

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
Centre ID:	OSV-0004830
Centre county:	
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Norma Bagge
Lead inspector:	Margaret O'Regan
Support inspector(s):	Paul Dunbar
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 January 2015 10:00	07 January 2015 18:30
08 January 2015 09:00	08 January 2015 13:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of the centre carried out by the Health Information and Quality Authority. The centre comprised four, two storey houses in which 10 residents in total resided. The houses were in neighbouring housing estates. This inspection was unannounced and took place over two days.

The centre is part of the services provided in a community setting by the Brothers of Charity, Limerick. The residents in this centre had a diagnosis of an intellectual disability. Male and female residents, all over the age of 18 years, were accommodated. Appropriate privacy arrangements were in place, with three of the 10 residents facilitated to have self contained accommodation. This was their expressed wish and suited their needs.

Inspectors met with residents, staff, the person in charge and the area manager.

Inspectors observed practices and reviewed documentation such as personal plans, complaints book, minutes of meetings and accounts ledgers.

Each of the four houses were well maintained, homely, clean, comfortable and had a secure garden. Each resident had their own bedroom with adequate storage facilities

and decorated in a manner which reflected their tastes. A number of bedrooms had ensuite facilities and there were adequate shower, toilet and bath facilities. Accommodation included tastefully decorated sitting rooms; spacious well equipped kitchens and storage space. Office facilities were available in two of the houses and each house had overnight facilities for staff.

Overall, inspectors found that a high standard of care and support was delivered by staff who demonstrated commitment, enthusiasm and respect for residents. Staff were knowledgeable regarding each resident's needs and inspectors were satisfied that individual needs were being met. Residents attended a variety of day services. The particular day service which a resident attended was decided upon by the resident in conjunction with his/her family, their key worker and person in charge. Transport to and from these day services was provided. When inspectors met with residents on their return from day services, they appeared relaxed in their home and in the care of the staff.

Inspectors saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. Residents were consulted in the planning and running of the centre and in decisions regarding their own care, in so far as was possible.

There was evidence of robust governance within the organisation and there were arrangements in place to monitor and improve key areas in the provision of safe, quality care.

The manner in which complaints were managed needed review and this is discussed in outcome 1. While staff with whom the inspector met had received mandatory training, records showed not all staff had received fire training updates. This is discussed in outcome 17. Overall, the centre was found to be in substantial compliance with the regulations and standards inspected.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors were satisfied that the rights, privacy and dignity of residents was promoted and residents' choice was encouraged and respected. This was evident from the observations of the inspectors of the interactions between residents and staff. Staff discussed resident care and support in a respectful and caring manner. Staff had an in-depth knowledge of residents' preferences and this was supported by information in the care plans and the residents' file notes.

The inspectors noted that residents retained control over their own possessions. For example, in the bedrooms seen by inspectors there was adequate wardrobe space and bedrooms were decorated in a manner that reflected the resident's personality. Residents, in so far as possible, were supported to choose and purchase their own clothes and receipts for such purchases were kept and checked by the person in charge. The inspector saw residents returning from day services, and carrying out their preferred routine which varied from making a cup of tea, to watching television, having a shower and to chatting with staff. Residents were seen to be given choice in relation to what food they wanted, when and where to eat, what to wear and what activities to get involved in.

The inspector reviewed the system in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. The staff member who carried out a transaction on behalf of residents signed the accounts ledger and the receipt for this purchase. Every two weeks the person in charge checked the balance in the resident account and checked that the receipts were accurate and for items purchased for the resident.

The inspector saw minutes of house meetings that were held with the residents. An agenda was set for these meetings and issues discussed included activities, menu, complaints, and advocacy. The complaints policy was available in the office of the person in charge. Easy to read versions of the policy were available but some residents did not wish to have this version of the policy and this expressed wish was respected. The person in charge, who was the designated person to manage complaints, displayed an openness about receiving feedback in relation to the service. The number of complaints was generally low and from documentation reviewed were acted upon. The complaints log was kept in a separate location and was monitored by the area manager, who equally showed a positive approach to dealing with comments and complaints. However, there was a need to review the complaints management arrangements. The regulations require the person designated to deal with complaints also maintains the log and follows up on the outcome of the complaint.

Residents had access to advocacy support in addition to advocacy provided by the key worker and person in charge. Some residents declined this service; however, one resident whose advocate could no longer fulfil this role did not have a plan in place to replace for him, this support.

A number of residents communicated in a non verbal manner. From speaking with staff and from observing, it was clear that non verbal residents were able to communicate if they were anxious, worried or in need of assistance. Residents' care plans showed a good level of attention given to ensuring residents' preferences were documented, respected and acted upon. The inspectors noted that all residents were listened to. When a care intervention was taking place it was explained to the resident in a friendly manner.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Each resident had a comprehensive assessment of their health, personal and social care needs. The plan was divided into my life, my world, my dreams. There were arrangements in place to meet identified social needs; for example, psychology and

behavioural support was sought to assist with social and behavioural skills.

The personal plans were reviewed annually by the multi-disciplinary team with the participation of the resident and his/her family. Family members were given formal advance notification of the review meetings and invited to attend. Review meetings included an evaluation of the residents' needs, choices and preferences and whether goals had been met for the previous year. The personal care plans were subsequently reviewed three monthly by the person in charge. There was significant information gathering by the key worker in the annual review of care plans.

The centre provided opportunities for residents to maintain links with family, friends and the wider community. All of the residents travelled to a day service five days per week. The inspectors reviewed a number of care plans and noted that family contacts were identified. Residents regularly left the centre to visit their family home and were transported there and back by staff or a family member. Visitors were welcome to the centre and facilities were in place for residents to meet with visitors in private.

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):

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

Findings:

Overall, the inspectors found that there were adequate arrangements in place in regards to health, safety and risk management. The health and safety statement was displayed in the centre. There was a risk management policy in place that met the requirements of the Regulations. Hazards had been identified and assessed. These assessments were seen by the inspector and were found to be comprehensive. Control measures were put in place to minimise the hazards. For example, in order to minimise the risk of a resident becoming withdrawn alternative day services were provided which suited their needs.

Audits of the environment were carried out on a regular basis by the person in charge. There were satisfactory arrangements in place for the prevention and control of infection. Cleaning check lists were in place and these were completed on an on-going basis. Hand washing facilities were available.

Suitable fire equipment was provided. The battery fire alarms were tested on a weekly basis and this was documented. Staff with whom the inspectors spoke, were trained and demonstrated sound knowledge on what to do in the event of a fire. Fire drills were carried out on a three monthly basis and a record maintained of the time, who was present and how long the evacuation took. Service records for fire fighting equipment were available and this service was carried out on an annual basis.

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):

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

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a proactive and non judgemental approach to managing behaviours that challenge. Specific plans were put in place to assist residents and staff in finding a satisfactory way of working with such challenges. Plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a good outcome. Psychological support was sought to assist with specific positive behaviour plans and families were also involved in these. There was documentary evidence that the interventions put in place were effective, while at all times promoting a restraint free environment and protecting the privacy and dignity of the resident. The restraint-free environment was evident from the manner in which the house was designed and on observing how staff and residents interacted.

Staff had specific training and considerable experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way.

The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and has access to staff with whom they could communicate with. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

The inspectors reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable. Each resident had a wallet with their name on it which was stored in a locked cabinet.

Judgment: Compliant

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector saw that a comprehensive holistic assessment was used by staff in conjunction with the resident and/or relative to assess each resident needs. From the assessments and information gathering that took place, plans of care were devised. The plans seen by the inspectors were detailed and there was strong evidence of a multi-disciplinary approach to care and the integration of recommended care interventions into the care plan. Staff spoken with were knowledgeable and informed as to each resident's needs and requirements. There was evidence of a health promoting ethos to care; for example, healthy lifestyle including diet and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided.

The dietician and speech and language were available to lend support and guidance in the formulation of nutritional care plans. There was evidence of referral and access to the general practitioner (GP), psychologist, psychiatrist, dentist and optician. Where other specialist services were required these were facilitated and staff attended hospital appointments with residents. Religious and spiritual care needs were assessed, as were residents' needs around rest and sleep.

Reviews of care plans took place where it was most convenient for the resident. Families were invited to these meeting and the key worker gathered information from the multi-disciplinary team in preparation for the meeting.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents normally prepared a lunch which they took with them to day services. Good documented communication took place between the day services and the centre in relation to specific dietary requirements. Inspectors saw that meals, mealtimes and the provision of snacks were dictated by residents' routines and choices and residents had their meal at a time of their choosing. While mealtimes were flexible the inspector saw that staff supervision and assistance was in place and that residents were facilitated to be as independent as possible. Special dietary requirements were provided.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector was satisfied that there were systems in place to ensure that medication management practices were safe. Practice was guided by policy. There was evidence that medications were securely stored and formal records were maintained of the return of unused or unwanted medication to the pharmacy. At the time of this inspection some residents had been assessed as having the capacity to safely manage their own medication and were liaising directly with the pharmacist. Inspectors saw that residents were provided with information on their medication regime in a format that was appropriate to the needs and abilities. Non nursing staff administered medications and had received training in the safe administration of medications.

The inspector reviewed the medication prescription and the medication administration chart and both satisfied regulatory and legislative requirements. The prescription charts demonstrated medication review in line with the resident's changing needs.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She worked as a social care worker with the Brothers of Charity for 10 years. She was in the role of person in charge for approximately six months and worked full-time. The person in charge was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the

support needs of each resident. The person in charge was committed to her own personal development through regular attendance at courses including specific training days around her responsibilities as person in charge. An experienced member of staff deputised in the absence of the person in charge. There was an on-call out of hour's rota system in place to provide managerial support to staff and the person in charge.

The provider had established a clear management structure. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included an area manager, head of community services, quality manager and director of services. The person in charge met with the area manager on a regular basis and had formal fortnightly meetings with her. Meetings with other management personnel were less frequent but the person in charge could contact any member of the management team by email or by phone if a need arose.

The provider nominee visited the centre unannounced approximately every six months. The provider nominee together with the quality control manager carried out audits and provided feedback to the person in charge as to the quality of the service provided to residents. If indicated, recommendations were made as to how the service could be improved further. The person in charge responded to these recommendations within 21 days. Monthly staff meetings took place. The person in charge told the inspector that staff appraisals were not routinely completed. Inspectors were informed that staff were recruited centrally and that the staffing files were held centrally in the administration office.

Judgment:

Substantially 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):

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

Findings:

The inspectors were satisfied that the staffing levels and the skill mix in the centre was sufficient to meet the needs of the residents. Each of the four units in the centre had one staff member on duty while residents were present. Staff came on duty in mid-afternoon when residents returned from day services. The same staff would be present overnight on a sleepover shift and began active work again in the morning before handover at the respective residents' day service.

There was evidence of continuity of care for residents and efforts were made to ensure

residents were familiar with the staff on duty. Inspectors observed staff interacting with residents in a warm and respectful way. Residents who had one-to-one staffing arrangements told inspectors that they were happy with the staff assigned to them.

Staff who spoke to inspectors confirmed that they had up-to-date training in all of the areas required by the regulations i.e. fire, moving and handling, and protection from abuse. However, as per records reviewed, not all staff had received mandatory fire training. The person in charge had a system in place to identify each staff member's core training needs and schedule training accordingly. The need for up-to-date fire training had been identified by her.

The person in charge told inspectors that they were satisfied with their current staffing levels. Inspectors noted that staffing arrangements were in line with the size and layout of the centre. For example, one of the units in the centre was a large seven bedded house with five residents. The person in charge had noted an increased need in this house for staffing in the morning. This was raised with management and a decision was made to provide an extra staff member for two hours in the morning. The person in charge and staff in the unit confirmed that this arrangement was working well.

Inspectors viewed a number of staff files which were held off site at one of the providers' administrative facilities. A random sample was selected and found to be in compliance with Schedule 2 of the regulations.

The provider confirmed that volunteers are engaged in the service. All volunteers were subject to the same training requirements as staff and also required Garda Vetting prior to engaging with residents and service users.

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 Limerick
Centre ID:	OSV-0004830
Date of Inspection:	07 January 2015
Date of response:	06 February 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Records of complaints were not held by the person designated to deal with them. There needed to be a clearer process to show that the complaints were managed and followed up on by the designated person.

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

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:

- As part of the review of policy a revised complaints log for formal and informal complaints will be issued. The plan is that there will only be one log in each house.
- Until the revised log is printed staff will log complaints in a specific book as an interim measure.
- Person in charge will monitor the book weekly.
- Complaints not resolved locally or if the complainant is not satisfied with the outcome will be elevated by the PIC to Area Manager or Head of Community Services for investigation
- A copy of all complaints logged will be sent to the Area Manager and Head of Community Services.
- A copy of all complaints will be sent to Director of Services on a monthly basis.
- Staff will be supported to record all complaints received.

Proposed Timescale: 28/02/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Staff appraisals were not regularly performed.

Action Required:

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

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

- A national policy on Staff Support and Supervision is being developed by Brothers of Charity Ireland. This policy will be implemented in the designated centre when passed
- Managers will continue to visit designated centres to meet staff and to provide support and supervision for all staff working in the centre.
- Monthly staff meetings will take place and will be documented.
- Checklist that is completed by Person in Charge is used to support staff in performance of duties. This process will be extended during 2015.

Proposed Timescale: 30/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had up to date mandatory training in fire detection and prevention.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

- Area Manager in consultation with the Person in Charge will access training records for all staff in the designated centre to ensure that all staff have up to date and appropriate training in order to perform duties and for professional development.
- Appropriate Training and refresher training will be organised through liaison with Training Department with particular reference to mandatory training as defined by the organisation.
- Person in Charge will ensure that fire drills will take place in compliance with recommendations.

Proposed Timescale: 30/03/2015