

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Elmwood
Centre ID:	OSV-0002845
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):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
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:
19 January 2017 10:00	19 January 2017 17:30
20 January 2017 10:30	20 January 2017 12:30

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 inspector met with the resident living in the centre. The resident appeared satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them. The inspector noted that the actions from the March 2016 inspection had been addressed. For example, viewing access to the resident's room was curtailed, staff files were updated to

include information which was missing and a new emergency lighting system was installed.

The inspector spoke with staff who shared their views about the care provided in the centre and aspects of the service which worked well. The inspector spoke with the person in charge and gained an insight into her role, her impact on the centre and the challenges she faced in keeping abreast of her responsibilities.

The provider nominee, senior psychologist and person in charge were present for the inspector's feedback at the end of the inspection.

The inspector examined documentation such as care plans, risk assessments 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 'makes every effort to provide each resident with a safe, homely environment which promotes independence and quality care based on the individual needs and requirements of each person'. Accommodation was in a two-storey semi detached house. One resident occupied the house. The house had a sitting room, kitchen, four bedrooms, office, sanitary facilities and laundry facilities. The mission of the Brothers of Charity, as set out in its statement of purpose, is 'to support and promote the wellbeing and dignity of each individual in its service'. It aims to achieve this through 'person centred planning that supports life choices of service users'.

The centre is part of the organisations' community living facilities. The resident was able to get out and about almost on a daily basis. The house was well maintained. The resident availed of day services from Monday to Friday. Transport was provided to and from the day services.

Overall judgment of our findings:

The inspector noted the good quality of life the resident enjoyed. The flexibility around care practices helped to minimise the occurrence of incidents around behaviours that challenge. The resident was independent in so far as possible and appeared happy. Providing this level of care required staff flexibility with the roster, cooperation and a cultural awareness of how residents' needs are best met.

The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw the resident returning from day service and the was keen to tell the inspector of the activities they were involved in. The resident was offered independence while their security was safeguarded.

Improvements were identified as being required under Outcome 18 (Documentation and Record Keeping).

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:

The inspector was satisfied that resident's rights and dignity were respected and that the resident was consulted about how the house was run. Feedback was sought and informed practice. For example, what food to buy, what activities would be undertaken and how the room was decorated.

The resident had access to advocacy services and information about their rights. For example, a discussion on advocacy was discussed at house meetings.

There were policies and procedures for the management of complaints. Every effort was made to ensure the resident was aware of the complaints process. The inspector was satisfied that complaints would be listened to and addressed. The complaints policy was updated in 2016 and an easy to read version of the policy was available.

Staff treated the resident with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. The resident was encouraged to maintain their own privacy and dignity by being supported to attend to personal hygiene and grooming.

The resident was facilitated to have private contact with family. For example, visits to the family home were regular events and family members visited the resident's home. The centre was managed in a way that maximised the resident's capacity to exercise personal autonomy and choice in their daily lives. For example, the resident chose what clothes they wore, which musical they watched and what time they went to bed.

The resident was facilitated, in so far as they wished, to exercise their civil, political and

religious rights. The resident told the inspector about the funeral mass they attended on the day of inspection and how they partook in the church singing. This appeared to have been an activity the resident was pleased to have been involved in. From discussions with staff and the psychologist it was clear attending an occasion such as a funeral mass was significant progress for the resident's social development.

The resident was enabled to take risks within their day to day lives. For example, go for walks, attend day services and go for drives.

There was a policy on residents' personal property and possessions. The resident's personal property, including money, was kept safe through appropriate practices and record keeping.

The resident had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, watching particular television shows, attending a day service or chatting with staff.

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:

The resident was assisted and supported to communicate. Staff were aware of the different communication needs, including non-verbal communication. There were systems in place to aid communication including input from professionals in psychology and specialist behaviour support. For example, staff had learnt techniques to assist in understanding a resident's mood and de-escalation techniques were employed to good effect when required.

The centre was part of the local community. The resident and staff were known in the locality and enjoyed good relations with the neighbours. Staff reported that local people frequently greeted them and chatted with them. The resident was involved in a local day service operated by the Brothers of Charity and shopped locally.

The resident had access to radio, television, telephone and information on local events. The resident was facilitated to access, where required, assistive technology such as mobile phones, ipads and laptops.

Judgment: Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The centre provided opportunities for the resident to maintain links with their family and the wider community. The resident had access to day services five days a week. The resident was happy to attend this service.

The inspector reviewed the care plan and noted that family contacts were laid out. Much effort was taken to ensure family members were invited to participate in the personal care plan meetings. Visitors were welcome to the centre. Arrangements were made for the resident to meet with friends from other centres. This was primarily through the resident's day service. The day service was provided on the main campus of the Brothers of Charity. It was evident from discussions with the resident and staff that involvement within the day service and campus based activities provided a sense of community for the resident. The resident was enthusiastic in telling the inspector about the daily activities they were involved with.

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:

The admissions process considered the wishes, needs and safety of the resident. Staff monitored how the resident adapted and settled into their home. As outlined in other outcomes, the resident was supported to maintain family contact. Such contact included the family visiting the resident's home as well as the resident visiting the homes of their family.

Admissions, discharges and transfers to the centre were organised through the organisation's admission, discharge and transfer team. Staff moved between working in the home and in the resident's day service. This helped to ensure good integration between the residential services and the day services. The manner in which staff meetings, staff rosters and staff training was conducted facilitated good cooperation between the day and residential services which ultimately helped to ensure a good outcome for the resident.

The resident had a written contract. The contract set out the services to be provided and the fees to be charged. It had recently been updated to reflect a change in the fees charged. The contract was signed by the resident. Details of additional charges were also included.

An inventory of the resident's belongings and possessions was maintained. This inventory was reviewed and updated regularly.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The resident and their family were actively involved in an assessment to identify the resident's individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for the resident. For example, the resident was supported to take care about their personal

appearance. Providing such activities for this resident supported the resident to gain greater independence and increased confidence in social settings. It was clear the resident was involved in choosing their own clothes and that staff took pride in ensuring the resident was well groomed. The inspector was aware of the importance staff placed on these activities.

Care plan goals were documented and tracked as to how their attainment was progressing. This was a matter that had been addressed from the previous inspection. The resident and their family members were consulted with and involved in the review process. For example, family members were invited to review meetings of the person care plans so that the relative could be actively involved in the care planning process.

The resident was provided with a social model of care. They were involved in a varied activities programme which included in-house activities, activities on campus and activities off campus. The person in charge was dedicated to the promotion of a social model of care. Staff were trained in this model of care and supported in it by the person in charge.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre was well maintained. The design and layout of the centre was in line with the statement of purpose which was to provide an environment that was homely. The premises met the needs of the resident. The resident occupied the ground floor of this two storey house, while upstairs was used as office space and for staff sleepover facilities. This arrangement facilitated the resident's safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. The house was free from significant hazards which could cause injury. There were sufficient furnishings, fixtures and fittings. The centre was clean and suitably decorated.

There was adequate private and communal accommodation. There was a well equipped kitchen with sufficient cooking facilities and equipment. There were adequate toilets, bathrooms and showers which were adapted to meet the needs of the resident.

There was a suitable outside areas and plans were in place to develop the back garden area further. The resident had access to a car. The car and in-house equipment was fit for purpose. There was a process for ensuring that the equipment was properly installed, used, maintained, tested, serviced and replaced. Appropriate safety arrangements were made to ensure the driver was protected when the car was in use.

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:

There were measures in place to ensure in so far as was reasonably practicable the health and safety of the resident, staff and others. The inspector saw both organisational and local health and safety statements that incorporated the procedures for identifying and managing risks and the management of accidents, incidents and adverse events. The inspector saw a range of generic, centre and resident specific risk assessments. The sample reviewed was detailed, identified controls, and reflected what staff said. A health and safety policy. It was due to be reviewed, having last been reviewed in July 2014.

The inspector noted that there were several up-to-date risk assessments in place in the centre. Risk assessments included details of the risk description, existing control, risk rating, risk status, additional controls required, person responsible and the due date for action. Since the last inspection, further risks had been assessed and the risk minimised.

Records of incidents and accidents occurring in the centre were maintained. The inspector saw that emergency lighting was in place in the centre. There was fire fighting equipment including a number of fire extinguishers and a fire blanket available in a number of locations in the house. The inspector noted that the fire escape routes were clear and evacuation procedures were displayed in the centre. The inspector saw certificates confirming that the fire detection and fire fighting equipment were inspected and tested at the prescribed intervals.

A personal emergency evacuation plan (PEEP) was in place in the centre. Records indicated and staff to whom inspectors spoke with confirmed, that fire drills were carried out at regular intervals and staff and resident participation was documented.

Staff spoken to indicated an understanding of fire safety procedures. Training records indicated that staff were provided with fire safety training and staff spoken with confirmed their attendance at such training. There was also a system in place for staff to receive updated training in the area of fire safety. Staff confirmed their planned attendance at such updates.

It was noted that an infection prevention and control policy was in place in the centre and was dated as being most recently reviewed in May 2015. The centre was clean throughout.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard residents and protect them from abuse. Staff members treated the resident 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 the resident's safeguarding plan.

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. The resident indicated they felt safe in the centre. Staff had received training in understanding abuse especially as it pertains to adults with a disability.

Efforts were made to identify and alleviate the underlying causes of behaviours that challenge. Specialist and/or therapeutic interventions were implemented in consultation with the resident and their family member through their personal plans. Interventions were regularly reviewed to assess their impact on improving challenging behaviour and improving the lives of the resident. Such reviews involved the psychologist, behaviour

support specialist and the multi-disciplinary team.

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.

The use of medication to manage behaviour that challenged was monitored. Staff were trained in the use and implications of restrictive procedures.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within three days of occurring. A quarterly report was provided to the Health Information and Quality Authority (HIQA) to notify the Chief Inspector of any incident which did not involve personal injury to a child.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There was a robust assessment process to establish the resident's educational and training goals. The resident was engaged in social activities internal and external to the centre. Significant progress had been made by the resident in engaging with social activities.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The resident's health-care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Healthcare needs were appropriately assessed and met by the care provided in the centre. The resident had access to allied health care services which reflected their care needs. This included psychological and psychiatric support.

Regular multi- disciplinary team (MDT) meetings were held. These occurred every six weeks or more frequently if needed. Good documentation was available to show what was discussed at the MDT meetings, what actions were to be taken and by whom.

The care delivered encouraged and enabled the resident to make healthy living choices. Residents were actively encouraged to take responsibility for their own health and medical needs. This included having a healthy diet. The food seen in the house was nutritious, varied and available in sufficient quantities. Breakfast and evening meal were cooked in the house daily. Lunch was provided in the day service. The inspector saw that the dining facilities provided for a pleasant and comfortable mealtime.

Regular health checks were accessed by the resident and included, medication review, blood levels profiling and routine health screening.

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. An individual medication plan was appropriately implemented and reviewed as part of the individual personal plan. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. A system was in place for reviewing and monitoring safe medication management practices.

It was clear learning took place from errors or near misses which took place and a robust system was in place for identifying, documenting and checking the accuracy of each medication given.

The use of medication given on an 'as required' basis was closely monitored by the multi-disciplinary team. In particular the use of psychotropic drugs was monitored. Explanations were sought, and provided, for those occasions where there was an increase in use of this type of medicine.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose consisted of a statement of the aims, objectives and ethos of

the designated centre and a statement as to the facilities and services which were to be provided for residents.

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

It was kept under review and any changes which affected the purpose and function of the centre were communicated to the Chief Inspector in writing. The most recent review was in January 2017

Staff were familiar with the statement of purpose. The statement of purpose was implemented in practice.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

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

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. The resident could identify the person in charge.

<p>Judgment: Compliant</p>

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.

 A clinical nurse manager was available to deputise for 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:
 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, staffing levels were adjusted as needs dictated, alterations and repairs were made to the house as needs dictated, the premises were well maintained and the vehicles in use were in good working order. The facilities and services in the centre reflected the statement of purpose.

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:

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of the resident. Staffing levels took into account the statement of purpose and size and layout of the building.

There was an actual and planned staff rota. It was kept in the centre's office.

The inspector saw that the resident received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. For example, staff had regular practice drills on the use of restrictive practices. Staff were comfortable about its use, aware of the need to use alternative approaches and aware of their own safety needs.

Education and training provided reflected the statement of purpose. Staff were competent to deliver care and support to residents because their learning and development needs had been met. This training included formal training, mandatory training and training gained from experience of working with the resident.

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

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability. For example, staff adjusted their practices in relation to medicines management following deficits that were noted. These changes were monitored by the person in charge.

There were effective recruitment procedures that included checking and recording

required information. The requirements of Schedule 2 had been met. Deficits noted on the last inspection had been addressed in a timely manner.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Complete records were maintained in the centre. Records were accurate and up-to-date. Records were kept secure but easily retrievable. The resident could access their records if they so wished.

There were centre-specific policies which reflected the centre's practice. Staff indicated they understood policies by signing once they had read them. Policies were seen to be implemented in practice. Several policies, procedures and practices were reviewed in 2016; however, some policies had not been reviewed for over three years.

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

Judgment:

Substantially 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 Ireland
Centre ID:	OSV-0002845
Date of Inspection:	19 and 20 January 2017
Date of response:	07 February 2017

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 18: Records and documentation

Theme: Use of Information

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

Not all policies and procedures had been reviewed at intervals not exceeding 3 years.

1. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

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

- The Brothers of Charity Services Ireland Limerick Region Policy Review Group are meeting on the 8th of February, 2017. The Group will examine the list of policies operational in the Limerick Service and will agree an Action Plan to ensure that all these policies are reviewed at intervals not exceeding 3 years.
- The Local Procedures on the Use of Restrictive Practices (2017) and the Policy on Seclusion (2017) have been reviewed and will be circulated to all residential service areas before the end of February, 2017.
- The Brothers of Charity Services National Policy Review Group are meeting on the 21st of February, 2017. The recommendation from the Inspection will be placed on the agenda of this meeting to ensure that all Brothers of Charity Services National policies are reviewed within the 3 year time period.

Proposed Timescale: 31/12/2017