

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Goldfinch 1
Centre ID:	OSV-0004827
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Limerick
Provider Nominee:	Norma Bagge
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
11 July 2017 09:30	11 July 2017 14:45
12 July 2017 10:00	12 July 2017 20:20

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to follow up on matters from the previous inspection. The last inspection was carried out in September 2015.

How evidence was gathered:

As part of the inspection, the inspector met with all eight residents who were residing in the centre. Residents were able to express their views of the service provided both verbally and non-verbally. Overall, residents appeared satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them. The inspector noted that since the September 2015 inspection, a number of improvements had been made in relation to

- * the provision of single occupancy bedrooms
- * increased staffing levels
- * computerised system for documentation
- * the changing of roster to facilitate the person in charge being in a position to meet

more regularly with all staff

- * the increased frequency and variety of activities

- * the facilitation of residents to go on a foreign holiday (including staff giving of some of their own time for this)

- * the re-accommodation of three residents to alternative, more appropriate accommodation (two transfers were satisfactory, one was not. This is further discussed under outcome 14)

The inspector spoke with staff who shared their views about the care provided in the centre, aspects of the service which worked well and areas which could be improved. The inspector spoke with the person in charge and gained an insight into their role in the operation of the centre.

The person in charge, area manager and head of community services met with the inspector and were present for the inspector's feedback at the end of the inspection.

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

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. The statement of purpose for this centre described the centre as one which endeavored to provide a homely environment for the residents. The inspector saw that the houses were homely, nicely decorated and each resident had their own bedroom.

Accommodation was in two, two-storey houses on the same street. A single occupancy apartment was on the site of one of the houses. The houses were part of the Brothers of Charity Limerick community services. Each house accommodated up to four residents in single occupancy bedrooms. One person occupied the self-contained apartment. There was one vacancy at the time of inspection. Each house had a sitting room, a kitchen, a dining area, shower rooms, an office and a garden. The houses were well-maintained.

Male and female residents were accommodated in this service. Residents were able to get out and about daily. Some attended day services, another had part time paid employment and one attended day service on a part time basis. Transport was available to support residents avail of trips to local shops, day services and other local amenities.

Overall judgement of our findings:

The flexibility around care practices helped to ensure that residents retained their independence yet obtained the support they required as their needs dictated. Some of these needs were complex both medically and socially. Staff and the person in charge were acutely aware of these complex needs and were committed to supporting each resident to achieve a good quality of life.

The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw residents going out to

activities, enjoying the company of staff and being assisted to attend medical reviews. Residents had opportunities to spend leisure time together and develop friendships.

The inspector found the service to be in compliance with four of the 11 outcomes inspected. Six other outcomes were substantially compliant. Improvements were needed with regards to:

- * the manner in which toiletries were stored
- * the displaying of the complaints process
- * the documentation of goal reviews
- * the upholstery of a chair and the varnishing of a wooden floor
- * the updating of some staff training
- * the updating of the statement of purpose.

A moderate non compliance was noted under outcome 7, Health and Safety and Risk Management. The centre did not have emergency lighting and in one toilet there were inadequate hand washing facilities.

These findings are outlined under each outcome in the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that residents' rights and dignity were respected and that residents were consulted about how the house was run. Feedback was sought and informed practice. For example, weekly house meetings took place and minutes were maintained. The inspector saw residents and staff engaging with each other in an informal and considerate way, the inspector heard residents discussing with staff their preferences about things that impacted on their lives, such as house equipment, transport, and holidays.

Residents had access to advocacy services and information about their rights. For example, a discussion on advocacy was a regular agenda item at house meetings. There were policies and procedures for the management of complaints. These had been updated since the previous inspection. The inspector concluded, from her observations, that residents felt comfortable making known to staff any complaints or comments they had in regards to their care service. The inspector saw that a complaint about an item of clothing that went missing had been detailed, investigated and resolved. The complaints process was set out in an easy-to-read format. However, it was kept in a file and was not displayed in a prominent position in the centre.

Residents were encouraged to maintain their own privacy and dignity by being facilitated to have their own bedroom. Overall, staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. However, the practice of storing some personal toiletries belonging to a resident on the kitchen window sill warranted review.

Residents were facilitated to have private contact with friends, family and significant others. For example, going out to dinner together. Residents' personal communications were respected. For example, residents were encouraged to take time to adequately express themselves.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents had flexibility around getting up time and time to go to bed.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care. Residents were enabled to take risks within their day to day lives. For example, go for walks, go on holidays and use public transport independently.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Residents were facilitated to do their own laundry if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, bowling, swimming, dining out, going for walks, shopping, visiting the cinema. Individual residents engaged in their own specific interests outside of the centre such as working in paid employment.

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):

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

Findings:

Residents and, where appropriate, their representatives were actively involved in an

assessment to identify residents' individual needs and choices. Assessments had multidisciplinary input. Care plans were documented and implemented. They resulted in improved outcomes for residents. For example, one resident was provided with new bedroom furniture, another had fulfilled plans to go on a foreign holiday and another was facilitated to achieve their goal of visiting their friend who was residing in a nursing home. Since the previous inspection, much work had been completed in streamlining the plans of care to ensure they were working documents which were up-to-date with residents' needs. However, while there was clear evidence that care plans were implemented, the recording system was such that the reviews and the implementation of goals was not always captured in the written documentation.

Much effort and staff commitment was given to maximise residents wellbeing. In particular, the inspector noted from the previous inspection the increased emphasis, facilitation and variety of activities that residents engaged in. This person centred approach to care supported residents to engage in activities that were of interest to them and which took place in a relaxed environment.

Residents and their family members were consulted with and involved in the review process. For example, family members were invited to review meetings of the personal care plans so that the relative could be actively involved in the care planning process. Meeting dates were arranged and rearranged to facilitate family involvement. Family attendance at person planning meetings or family unavailability to attend meeting was documented.

Residents were provided with a social model of care. Staff were trained in this model of care and mentored in it by the person in charge. The varied activities programme included in-house activities, activities in their day services, and activities with their families. Residents were facilitated to express their individuality in so far as practicable. For example, all residents were well-groomed. It was clear residents were involved in choosing their own clothes and that staff took pride in ensuring each resident was well-dressed.

Admissions, discharges and transfers to the centre were organised through the organisation's admission, discharge and transfer team. Since the last inspection, some residents moved within the centre and others moved to other care facilities. Much consideration was given to each transfer and overall, transfers brought about improved health and quality of life outcomes for residents. Day services were involved in such transfers. The good integration between the residential services and the day services helped to ensure a good outcome for residents.

Challenges had arisen within the Brothers of Charity Limerick, when the service provided to a resident could no longer meet the resident's assessed needs. The provider representative, the management team and front line staff were acutely aware of the challenges residents, who lived in community houses with a social model of care, faced when their health care needs increased. As a proactive measure, the provider and area manager together with the Health Services Executive, were engaged in developing a strategy to support residents to receive appropriate care throughout all stages of their lives. This initiative was in its infancy.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the size and layout of the premises was generally in line with the statement of purpose. All three units within the centre were well-maintained, homely, suitably decorated and clean. Residents were involved in the decoration of the houses. For example, residents' personal possessions and family photographs were displayed. Residents who spoke to the inspector confirmed that they were happy with their accommodation.

Since the last inspection the number of residents in two of the houses had reduced. This resulted in each resident having their own bedroom. Residents who benefited from moving to single occupancy rooms were seen to be happier, more independent and engaging socially more effectively.

Residents were free to decorate their rooms to their personal tastes. There was adequate space for storage and sufficient cooking, dining and communal space. Each house had access to a garden at the rear.

Some minor maintenance issues needed attention such as the upholstering of a chair that had worn covering and the sanding and varnishing of a damaged wooden floor in the dining area of one house.

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:

A health and safety statement and a risk register were available in the centre. The risk register detailed the process for identifying, assessing and managing risks and the internal procedure for escalating risks.

The inspector saw a range of completed risk assessments both centre and resident specific. These assessments indicated that risks were kept under review. The inspector saw that staff sought to strike a reasonable balance between resident autonomy and independence and safety.

Risk assessments were in place for the specific risks identified in Regulation 26(1) (c) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

There was policy and procedure for the management of accidents and incidents. A record of all incidents and accidents involving residents was kept.

Staff had access to a practical emergency plan. Personal emergency egress plans were available and easily accessible.

There was a system in place whereby vehicles used by residents and staff were maintained on a regular basis so as to ensure their safety and roadworthiness.

Staff were trained in moving and handling techniques. However, two of the eight staff training records examined showed that the training was due to be updated. This is actioned under outcome 17, Workforce.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at three monthly intervals and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment. However, emergency lighting was not in place. The recently appointed estates manager was in the process of assessing the houses in terms of priority maintenance issues including fire safety precautions. The provider is to forward of copy of this assessment to the inspector once it is complete.

There were procedures in place for the prevention and control of infection and staff had received training; however, soap and hand towels were not available in one toilet.

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

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. Residents told the inspector they felt safe in their homes. Staff had received training in understanding abuse. Updating of this training was provided every two years as per the organisation's policy on adult protection. However, one of the eight staff training records examined indicated this update was overdue.

There was a designated person on the staff team who took responsibility for following up on allegations of abuse. Any incidents, allegations or suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

Efforts were made to identify and alleviate the underlying causes of behaviours that challenge for each individual resident. Specialist interventions were implemented in consultation with the resident and their family. This consultation also included the expertise of the behaviour specialist and the psychology department. Interventions were regularly reviewed by the multidisciplinary team to assess their impact on improving challenging behaviour and improving the lives of the resident.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. The use of

restrictive procedures was carefully monitored to prevent abuse or overuse. Family members were informed of the use of restrictive procedures.

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:

The inspector saw that a comprehensive holistic assessment was carried out by staff in conjunction with the resident and, as appropriate, their relative. From the assessments, plans of care were devised. The plans seen by the inspector were detailed and showed that many disciplines (psychologist, occupational therapist, behavioural therapist) were involved in drawing up and implementing the plan. Staff with whom the inspector spoke with were well-informed as to each resident's needs and requirements. The practices in place showed that good health was promoted; for example, healthy eating and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided. The records showed that blood tests were carried out on a regular basis.

The dietician and speech and language therapist were available if needed, to lend support and guidance in the planning of good nutritional care for residents. There was evidence of referral and access to the general practitioner (GP), psychiatrist, dentist and optician. Where other specialist services were required such as consultation with services for the hearing impaired, these were facilitated.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents either took a packed lunch to their day service or were provided with lunch at the day service.

The inspector noted how aware staff were of the emotional needs of residents and were proactive in supporting positive mental health. Staff were aware how emotional wellbeing affected the physical state; for example, staff told the inspector how one resident gained weight when accommodated in a single room as opposed to previously sharing a bedroom. This resident also began to engage more positively with their peers. In another instance, a resident had a significant reduction in weight and in displaying self injurious behaviour when their friend had to move to alternative accommodation. This resident had limited verbal skills but it was clear from behaviours expressed and the

regular reference to the friend's name that they were upset by no longer seeing their friend on a daily basis. Staff facilitated this resident to visit their friend in their new home. It was written into their care plan as part of their personal goals. There were instances when staff facilitated these visits on their off duty. The multidisciplinary team including psychology, behaviour support and social work were involved in planning appropriate care for this resident and others.

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):

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

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. These had been revised since the last inspection. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were responsible for their own medication following an appropriate assessment.

A system was in place for reviewing and monitoring safe medication management practices.

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 consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which were to be provided for residents. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013. However, given that in recent times the limitations of the service were particularly evident, greater clarity was needed with regards to the limitations of the service for residents with high care needs.

The statement of purpose was kept under review. However, the most updated version did not adequately detail the room sizes.

The statement of purpose was available in a format that was accessible to residents. Staff were familiar with the statement of purpose.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. The provider or her representative carried out six monthly reviews of the safety and quality of care in the centre.

Arrangements were in place to ensure staff exercised their personal and professional

responsibility for the quality and safety of the services that they were delivering.

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

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

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

Overall the inspector was satisfied that this centre was sufficiently resourced to support current residents achieve their individual personal plans. This was evident from;

- 1) the comfortable homes provided
- 2) access to transport
- 3) the satisfactory staffing levels and skill mix
- 4) the varied activity programme
- 5) the good family involvement in the life of residents
- 6) the provision of adequate and suitable equipment
- 7) the provision of an ongoing training programme for staff.

Since the last inspection the provider had facilitated extra staffing levels and in particular extra staffing at the weekends and in the morning. As a result the range and frequency of activities had improved considerably and where appropriate, residents were facilitated to go to their day services at different times in the mornings.

At the time of the previous inspection it was identified by the inspector that there was limited forward planning for the changing needs of residents and that "a greater level of planning was needed if adequate support was to be available as service users advanced in age". Since that time, three residents from this centre transferred to alternative accommodation. One resident moved to another Brothers of Charity community house where there were ground floor shower facilities, a second resident transferred to a

Brothers of Charity house where 24 hour nursing care was available. In one instance a resident transferred to a nursing home. While, two of the three house moves were reported to have brought about better outcomes for residents, including facilitating remaining residents in this centre to have single occupancy rooms, the transfer of a resident to a nursing home was traumatic for the resident, their fellow house mates, their family and staff.

This was recognised by the provider and the management team. As an outcome from this difficult decision and as a result of a provider led enquiry following HIQA's receipt of a concern from a member of the public about the matter, an internal and external working group was set up by the Brothers of Charity Limerick to plan for the provision of elderly care. The internal Brothers of Charity group included senior managers and members of the multidisciplinary team. The external group comprised of members of the Brothers of Charity management team, Health Services Executive personnel, a Board member of the Brothers of Charity, Limerick and a relative of a person who uses the services of the Brothers of Charity. The purpose of the group was to focus on the provision of quality care for an aging cohort of residents with intellectual disability. There was a general awareness and willingness within the sector that organisations such as the Brothers of Charity had the skill set to provide care up to and including end-of-life. However, the environmental structures were not in place to support such care. The nursing care expertise that was available was primarily provided on a campus based site, which needed significant modernisation. In addition this campus site was deemed to be a congregated setting. The limited funding that was available appeared to be directed towards transferring residents from the campus place of care to care in community houses.

Both the external and internal working groups were in their infancy and it was too early to evaluate their impact. The aspiration was that the working groups would provide a clear strategy as to how the specific nursing care needs of residents with an intellectual disability and who had increasing dependency needs were to be managed, supported and most importantly, resourced.

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):

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

Findings:

The inspector was satisfied that the centre had appropriate staffing levels. These levels had improved since the last inspection and resulted in residents being able to avail of an enhanced social life. Also since the previous inspection, a regular cohort of staff worked in the houses thus ensuring staff continuity was not as significant an issue as it was two years previously.

Residents normally returned to the centre at around 16:30hours from Monday to Friday and left in the morning between 08:30 and 11:00hours. One staff member was present in each house. The staff member from one of the houses was available to support the person in the self-contained apartment which was adjacent to one of the houses. At weekends, extra staff were in place to facilitate one-to-one engagement and for residents to get involved in activities. In addition, extra staff were employed in the morning to facilitate residents to have flexibility around the time they went to day service. There were occasions when residents were present in the house without supervision and this was appropriately risk assessed and done in a safe manner. There was a planned and actual staff rota which reflected the shift pattern conveyed to the inspector by staff.

Staff with whom the inspector met had suitable skills and qualifications to meet the assessed needs of the residents. Staff were supported in their role by the person in charge. The person in charge had a central office in a different location during the day and was in the centre for the evening hours when the residents were present.

Staff told the inspector that they felt supported by the person in charge. Overall, staff were facilitated with a wide range of training including mandatory training. However, according to records examined two staff were due updates in moving and handling and one was due an update in safeguarding.

Staff files were maintained in a central administrative location and were examined by the inspector on a previous occasion. The files were found to be in compliance with the regulations.

There were regular staff meetings held in each of the houses in the centre. The minutes of these meetings were made available to the inspector. Staff were aware of the regulations and standards and were also familiar with the centre-specific policies in place in the centre. There were currently no volunteers connected to the centre or to any residents in the centre.

Both the person in charge and the area manager had a role in staff supervision within the centre. A formal staff appraisal system had been introduced since the last inspection. The inspector's observations of staff interactions with residents were positive. The feedback received from residents with regards to staff was also positive.

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-0004827
Date of Inspection:	11 and 12 July 2017
Date of response:	03 August 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The practice of storing some personal toiletries belonging to a resident on the kitchen window sill warranted review to ensure that the resident has adequate space to store and maintain their personal property and possessions.

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 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

Adequate storage has been provided in the service users' bedroom

Proposed Timescale: Completed

Proposed Timescale:

Theme: Individualised Supports and Care

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

The complaints process was discussed regularly with residents. An up-to-date copy of the procedure, including a copy of the easy to read version, was maintained in the office. However, the procedure was not displayed in a prominent position in the centre.

2. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

- Easy to read version of Complaints Procedure is displayed in the communal areas of each residence.

Proposed Timescale: Completed

Proposed Timescale:

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:

There was evidence that care plans were implemented: however, the recording system was such that the effectiveness of the personal plan reviews was limited as reviews of goals were not always captured in the written documentation.

3. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

- Quarterly reviews of PCP commenced and will be completed by 07/08/17

Proposed Timescale: 07/08/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some minor maintenance issues needed attention such as the upholstering of a chair that had worn covering and the sanding and varnishing of a damaged wooden floor in the dining area of one house.

4. 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:

- New chair selected by the service user has been ordered.
- Tendering process has commenced for repairs to wooden floor, works will be completed by 30/09/17

Proposed Timescale: 30/09/2017

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:

Inadequate hand washing facilities were available in one toilet.

5. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- Hand towel and soap in place.

Proposed Timescale: Completed

Proposed Timescale:

Theme: Effective Services

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

Emergency lighting was not in place.

6. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- BOCILR accepts that we do not have emergency lighting in place. The absence of emergency lighting has been identified as part of the Fire Safety Strategy developed by the Services in 2016 and submitted to the HSE for funding. No funding for Fire Safety upgrade has been allocated to date. This remains on the agenda as part of our engagement with the HSE. The timeline for upgrade of fire safety infrastructure is dependent on funding being secured from the HSE.
- The issue of funding for the Fire Safety Strategy was raised with the Head of Estates in the HSE CHO 3 area on 6th June 2017. A copy of the report was sent to the Head of Estates following this meeting.
- In the meantime measures are consistently carried out in the Designated Centre to ensure the safety of residents in the centre in relation to fire. This includes daily checks by staff, weekly checks by the person in charge as well as weekly tests of the fire alarm. Staff carry out drills monthly and all fire related equipment is tested quarterly.

Proposed Timescale: Point 3 above is completed. The timeline for point 1 and 2 is outside our control at this time while awaiting additional funding.

Proposed Timescale:**Outcome 08: Safeguarding and Safety**

Theme: Safe Services

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

In one instance, a staff member was overdue a training update in safeguarding vulnerable adults.

7. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

- Training organised for staff on 28/09/17

Proposed Timescale: 28/09/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The limitations of the service were particularly evident recently and thus greater clarity was needed with regards to the limitations of the service for residents with high care needs.

The most updated version of the statement of purpose did not adequately detail the room sizes.

8. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

- Building Facilities Manager will re measure all room sizes due to minor changes in the designated centre since the previous inspection. Statement of Purpose & Function will be amended to reflect this and the changing needs of the Individuals who live here. The updated Statement of Purpose and Function will be forwarded to the Inspector.

- Updated Working group has commenced work to plan for the changing needs of service users within Community Services. Working group membership include Director of Services, HSE Disability Manager, Family Representative, Psychology, Management from both Community & Integrated Services.

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

According to the staff training records examined, two staff were due refresher training in moving and handling.

9. 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:

Training organised for staff on 29/08/17

Proposed Timescale: 29/08/2017