

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	East Limerick Services
<b>Centre ID:</b>	OSV-0002839
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Limerick
<b>Lead inspector:</b>	Geraldine Ryan
<b>Support inspector(s):</b>	Conor Dennehy
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	15
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 30 January 2018 09:00 To: 30 January 2018 17:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was an inspection carried out to inform a registration decision and follow up on progress on the actions generated from the inspection carried out in October 2017.

How evidence was gathered:

As part of the inspection, inspectors met with 12 residents, staff, a clinical nurse manager and the person in charge. The provider representative was present for inspector feedback at the end of the inspection.

Documentation such as care plans, risk assessments, fire documentation and medication records were reviewed.

Description of the service:

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

Accommodation was in four single-storey houses. Between three and five residents occupied each house. Each house had a sitting room, kitchen, single occupancy bedrooms, modified sanitary facilities and laundry facilities. The service was available to both male and female residents.

Overall judgment of our findings:

Considerable improvements were noted on this inspection. Governance and management of the centre were well established and staffing was consistent. Residents appeared relaxed and happy and engaged with inspectors. Residents stated how happy they were and how kind staff were. Examples of improvements included;

- residents' care planning documentation and reviews
- up-to-date behaviour support plans
- an annual report had been completed
- fire drills had been undertaken
- staff training
- commencement of a staff supervision programme.

Some actions from the previous inspection were being progressed and remained within the timeline for completion (31 March 2018). These included residents' care planning and work in relation to fire safety in one of the houses.

The inspection findings are detailed in the body of this report and required actions outlined in an action plan at the end of this report.

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

**Outcome 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 actions required from the previous inspection were evidenced as being progressed and the person in charge stated that actions would be completed by the timeline submitted to HIQA (31 March 2018). This action was in relation to residents' care plans and this action remains in the action plan report generated by this inspection.

Notable progress was evident in care planning for residents. Person-centred care plans were in place or in progress. Residents or their representatives were involved in an assessment to identify residents' individual needs and choices. Assessments had multidisciplinary input.

Residents had access to a varied activities programme which included baking, music sessions, walks, art and crafts.

Inspectors followed up on a plan to transfer residents within the centre. While a plan had been in place, an unexpected circumstance delayed this. However, additional staff support was put in place for a resident in the interim, resulting in the resident accessing activities and outings.

**Judgment:**

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

**Findings:**  
This outcome was not inspected in full with inspectors following on the actions arising from the previous inspection. While some actions in relation to fire drills and training for staff on fire safety had been addressed, fire safety upgrade works were still outstanding in one unit of the centre.

Previous inspections had found that the fire safety systems in place were not adequate to ensure the safety of all residents in line with the recommendations made by an external fire safety consultant. Following the October 2017 inspection the provider indicated that fire safety upgrade works to address such recommendations would be completed by 31 January 2018. However during this inspection the person in charge informed inspectors that the required upgrade works had been completed in three of the units that made up the centre but had yet to commence in the fourth unit.

It had also been found at the previous inspection that fire drills were not be carried out at regular intervals and that two staff members had not taken part in updated fire safety training. Both of these issues were found to have been satisfactorily addressed during this inspection.

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

**Findings:**

The progress of actions pertaining to the most recent inspection undertaken in October 2017 were reviewed and there was evidence that actions were addressed.

The staff training matrix reviewed that staff had attended training or training was planned and scheduled in relation to responding to behaviour that is challenging and to support residents to manage their behaviour. The CNM had responsibility for ensuring that training for staff was up to date.

Behaviour support plans for residents who had a requirement for same were in place or in progress.

**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 management systems in place ensured that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. An annual report had been completed.

A staff supervision programme was in place.

Six monthly unannounced inspections of the centre were carried out by the provider with action plans implemented or in progress.

The management structure was augmented by the addition of a second clinical nurse manager. Residents were observed engaging in a positive manner with the person in charge. The person in charge demonstrated strong knowledge of the legislation and her statutory responsibilities and commitment to ensuring the service met the needs of residents. She spoke of and evidenced changes she implemented since taking on the role and of plans she had for further improvements.

Since the last inspection the person in charge stated that she was engaged in a

consistent way in the governance, operational management and administration the four houses.

There was ample evidence that leadership and direction were provided by the person in charge. Examples of improvements included:

- noted progress in residents' care planning documentation and reviews
- up-to-date behaviour support plans
- an annual report had been completed
- fire drills had been undertaken
- staff training
- commencement of a staff supervision programme.

**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:**

Only the action in relation to staff training generated from the inspection undertaken in October 2017 was reviewed and there was evidence that this action had been addressed.

The person in charge had nominated one of the CNMs to oversee the training requirements of staff. The system devised identified staff who were up to date on their training requirements and staff who were due to attend training. Staff spoken with demonstrated their knowledge of all matters pertaining to the care and welfare of the residents.

Staffing levels were consistent and the person in charge and the CNM voiced how residents benefitted from having consistent staff on duty.

**Judgment:**

Compliant



---

## **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Geraldine Ryan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0002839
<b>Date of Inspection:</b>	30 January 2018
<b>Date of response:</b>	27 February 2018

### 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 05: Social Care Needs

**Theme:** Effective Services

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

While progress was noted, not all residents' care plans had been updated to reflect residents' needs.

#### 1. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are

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

reviewed annually or more frequently if there is a change in needs or circumstances.

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

- A timeline for the review and updated of all residents care plans has been scheduled and agreed.
- Updates will be completed by 30th April 2018.

**Proposed Timescale:** 30/04/2018

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

**Theme:** Effective Services

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

Fire safety upgrades had not been carried out in all areas of the centre.

**2. Action Required:**

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

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

- 3 houses have received full certification in respect of Fire Safety upgrades.
- 1 house has been scheduled for fire safety upgrades that will be completed by 13th April 2018.

**Proposed Timescale:** 30/04/2018