possible. Residents indicated they were happy. A number of residents stated this in the completed questionnaires. Residents made comments such as 'I am happy here' and 'I like it here'.

Inspectors found that care was provided in a holistic environment where respect was a core element of all interactions. Inspectors saw residents going on for walks, attending local day centres and watching television.

Residents and family members all commented on the kindness of staff and described them as 'excellent', 'brilliant' and 'second to none'. Residents were able to spend leisure time together, visit family and friends and have a relaxed convivial relationship with staff. A number of family members commented on the

improvements their relative enjoyed since living in the centre and how their family member had 'become more independent' and 'blossomed'. Residents were offered independence while their security was safeguarded. All respondents to the questionnaires stated they felt safe in the centre.

Some improvements were identified as being required under Outcome 4 (Admissions and Contracts for the Provision of Services), Outcome 5 (Social Care Needs), Outcome 13 (Statement of Purpose), Outcome 14 (Governance and Management), Outcome 17 (Workforce) and Outcome 18 (Records and Documentation).

A major non compliance was identified under Outcome 7 (Health and Safety and Risk Management) with regard to inadequate fire detection and containment systems in place in the designated centre.

Family members in particular, identified extra funding as being necessary to improve the social aspect of care such as extra staffing and more opportunities to go out and engage in a wider array of activities. Notwithstanding the views on the limitations of resources, all family members were complimentary of the service, with comments such as 'I could not thank staff enough for what they do'.

These findings are outlined under each outcome in the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors were satisfied that residents rights and dignity were respected and that residents were consulted about how the houses were run. Feedback was sought and informed practice. For example, weekly house meetings were held for which minutes were maintained.

Residents had access to advocacy services and information about their rights. For example, one resident had an active role in this year's national advocacy conference. Work was underway in further promoting advocacy awareness amongst residents and a new staff member was in the process of being identified to run the local advocacy meetings.

There were policies and procedures for the management of complaints. Residents were aware of the complaints process and were confident that complaints would be listened to and addressed. This was confirmed by relatives and residents in the completed questionnaires submitted to HIQA. The complaints process was displayed and was also discussed at house meetings.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Each resident had an intimate personal care plan. Residents were encouraged to maintain their own privacy and dignity by being provided with single occupancy bedrooms (except for one spacious twin room), locked safes for records of their financial affairs and adequate space to store personal possessions.

Residents were facilitated to have private contact with friends, family and significant others. For example, visiting the family home, visiting relatives and friends. Residents' personal communications were respected. For example, resident gestures were interpreted to good effect and staff knew when a resident wanted staff assistance, wanted to share a concern or wanted someone to listen to their story.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents choose what time they got up and went to bed, where they went shopping and who they met. Relatives commented on the improvements they noted in their relative's level of independence since living in the centre.

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

Residents were enabled to take risks within their day to day lives. For example, go for walks, go on holidays and enjoy a social drink.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Significant improvements had been made in 2016 in the manner in which resident personal finances were managed, recorded and monitored. Residents retained control over their own possessions. Residents were facilitated to assist with their own laundry if they wished.

Overall, residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, watching particular television shows, partaking in baking activities, or chatting with staff. Individual residents engaged in their own specific interests outside of the centre such as attending a local day centre, attending a local slimming group, going for a swim and visiting the family home.

Relatives and staff identified that some suggested activities were inappropriate to resident needs. This matter was brought to the attention of management staff and appeared to have been resolved. While activities were good and tailored to meet the needs of residents, there was scope to expand the activities available. For example, facilitation of more frequent walks for those who enjoyed this activity or engage in more frequent centre based activities. The recently appointed person in charge had plans in place to address this, including facilitating art and craft in house.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to communicate by staff who were aware of their needs in this area.

Residents had communication plans in place. While it was noted by inspectors that some communication plans could contain more detail, staff members spoken with demonstrated a good knowledge of the communication needs of residents. The person in charge spoke of plans to further develop the communication plans in place for residents.

During the course of the inspection, staff members were observed by inspectors communicating clearly with residents in a manner which respected their specific communication needs.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to attend activities in the community while visitors were encouraged in the designated centre.

Residents spoken with indicated that they engaged in various activities in the community such as attending social events, day services and a seniors' club. Inspectors reviewed a sample of activity logs and noted that residents engaged in activities such as music and eating out in the community. During the inspection one resident expressed an interest in taking part in some arts and crafts and the person in charge said this would be facilitated.

The provider had a visiting policy which encouraged family and friends to visit. From speaking to staff members and residents and through reviewing visitor logs it was clear that visits were facilitated in the designated centre. Residents were also supported to speak to family by telephone as required and private areas were available within the designated centre for residents to receive visitors.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of the contracts of care in place for residents in the designated centre. These contracts contained the necessary information as required by the regulations and most had been agreed to by the resident or their representative. Inspectors noted two contracts had not been signed by the resident or their representative. The person in charge informed inspectors that these contracts were in the process of being completed.

The provider had an admission policy and procedures in place. There had been a recent new admission to the centre in the weeks prior to the inspection and the person in charge was part of a multi disciplinary team that had agreed to the move. The resident involved had visited the centre before moving in and a transition plan was in place. Staff and other residents had been informed about this new admission before the resident came to live in the centre.

At the time of inspection the transition plan for this resident was still in process. While the new resident was beginning to adjust to their new living environment it was noted by inspectors that their behaviours were having a negative impact on the routines of other residents in the designated centre as well as increasing the need for staff vigilance. The person in charge informed inspectors the admission process was still ongoing and would be subject to further review by the multi disciplinary team before completion.

Judgment:

Substantially Compliant

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Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Residents or their representatives were involved in an assessment to identify their individual needs and choices. Assessments had multidisciplinary input. Person centred care plans were in place. However, these plans were not adequately reviewed. For example, some plans had not been reviewed for over 12 months. Care plans goals were stated but it was not always clear who was responsible for the care plan goal. Barriers to not achieving goals had not been identified or escalated.

Residents and their family members were consulted with and involved in the review process. However, given that plans were not always reviewed on an annual basis, both the resident and their families missed out on the opportunity to be more formally involved in their care planning.

Residents were provided with a social model of care. They were involved in a varied activities programme which included sensory activities such as baking, music sessions, pet therapy, walks, enjoyment of nature, swimming, aromatherapy and reflexology.

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):

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

Findings:

The designated centre was made up of four bungalow type houses. Three of these units were located close together in a courtyard setting on the outskirts of a village. At the time of the inspection these three units provided a home for 11 residents. Each of the 11 residents had their own bedroom. Kitchen, laundry, and toilet facilities were provided in each of the three units along with sufficient space for relaxation.

The fourth unit of the designated centre was located about 15 minutes drive from the other three units and accommodated four residents. Two residents had their own bedrooms while two residents shared one bedroom. A sitting room, dining room, kitchen and bathroom facilities were provided for. This unit also had large front and rear gardens.

Inspectors visited some of the residents' bedrooms which were well presented and personalised with photographs and other ornaments. All four units were presented in a clean manner and the centre was in a good state of repair. The actions arising from the previous inspection had been addressed.

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:

Inspectors found that there were not sufficient fire detection and containment systems in place in the designated centre.

The designated centre comprised four units, three of which were located close together in a courtyard setting. These units had a fire alarm system in place; however, a review of this fire alarm system, carried out by external body in July 2015, found that the system was "unsuitable" and "unreliable".

The review recommended that the system be replaced without delay. At the time of inspection this system was still largely in place despite further recommendation from the external body that the system be replaced in July and October 2016. Inspectors were

informed that one part of the system had been replaced shortly before inspection while a second part was due to be replaced the day after the inspection concluded.

At the end of the inspection, representatives of the provider informed inspectors that a fire safety audit was to be carried out by another external body in these three units. Inspectors were subsequently provided with this audit which found that the fire alarm system in place did not provide the necessary level of protection for the units.

In addition the audit found that compartment walls in the attic areas of the units did not sufficiently sub-divide the attic space and separate certain areas within the three units for fire safety purposes. It was also found that many of the fire doors in the centre had been compromised to facilitate fitting while there was also other defects in the construction and installation of the fire doors.

The fourth unit of the centre had no wired fire alarm system, instead using a number of heat detectors and smoke alarms. The 2015 review found that a fire alarm system was needed but no such system was in place at the time of inspection. This unit of the designated centre was also due to receive a fire safety audit during November 2016.

Fire exits in the all units of the centre were seen to be unobstructed. Fire drills were carried out at regular intervals at varying times of the day. These drills were documented and recorded any issues which arose during the course of the drills.

All residents had personal evacuation plans in place which had been updated to reflect changes in the circumstances of residents' needs. Staff spoken to were aware of the contents of these evacuation plans and of what do in the event that an evacuation was needed.

However, while speaking to staff members, two indicated that they had not been involved in any fire drills in the units of the centre where they were working. In addition eight further staff had not received refresher training in fire safety. The person in charge informed inspector that these eight staff members had been booked in for refresher fire training before the end of 2016.

A risk management policy was in place by the provider which had had been reviewed previously during inspections of other designated centres run by the provider. Risk registers were in place and identified risks had a corresponding assessment in place.

An emergency plan was displayed throughout the centre providing directions and contact information in the event that a number of emergencies such as loss of power or water arose. The contact information for alternative accommodation was also provided.

A health and safety statement was in place which provided for monthly health and safety checklists to be completed. These had not been completed in the centre during 2016 until September when the person in charge had been appointed to her role.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. An easy-to-read version of the safeguarding policy was in place as were easy-to-read versions of residents' safeguarding plans.

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

Efforts were made to identify and alleviate the underlying causes of behaviours that challenge for each individual resident. Specialist interventions were implemented in consultation with the resident and their family member through their personal plans. Interventions were regularly reviewed to assess their impact on improving challenging behaviour and improving the lives of the resident. Staff signed that they had read and understood safeguarding plans.

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

The use of medication to manage behaviour that challenged was monitored

Judgment:

Compliant

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Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: A record of incidents occurring in the centre was maintained. Most notifiable incidents were notified to the Chief Inspector within three days of occurring; however, in one instance this did not occur. A quarterly report was provided to the Health Information and Quality Authority (HIQA) as required by regulations.
Judgment: Substantially Compliant

Outcome 10. General Welfare and Development <i>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.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The achievement of residents was valued and proactively supported by practices in the centre. Residents were engaged in social activities internal and external to the centre. Work was ongoing in developing and expanding opportunities for residents. The needs of the individual was to the forefront when activities inside and outside the centre were being considered. Arrangements were in place for residents to attend work and day centres where this was suited to the resident's needs and capacities.

Judgment:

Compliant

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

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' health-care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Individual residents' healthcare needs were appropriately assessed and met by the care provided in the centre.

Residents had access to allied health care services which reflected their diverse care needs.

The care delivered encouraged and enabled residents to make healthy living choices. In so far as practicable, residents were actively encouraged to take responsibility for their own health and medical needs.

Food was nutritious, appetising varied and available in sufficient quantities. It was available at times suitable to residents. Snacks and drinks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner.

The advice of dieticians and other specialists was implemented in accordance with each resident's personal plan. For example, some residents followed a diabetic diet.

Judgment:

Compliant

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

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines were in accordance with the centre's policies.

Medication was supplied weekly. Prior to the week's supply being opened, all medication for the week was checked by staff to ensure it was accurate and in accordance with the prescriptions. This procedure was documented. Any errors noted resulted in the resident's weekly supply being returned to the pharmacy.

Systems were in place to assist staff in identifying medication.

Once medication was administered it was recorded in the appropriate record. Where medications required to be crushed this was prescribed by the GP. The prescription chart detailed the medication and the dose. The prescribed medication had a doctor's signature.

The prescription chart however, did not always clearly state the name of the resident's GP. This is actioned under Outcome 18, Records and Documentation to be kept.

Staff had undergone medication management training and further training was scheduled. Medications errors were recorded and action taken to minimise the risk of a reoccurrence.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. These were returned to the pharmacy and a record maintained of the name of the medication, the quantity returned and the resident for whom the medication was prescribed for.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the Statement of Purpose and noted that it did not contain the

following information as required by regulations:

- the specific care needs that the designated centre is intended to meet
- the criteria for admission to the designated centre including policies and procedures around emergency admissions
- room sizes for one of the units in the designated centre was not clear.

Judgment:

Substantially 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:

The management systems in place did not adequately ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. It was 15 months since the last annual report. Plans were in place to carry out another by end 2016.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. Residents could identify the person in charge and it was evident she had a good rapport with residents and staff. However, the arrangements in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering was compromised by the service not having a structured staff appraisal system. Inspectors were informed plans were advanced for the roll out of such a system.

Six monthly unannounced inspections of the centre were carried out by the provider. Action plans were developed from these unannounced visits. The inspectors saw that a number of the action plans had been implemented however, some actions were still outstanding such as the quarterly review of person centred plans.

Inspectors noted that the most recent six monthly review carried out in July 2016, did not review the staffing arrangements. Given that plans were underway to adjust staffing levels, the inclusion of this as part of the six monthly visit could support or guide

management in any subsequent decisions with regards to staffing.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge was new in the post. It was evident she was committed to ensuring the service provided met the needs of residents. She spoke of changes she implemented since taking on the role and of plans she had for further improvements in the quality of the service. It was clear she was fully engaged in the governance, operational management and administration of three of the four houses that made up this centre. She was less involved in the fourth house and this was an area the person in charge had identified for improvement.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the centre for more than 28 days at any one time. The provider was aware of the need to notify HIQA one month in advance if such an absence was expected. In the case of an emergency absence the provider knew to notify HIQA within three days of its occurrence.

Suitable arrangements were in place to cover in the event of the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

At the time of inspection there were sufficient resources to support residents achieving their individual personal plans. There was transparency in the planning and deployment of resources in the centre. For example, equipment was provided and regularly serviced, the premises were well maintained and the vehicles in use were in good working order.

However, as referenced under Outcome 17, plans were in place to reduce staffing levels due to budgetary restraints. These plans were not finalised. The provider and person in charge were made aware of the inspectors concerns about reducing staffing levels and the impact this was likely to have on supporting safe resident care with the cohort of residents that were in the centre the time of inspection.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

During the inspection staff members were observed engaging with residents in caring and warm manner. It was evident that staff were passionate about their roles and committed to the residents.

Since the previous inspection there had been an increase in staffing levels in the centre, in particular at night time. However, at the outset of inspection the provider's head of integrated services informed inspectors that staffing numbers within the centre were due to reduce shortly. This was going to result in the removal of a sleep over staff member in one of the units and of a day time staff member in another unit.

At the time of inspection the staffing arrangements in place were meeting the primary care needs of residents. However, recent changes in the needs of the residents and the challenges posed by a new admission to the centre had resulted in increasing the

workload on staff. While staff had prioritised the needs of residents, shortcomings were identified in other areas such as documentation as highlighted under Outcome 5 and Outcome 18. Inspectors were concerned that the impending reduction in staffing numbers was going to have a negative impact on residents in areas such as safety and social activation.

Inspectors reviewed the staff training lists for the centre and noted that staff were due refresher training in the areas of medication management, de-escalation, fire safety, and safeguarding. The person in charge informed inspectors that all staff due such training had been booked into receive refresher training by January 2017. It was also noted by staff that further training was needed by some staff to reflect the changing needs of residents, particularly in the area of dementia care.

Staff meetings were held on a monthly basis where issues such as residents needs, events, training and policies were discussed. Staff rosters were maintained within the centre. Staff files had been reviewed at other inspections involving the provider and so were not reviewed during the course of this inspection.

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):

No actions were required from the previous inspection.

Findings:

Records were maintained in the centre. However, they were not always accurate or up to date. This related in particular to some of the person centred plans. Signatures and dates were missing from some documentation, no review dates were documented and the barriers to progress was not stated. These gaps in documentation compromised the reliability of the information in the documents.

In some instances, documentation was archived when it would be useful to have the content of it still in the resident records. This was particularly so in relation to the

archiving of old care plans and the resident's notes not clearly showing whether or not their specific needs had increased or lessened.

The name of the resident's GP was not always clearly stated on the prescription chart.

Residents' records and general records were kept for not less than seven years after the person to whom they related ceased to be a resident in the centre.

There were centre-specific policies which reflected the centre's practice. The centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:

Non Compliant - Moderate

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-0002839
Date of Inspection:	24 and 25 October 2016
Date of response:	14 December 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Two contracts of care had not been signed by the resident or their representative.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

- The long stay contribution for the residents that reside in this designated centre is changing on January 1st 2017.
- New contracts of care are currently being drawn up by the PIC to be signed and in place for January 1st.
- They have all gone under a financial assessment for RSSMAC and there long stay contribution from January will change.

Proposed Timescale: 31/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

The personal and social care needs of each resident were not always reviewed on an annual basis.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- Person centered plans are ongoing and under review.
- Each plan will have a consent form, information gathering, planning meeting, goals identified, quarterly reviews and an annual review.
- Keyworkers will be responsible for this in conjunction with the PIC and staff nurse on duty.
- Any barriers that are identified will be escalated to the DOS for review and also it will be discussed if this goal should be brought on to the following year or whether it is achievable or not.
- Review of the care plans are the responsibility of the staff nurse and PIC in duty. They will be reviewed and updated where necessary.
- On an annual basis they will be reviewed and if they do not require changing or updating then they will be signed off as reviewed and retained for the coming year.

Proposed Timescale: Quarterly and annually as required.

Proposed Timescale: 15/12/2016

Theme: Effective Services

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

The arrangements in place to meet the assessed needs of each resident were inadequate. For example, reviews did not take place as to the progress in attainment of resident goals; where there was a delay in achieving goals, the barriers to achievement were not identified or escalated.

3. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- Person centered plans are ongoing and under review.
- Each plan will have a consent form, information gathering, planning meeting, goals identified, quarterly reviews and an annual review.
- Keyworkers will be responsible for this in conjunction with the PIC and staff nurse on duty.
- Any barriers that are identified will be escalated to the DOS for review and also it will be discussed if this goal should be brought on to the following year or whether it is achievable or not.

Proposed Timescale: Quarterly and annually

Proposed Timescale: 15/12/2016

Theme: Effective Services

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

The names of those responsible for pursuing objectives in the plans of care were not always recorded. Neither were timescales always documented.

4. 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:

- There has been a high staff turnover in the designated centre.
- Relief staff have been covering a lot of permanent lines in the past few months. Interviews were held for the day posts on Dec 5th.
- New staff members are due to commence their positions in January 2017 and will be assigned as Keyworkers and then they will be responsible for the reviewing of the personal plan review, any proposed changes and pursuing any objectives.

Proposed Timescale: 31/01/2017

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:

An external fire safety audit raised concerns regarding compartment walls in the attic areas and fire doors.

5. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- A fire audit was carried out in the designated centres the day after the inspection.
- A full specification has been developed by a fire safety engineer in order to tender for the installation of a new fire alarm system in the designated centre.
- Where there is a sleepover staff on duty and as an interim measure to address deficits in the current fire alarm system, 9 smoke detectors have been fitted to House 3 and 2 carbon monoxide alarms also. These are battery operated. It is proposed and the responsibility of the PIC to ensure that the batteries are changed on an 8 weekly basis to avoid any defects. They will be changed early next week by maintenance and again in the middle of February. This will continue until the new system is in place.
- Night drills are being carried out in the house with waking staff until such time as new fire alarm system is installed.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

The provider failed to act upon a July 2015 review of the fire alarm systems in the designated centre.

6. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

- A fire audit was carried out in the designated centres the day after the inspection.
- A full specification has been developed by a fire safety engineer in order to tender for the installation of a new fire alarm system in the designated centre.
- Where there is a sleepover staff on duty and as an interim measure to address deficits in the current fire alarm system, 9 smoke detectors have been fitted to House 3 and 2 carbon monoxide alarms also. These are battery operated. It is proposed and the

responsibility of the PIC to ensure that the batteries are changed on an 8 weekly basis to avoid any defects. They will be changed early next week by maintenance and again in the middle of February. This will continue until the new system is in place.

- Night drills are being carried out in the house with waking staff until such time as new fire alarm system is installed.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

There was not sufficient fire detection systems in place in the designated centre.

7. Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

- A new fire panel has been fitted to both house 1 and House 3.
- A full specification has been developed by a fire safety engineer in order to tender for the installation of a new fire alarm system in the designated centre.
- Where there is a sleepover staff on duty and as an interim measure to address deficits in the current fire alarm system, 9 smoke detectors have been fitted to House 3 and 2 carbon monoxide alarms also. These are battery operated. It is proposed and the responsibility of the PIC to ensure that the batteries are changed on an 8 weekly basis to avoid any defects. They will be changed early next week by maintenance and again in the middle of February. This will continue until the new system is in place.
- Night drills are being carried out in the house with waking staff until such time as new fire alarm system is installed.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

Two staff members had not taken part in a fire drill in the units of the designated centre where they were working.

8. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

- Both staff have now taken part in fire drills in the designated centre.

Proposed Timescale: Completed

Proposed Timescale: 15/12/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

An allegation of abuse had not been notified to the Chief Inspector.

9. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

- The PIC will ensure going forward that any allegation suspected or confirmed of abuse will be reported in a timely fashion to HIQA and any actions that follow it are forwarded in a complete and detailed 20 day follow up to ensure transparency.

Proposed Timescale: Complete

Proposed Timescale: 15/12/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Not all of the required information was contained in the Statement of Purpose.

10. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- The statement of purpose has been reviewed and updated.
- The PIC will ensure that all facts and details are correct and all measurements pertaining to bedrooms are correct and easy to read.

- The PIC will ensure that the admissions section clearly outlines the criteria for receiving a new admission.

Proposed Timescale: Completed

Proposed Timescale: 15/12/2016

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:

An annual review of the quality and safety of care and support in the designated centre had not taken place.

11. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

- The annual review is currently being completed by the PIC. The PIC is awaiting responses from family questionnaires to complete the review.

Proposed Timescale: 13/01/2017

Theme: Leadership, Governance and Management

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

Effective arrangements were not in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

12. Action Required:

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

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

- Staff support and supervision has been implemented and will be completed on a quarterly basis.

Proposed Timescale: 31/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff members were overdue refresher training in areas such as de-escalation, fire safety, safeguarding and medication management. Some staff required training in dementia to reflect the changing needs of residents.

13. 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 in these areas will take place in the new year.
- Staff will be booked in for training early in the new year and the PIC will keep records to ensure that staff training is maintained.
- Staff training was unable to take place this side of Christmas due to staffing constraints.

Proposed Timescale: Ongoing

Proposed Timescale: 15/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The records maintained in relation to each resident as specified in Schedule 3, were not always complete or up to date.

14. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

- Person centred plans will be implemented fully starting with consent, information gathering, planning meeting, quarterly reviews, annual reviews. Any barriers identified will be escalated and acted on.

- Care plans will be reviewed and updated 6 monthly or more frequently are required. This will be the responsibility of the PIC and the staff nurse in the designated centred. The care plan will contain a section for reviewing also on an annual basis and carried forward to the following year
- All drug Kardex now have the required information attached. On the day of inspection 1 kardex remained without doctors signature. This has since been rectified.
- All documentation will be signed and dated by the relevant healthcare professional.

Proposed Timescale: 31/03/2017