## Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Dun Aoibhinn Services - Golden</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004728</td>
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<td>Centre county:</td>
<td>Tipperary</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services South East</td>
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<tr>
<td>Provider Nominee:</td>
<td>Johanna Cooney</td>
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<tr>
<td>Lead inspector:</td>
<td>Noelene Dowling</td>
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<tr>
<td>Support inspector(s):</td>
<td>Paul Pearson</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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<tr>
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<td>29 November 2016 18:30</td>
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<tr>
<td>30 November 2016 09:00</td>
<td>30 November 2016 14:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<td>Outcome 14: Governance and Management</td>
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Summary of findings from this inspection

Background to inspection:
This was the second inspection of this centre which forms part of an organisation which has a number of designated centres in the region and others nationwide. The purpose of the inspection was to determine the registration status of the centre.

A monitoring inspection had been undertaken on 2 March 2016 at which time 4 major non compliances were identified in Health and Safety. Following that inspection and further inspections of a number of the provider’s centres in the region where a significant number of non compliances were also identified the provider was
requested to attend a meeting with The Health Information and Quality Authority (HIQA) on 25 April 2016. A warning letter was issued following this meeting.

The provider was requested to respond and did so with a detailed proposal outlining changes to governance structures, including the appointment of a person in charge, reconfiguration of the centres profiles and actions to mediate the fire safety risks identified. The actions outlined in the providers plan in relation to this centre had been satisfactorily completed.

How we gathered our evidence:
The inspection was announced and took place over two days. A full review of all eighteen outcomes was undertaken. As part of the inspection, inspectors met with residents and staff members, the person in charge and spoke with staff and the service manager.

The residents communicated with inspectors in their own preferred manner and all were supported by staff to complete questionnaires. Three relatives /significant persons communicated with inspectors via questionnaires and said that they were happy with the care provided they had good medical care, activities and they could visit them at any time and could approach staff if they had any concerns.

Inspectors observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, and policies, procedures and personnel files.

Description of the service:
This centre is designed to provide care for five female adults with moderate to severe intellectual disability, dual diagnosis and emerging age related issues. The care practices and systems were congruent with the statement of purpose for the centre.

At the time of this inspection the centre was comprised of a detached bungalow on its own ground in a rural location outside a local village. There was transport available to ensure residents could access the community and all services.

Overall judgment of our findings:
Inspectors found that the provider had made improvements in a significant number of areas which supported residents’ safety and rights. There were 12 specific regulatory breaches with 14 individual components identified at the previous inspection. The provider had made significant progress in all areas.

Overall, inspectors were satisfied that the provider had put governance systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified in areas such as;

• residents were supported to make choices in their daily lives (outcome 1)
• residents had good access to a range of social and recreational activities (Outcome 5)
• positive relationships with family and friends was promoted (outcome 3)
• there was good access to a range of allied health services which promoted residents wellbeing (outcome 5 & 11)
• good behaviour support systems helped residents have an improved quality of life (outcome 8)
• risk management and fire safety procedures were satisfactory which helped to keep residents safe (outcome 7)
• a suitable number and skill mix of staff were available to meet residents needs (outcome 7).

Improvements were required in the following areas:

• recording of complaints and procedures for consultation (Outcome 1)
• decision making systems for the use of restrictive practices (Outcome 8)
• systems to ensure that safeguarding plans were adhered to (Outcome 8)
• the premises was not suitable to meet the needs of all residents (outcome 6)
• some records were not satisfactorily maintained (outcome 18)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.
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):
No actions were required from the previous inspection.

Findings:
Inspectors found that overall resident’s rights were supported with some improvements required in the process of complaint management and adequate consultation regarding some procedures undertaken for residents. While the policy was in accordance with the requirement, the process was not strictly adhered to. Inspectors saw records which demonstrated that a relative had raised concerns regarding the process of a review meeting. The matter was discussed with a number of relevant persons but no records were kept to indicate the concerns or the process used to address them.

Privacy and dignity was impacted upon by the limited availability of suitable shower and bathroom facilities although staff were very aware of this and tried to mitigate this. This is actioned under outcome 6 (Safe and Suitable Premises).

Inspectors also saw that following an injury to a staff member via a resident very specific tests were undertaken. There was no evidence that these tests had been discussed with the resident or resident’s representative as required in this instance. The documentation available or discussion with those involved did not demonstrate sufficient evidence that these interventions were required. The decision was not made via consultation with the multidisciplinary team or in consultation with the representatives of the resident.

Where residents had raised issues via the “I’m not happy card” which was completed with staff support, there was evidence that the nominated person in the social work department dealt appropriately with the matters, met the residents and sought resolutions. These were addressed at the time of the inspection.
Inspectors found that residents were supported to participate in the life of the centre and to make choices and decision with supports where necessary. Residents’ meetings were held daily. The records indicated that matters such as menus and activities and achievements and things they enjoyed were discussed in a manner appropriate to the capacity of the residents. They were also used as mediums to remind residents of what their schedules’ and chosen activities were.

There was also evidence from meetings via minutes and personal plans that residents were involved and consulted in their care needs with the support of representatives and that all interventions, including medical were discussed with them.

A review of a sample of records pertaining to residents finances showed that the systems were transparent, all transactions recorded and there was oversight of these. One resident was the subject of a court order for treatment and financial decisions. The provider had procured and was seen to be adhering to the terms of the order in the residents’ interests. Where residents could not make their views known staff acted on their behalf.

Staff were seen to interact with the residents warmly and in a respectful manner.

**Judgment:**
Non Compliant - Moderate

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**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:**
This outcome found that some improvements were required to ensure that residents who could not communicate verbally were facilitated to do so with intervention from speech and language therapists where indicated. There was a need to develop personal plans in relation to this.

Some pictorial images had been used previously but were not found to be effective for the residents.

Staff were however very familiar with the residents non verbal communications and were seen to be attentive and responsive to this.

One resident used the computer for internet access.
## 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:
Inspectors saw evidence from records reviewed and information received from family members that familial and significant relationships were respected, maintained and supported. There was evidence of regular communication with families who were involved in decisions and planning with the residents.

Holidays and visits home were regular where this could be facilitated and with appropriate safeguarding restrictions in place as required. Staff ensured residents were able to attend and be present at all special family occasions.

There was evidence that families were quickly informed of any incidents or changes in health status. Residents had regular access to the local community via activities, shopping, and attendance at local events or religious ceremonies.

### 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 admission policy was detailed and outlined a formal assessment and decision making process. It was also informed by the need to ensure residents could be protected from abuse and were compatible to live together. No new admissions had taken place.

There was documentation available to provide information to, for example, acute services. There was also evidence that when a resident had been admitted to acute services arrangements were made for crucial periods so that staff could be present with them.

A contract had been issued for residents which outlined the services and facilities to be provided and all additional fees involved. These were signed by appropriate representatives of the residents.

**Judgment:**
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

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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors reviewed the personal plans, medical records, daily and multidisciplinary reports of four of the residents and found good practice in the systems for the assessment and monitoring of residents needs. However, there was an inconsistent approach to the development of the required support plans/interventions stemming from some of these assessments and interventions. These were noted in relation a small number of support needs identified.

Each resident had a personal plan which outlined their individual wishes and preferences and these were completed with the participation of the resident and or relative. It was possible in most to confirm that the plans had been implemented and goals achieved for the residents.

There was evidence of good multidisciplinary assessment and a range of evidenced based assessment tools used. There was significant involvement of and prompt access to allied services including psychiatry, psychology, occupational therapy and speech and
language therapy for swallow care needs.

There was evidence that each resident’s care needs were reviewed internally and by relevant specialists on a three monthly or more frequent basis if this was required based on changes in health or behaviour.

Resident’s wishes and preference for social activities were very well supported and documented. The capacity and preferences of the residents differed for social activities and daily routines and support needs.

These were individually planned but not rigidly prescribed and inspectors saw that during the days of inspection residents could make choices as to their activities and these were facilitated. Some went swimming or walking, to arts and crafts, baking and went on holidays, for example to Lourdes, according to their preferences and age. They were observed to have good social interaction with staff. There were staff and transport available to ensure these activities could take place.

**Judgment:**
Substantially Compliant

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**Outcome 06: Safe and suitable premises**

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

**Theme:**
Effective Services

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

**Findings:**
This outcome was not inspected on the previous monitoring event. However, due to a number of factors the premises in its current configuration is not entirely suitable to meet the current and developing need of the residents.

This is evidenced by the following:
There are five residents living in the centre with five single bedrooms one of which is bedroom with en suite. There was however, only one other bathroom with non assisted bath, toilet and shower. This was not sufficient for the number of persons who required it which included the staff on duty. The records also showed that on occasions residents have not had easy or timely access and this has been distressing.

The en suite, while large, is also non-assisted and the residents’ capacity and falls risk has increased. One of the resident’s bedrooms was particularly small. While this is
currently suitable should the resident's need change this may not be of a sufficient size to provide suitable care.

There is no staff office or facility. This impacts on residents as all the records and documentation are stored in the dining room albeit securely which does impact on the residents' space. There was also evidence that this arrangement created difficulties as due to the underlying diagnosis they became agitated if staff were looking at documents in their presence. The medicines storage was in the kitchen area. This is not suitable as it means staff may be easily distracted when administering medicines.

The access to the rear of the unit is not suitable as there are steps from both rear doors to negotiate in order to get to the garden. One of the exits is not used by residents in order to prevent falls. There was a conservatory to the rear which does allow additional communal space. It is planned to provide additional furniture for this room so as to make it more comfortable for residents and visitors.

The general upkeep also required attention. This includes painting and decorating and tiling on the conservatory floor and the bathrooms.

The provider was aware of these matters and the lack of sufficient bathrooms had been raised by residents and staff on their behalf. Inspectors were informed that a plan was being developed to increase the available size and number of suitable bathrooms which may also include larger bedroom and suitable space for records and a new medicines storage unit. No specific plans were available to view however.

There was a comfortable sitting room and kitchen which was domestic in style and accessible for the residents. The bedrooms were homely and well decorated and contained many personal possessions.

There was evidence that equipment available including transport and heating was regularly maintained and serviced. Infection control systems had also been implemented.

**Judgment:**
Non Compliant - Moderate

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**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:**
The actions from the previous inspection in relation to fire safety and infection control had been addressed. However some improvements were still required in the management of the fire exit doors. All of the fire exit doors were of the key lock type and all had the key inserted in the lock. However, there was no emergency key kept in a break glass unit beside any door in the event of the keys being inadvertently removed.

The emergency evacuation route from the sitting room had a sign directing occupants to exit through the doors into the sun room and then out the exit door. There was a chair in the sitting room partially blocking the doorway from the sitting room to the sun room. Two emergency exits could be obscured with curtains or blinds once these were closed. Staff undertook to rectify the issue at the feedback meeting.

Residents had individual risk assessments for issues such as falls or choking and actions were taken as a result of any incident which occurred. However, the actions taken for example, in relation to medicine incidents or self harm did not entirely address the risks. The systems for learning and review also required some improvement. While a number of audits were undertaken on medicines, falls and challenging behaviour incidents, the information was not sufficiently analysed to inform practice changes.

Emergency lighting had been installed and fire doors in crucial areas were in place as required from the previous inspection. The provider stated that further works in relation to fire doors would be undertaken if required pending the publishing of revised national fire safety guidelines.

Inspectors reviewed documentation relating to the installation and maintenance of the fire detection and alarm system. There was a fire detection system in place. Inspectors reviewed the servicing record for the fire detection systems and the emergency lighting and fire extinguishers in the centre and found that they were serviced annually and quarterly as required. The daily fire checks were carried out and recorded.

Regular fire drills were carried out. Inspectors spoke with staff and reviewed records of the fire drills. Residents had personal evacuation plan in place and were involved in the fire drills.

No specialised equipment was required at the time of the inspection but there was evidence that the vehicle used by residents was maintained and kept in a road worthy condition.

There was an up to date safety statement for the centre and the overall organisation. Regular health and safety audits of the premises had been undertaken.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Safe Services

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

**Findings:**
There were no actions required following the previous inspection. Inspectors found that there were systems in place to protect residents from abuse. However, in one instance where a resident had been deemed to be at risk from external parties, the safeguarding arrangements originally implemented had not been kept up to date.

On review of this and discussion with the relevant personnel this was due to historical practices in the organisation and a lack of adequate recording and passing on of information as relevant people left the organisation. However, systems had been implemented to ensure such lapses did not reoccur and inspectors were satisfied with these as outlined. There was a prompt response by the provider once the matter was highlighted.

The safeguarding plan which had been implemented following this was very detailed and had been drawn up in conjunction with multidisciplinary and statutory agency supports. Staff were aware of this plan and all risks had been identified and accounted for in the plan.

Medicines were, in some instances being administered, covertly. While the method of administration of the medicines was correctly prescribed this was not subject to adequate review and consultation.

However, in other areas of safeguarding practices the systems were effective and responsive. The organisation has an internal social work department and the personnel in this department were the designated officers.

The policy on the protection of vulnerable adults was in accordance with the national guidelines and staff had the required training. The use of other restrictive practices were minimal, proportionate and implemented in accordance with national guidelines. There was evidence that alternatives had been tried and the risks balanced to ensure they were necessary. These practices were regularly reviewed by the rights committee to ensure they remained necessary and were the least restrictive.

The use of p.r.n. (administered as required) medicine was carefully managed, clinically overseen, recorded, and with a strict protocol for its use evident.
The residents had complex support needs in relation to behaviour and enduring mental health needs. There was evidence of very frequent and attentive review and intervention by psychiatric services and psychology services which are available internal to the organisation. Where admission to other services was required for ongoing treatment this was seen to be undertaken in accordance with all legal requirements.

Behaviour support plans were evident and the clinicians involved had provided guidance and support to staff on the residents needs and on the implementation of the support plans. Staff were very familiar with these plans, potential triggers and how to support the residents.

Each resident had a detailed intimate care plan in place. There were also pictorial and easy read versions of safeguarding systems for residents.

Judgment:
Non Compliant - Moderate

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### 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 review of the accident and incident logs, resident’s record and notifications forwarded to the Authority demonstrated that the person in charge was in compliance with requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally.

Judgment:
Compliant

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### 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:
Inspectors found from observation, conversation and review of records that the residents’ daily routines were driven by personal choices and appropriate to their stage of life. However, some improvements required. A number of the residents had previously attended workshops managed by the organisation but this had been discontinued. There was evidence that for some residents a more skill based or occupational day service was necessary.

The persons in charge informed inspectors that this was under review and plans were being made to access premises and develop a tailored service a number of days per week.

However, residents had an individualised planned routine both in and outside of the house which was varied and interesting. One resident did voluntary work in a local charity shop, they went to drama and another attended music lessons. They were supported to participate in shopping for the house. While they did not directly manage their own monies some liked to carry their own purses and in this were helped to maintain their independence.

By virtue of choice, health and age a number of residents did activities in the house including games arts and crafts, small tasks with staff foot massage and relaxation.

It was noted that while in the house there was constant and very good communication and interaction with staff and they had full access to music and television of their choice. Personal plans provided details as to the level of personal support necessary with all all tasks and inspectors observed this being implemented.

Judgment:
Substantially 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:
Inspectors found that residents' healthcare needs were supported in a timely manner.
There was regular access to general practitioners (GPs) who were familiar with the residents. There was also evidence of appropriate information sharing and cooperation between the various services involved to support residents.

Residents had access to a range of suitable allied services including chiropody, dentistry, ophthalmic care, dieticians and physiotherapy, the interventions of these clinicians informed the delivery of care on a daily basis.

Inspectors found that evidenced based assessment tools were used for dependency levels, and nutrition. These assessments informed detailed health support plans for example reactions to medicines and respiratory deficits.

Staff were familiar with these interventions and records showed that they had acted promptly in response to changes.

There was a policy on end of life care. Inspectors found that the provider had ensured that supports to meet the physical, emotional and spiritual needs at a time of acute or ongoing illness were being made available. This was being supported by the multidisciplinary team in terms of decision making. Palliative care and support was sourced and available.

The inspector saw evidence of health promotion and monitoring with regular tests and interventions to manage health issues and specific issues such as seizures or gender specific needs. There were protocols in place for the management of epilepsy and emergency medicines which staff were familiar with. The non nursing staff were also trained to carry out routine procedures such as checking blood pressures and temperatures.

Residents’ nutritional needs were being addressed and monitored. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents’ dietary needs. Inspectors observed that they received the correct consistency of food and fluids.

Staff were also aware of resident’s preferences and their choices were adhered to. Resident’s weights were monitored regularly. Where assistance was required this was observed to be given in a dignified manner with good communication evident.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**

Each resident is protected by the designated centres policies and procedures for medication management.

**Theme:**

Health and Development
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The actions from the previous inspection had been addressed. The prescription records had as required been amended to include the required information regarding the centre and the residents GP. The remaining staff had also had training in the administration of emergency medicines.

The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medicines were satisfactory with the changes required to the location of medicines cupboard detailed under outcome 6 (Safe and Suitable Premises). There were appropriate documented procedures for the handling, disposal of and return of medicines.

There was good communication noted with the dispensing pharmacists. An audit had been undertaken. Where errors were noted actions were taken to minimise risk and remedy these.

Inspectors were informed that only staff who had undergone medication management training were administering medication and competency was assessed following the training. The person in charge was one of the persons with authority to carry out this training.

No resident was assessed as having the capacity or wished to self-administer medication.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose was forwarded as part of the revised application and found to be in accordance with the regulations. Admissions to the centre and care
practices implemented were congruent with the statement as a service for residents with moderate to severe intellectual disabilities and dual diagnosis.

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

Findings:
The action required from the previous inspection had been addressed with the appointment of a suitably qualified and experienced person in charge in September 2016. This person was fulltime in post. The post holder demonstrated knowledge of and capacity in implementing her responsibilities.

The local management team included the regional services manager, service manager, human resources, social work and psychology department. Inspectors found that these systems worked effectively and in a cohesive manner for the benefit of the residents.

There was a clear and effective governance and reporting structure in place with evidence of improved systems to promote accountability. Issues of concern and relevance were forwarded to the services manager and then discussed with the regional manager as necessary. Regular meetings were also held with the person in charge.

The provider nominee had commissioned an unannounced visit in March 2016 and again in November 2016. Inspectors reviewed the report compiled in March 2016 and found that it was comprehensive and focused with a detailed action plan issued.

An additional compliance and quality review was undertaken in July 2016 which focused on residents care in terms of personal planning, behaviour supports and privacy for residents. The action plan had been implemented by the person in charge. For example, suitable locking systems had been installed on bedroom and bathroom doors and support plans were being reviewed.

The annual report for 2015 was available and while it was detailed it required further
development of the framework and content to ensure a more robust evaluation of the service. This was discussed with the regional manager who concurred. The resident’s views were included although not the relatives or representatives. These had however being sought and compiled 2016. Inspectors were satisfied however, that these systems were part of an ongoing developmental process and will when fully operational provide oversight of the delivery of care.

There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and very responsive. All documentation required for the purpose of registration had been forwarded by the provider.

**Judgment:**
Compliant

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**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:**
There had been no period when the current person in charge was absent which required notification. The provider had made suitable arrangements for the short term cover of the person in charge and in the event of a longer absence a suitably qualified nurse in the organisation had been identified to act as person in charge.

**Judgment:**
Compliant

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**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:
Inspectors were satisfied that the service was funded and resourced to provide the staffing, facilities and services necessary to meet the needs of the residents. Funding was being allocated to address the premises deficits noted in outcome 6.

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:
Inspectors were satisfied that the skill mix and numbers of staff were satisfactory. The residents were assessed as not requiring full-time nursing care but there was clinical oversight and support in the presence of the person in charge who was a qualified nurse. Additional staff had been rostered during the day and at weekends to ensure that the residents’ routines and activities could be maintained. Inspectors reviewed a sample of staff records from the centre. All of the required documents including Garda Síochána Garda vetting was in place for the staff in the centre.

Staff had the necessary mandatory training and there was evidence that this was kept under review and refresher training scheduled as required. Staff had training in manual handling, fire, first aid, end of life care, dysphagia and Lámh sign language. Inspectors saw records of an incident in which the staff training in first aid had been used promptly and with good effect.
The care assistant staff also had FETAC training as a minimum requirement.

The training needs for new staff were identified and there was evidence that staff were scheduled to be complete training courses as soon as practicable. The provider had completed a training needs analysis of the workforce in October 2016. There were clear objectives set for staff training in 2017.
Inspector reviewed the planned and actual staff roster. Inspectors reviewed records of team meetings which took place regularly and the focus was on resident care and development. Supervision records were also available. Roles were clearly defined and the staff demonstrated knowledge of the residents and competence in their own roles.

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:
All documentation required for the purposes of registration was provided and the required policies were available.

All records required for staff were available. The residents' guide and directory of residents was available and maintained. However, details of specialist communication needs for residents were not maintained and full details of some restrictive practices and rationale for these was not satisfactorily maintained.

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services South East</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004728</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>29 and 30 November 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19 January 2017</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The rational for and consultation process used prior to some interventions did not consistently demonstrate adherence to the rights of a resident.

1. Action Required:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

**Please state the actions you have taken or are planning to take:**
The Registered Provider will review and amend the Accidental Inoculation Policy to ensure adherence to the rights of residents.

**Proposed Timescale:** 08/02/2017

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Details of complaints and the process used to resolve them were not consistently maintained.

2. **Action Required:**
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
The PIC has reviewed and updated the records regarding previous complaints and will ensure that the appropriate process will be followed for future complaints.

**Proposed Timescale:** 02/01/2017

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not provide details or guidance on residents communication needs.

3. **Action Required:**
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

**Please state the actions you have taken or are planning to take:**
Residents personal plans will be updated by the Person in Charge and the Speech and Language Therapist to provide guidance on communication needs.
**Proposed Timescale: 13/01/2017**

### 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:**

Some of the residents assessed needs did not have support plans developed to ensure they were addressed. These included social skill development and a specific medical need.

**4. Action Required:**
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**
Support plans regarding these domains of need will be devised by the Person in Charge and the Multi-Disciplinary Team by 14/02/2017.

**Proposed Timescale: 14/02/2017**

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

The premises did not meet the needs of the residents for the following reasons:
- Baths showers and toilets were not sufficient or of a suitable standard
- One bedroom was not of suitable size
- There was inadequate space for storage of record and medicines.

**5. Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
The Registered Provider will reduce the occupancy of the designated centre to four beds to ensure access to adequate showering facilities. The Registered Provider will install an additional toilet in the facility to meet the needs of the residents. The unsuitable bedroom will be converted to an office space to accommodate record storage and storage of medication. Showers will be upgraded to meet the residents’ changing needs.
**Proposed Timescale:** 16/03/2017  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Flooring and tiles and décor required replacement and renewal.

**6. Action Required:**  
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**  
Quotations for repairs and replacement of tiles and flooring and redecoration have been received. These works will be completed by the 10/02/2017.

**Proposed Timescale:** 10/02/2017  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The garden and external area was not easily accessible to residents.

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

**Please state the actions you have taken or are planning to take:**  
An Occupational Therapy assessment was completed on the 22/12/2016 and a report is awaited. The report’s recommendations will be reviewed and a plan put in place for accessibility by the 24/02/2017.

**Proposed Timescale:** 24/02/2017

**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:**  
Actions taken in relation to medicines incidents or self harm did not entirely address the risks presented.  
Audits undertaken did not provide a satisfactory review of occurrences and inform the
risk management process.

**8. Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
The system of logging and analysing significant events has been revised by the Person in Charge to ensure adequate review and learning from incidents.

**Proposed Timescale:** 13/12/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Keys to fire exit doors could inadvertently be mislaid and no emergency keys were available.
Some exit doors were at risk of being blocked via blinds or furniture which could prevent egress in an emergency.

**9. Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
Fire exit door locks will be replaced by thumb turn locks by the 10/02/2017. Measures will be put in place to ensure that exits will not be blocked by furniture or furnishings by 10/02/2017.

**Proposed Timescale:** 10/02/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of covert medication was not subject to adequate review and consultation.

**10. Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
The use of covert medication was reviewed and discontinued on 21/12/2016. Any future use of covert medications will be done in full consultation with individuals and/or their representatives and the Multi-Disciplinary Team.

**Proposed Timescale:** 21/12/2016

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Systems to ensure that safeguarding arrangements were adhered to and communicated to all parties had not been robust.

11. **Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
These systems have been reviewed and adequate arrangements are now in place.

**Proposed Timescale:** 29/11/2016

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents access to suitable occupation had not been reviewed and assessed.

12. **Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**
Residents access to suitable occupation will be assessed and reviewed and relevant plans put in place by the Multi-Disciplinary Team by 14/02/2017.

**Proposed Timescale:** 14/02/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Details of residents' communication needs and details of restrictive practices were not
13. **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:**
These records will be reviewed and updated by the Person in Charge and the Multi-Disciplinary Team by 14/02/2017.

**Proposed Timescale:** 14/02/2017