

# eDeposit Ireland

## A designated centre for people with disabilities operated by Brothers of Charity Services Ireland, Clare

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0004763
<b>Centre county:</b>	Clare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Eamon Loughrey
<b>Lead inspector:</b>	Noelene Dowling
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<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 announced and took place over 2 day(s).

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

From: 29 September 2015 10:00 To: 29 September 2015 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the first inspection of this centre which is part of an organisation which has 25 designated centres in the region and others nationwide. This centre is designated to provide care for adult residents with an intellectual /physical disability and residents on the autism spectrum. All documentation required for the purpose of registration was available. This inspection was announced and took place over two days. All 18 of the outcomes required demonstrating compliance with the legislation and regulations were inspected against.

The centre is applying for registration for three residents in two premises. Just prior to the inspection a resident was relocated to another designated but not yet

inspected premises. The Authority was informed of this. This was an interim arrangement. In order to be satisfied that this arrangement was suitable the inspector visited these additional premises and met and spoke with the resident. The residents own staff were also transferred to provide support. On an interim basis this was satisfactory.

As part of the inspection the inspectors met with residents and staff members. Inspectors observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies, procedures and staff files. The Authority received a number of completed questionnaires from relatives and residents and the commentary in these was very positive in regard to the care and service received.

This inspection found that the provider was in substantial compliance with the regulations and standards. There were effective and suitable governance arrangements in place. Staffing levels and skill mix were satisfactory with a high level of one to one support available. Staff were observed to be respectful, attentive and proactive in meeting the needs of the residents.

There was evidence of good practice found in recruitment procedures, complaint management and systems to protect vulnerable adults. Good practice in health care and access to allied health care service including mental health services was evident.

Residents had significant involvement in the development of comprehensive personal plans and reviews to ensure their health, social and personal care needs were identified and supported according to their wishes. Care was provided on a one-to-one basis to ensure resident's needs were met.

Some minor improvements were required in the following areas:

- additional fees outside the contract of care were not itemised
- clarity of documentation pertaining to residents
- risk management procedures.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

**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:**

It was apparent to and observed by inspectors that the organisation and staff were committed to promoting resident's dignity, self determination and choice in how they lived their lives. Advocates were available both internally and externally and regular meetings were held with the residents at which their views were elicited and acted upon.

There was evidence that the resident needs and expressed wishes informed changes to practice. For example, in relation to the support they received from staff and their medical care. Residents were supported to develop personal interests according to the wishes and capacity including doing paid work and making choices regarding their own routines. Staff knew the individual preferences of residents and the personal plans showed evidence of this and of the resident's involvement in their implementation.

Staff as key workers were also seen to act as advocates for residents in relation to their individual support or accommodation needs.

The manner in which residents were addressed by staff was seen by inspectors to be respectful, amicable and familiar. They were seen by inspectors to respect the residents' privacy and there was a clear understanding that the houses were the residents' homes and this was respected.

The houses were seen to be personalised with photos and mementoes, books, toys, music systems, televisions and other equipment chosen by the residents themselves. One resident had cats and fish which she was responsible for minding. Every effort was

made to ensure residents were well informed in relation to their health and medication. Some were self medicating and were very aware of the reasons for the medication.

Resident's religious and spiritual needs were facilitated and a number of the residents attended mass in the local churches with the support of staff. Gender preferences were respected in the provision of personal care and support. All residents' personal belongings were carefully itemised.

There were detailed capacity assessments in relation to the management of residents' finances and they were supported to be as independent as possible with agreed safeguards in place. A review of a sample of the records pertaining to resident's monies being withdrawn from the personal property accounts for specific purchases or as weekly pocket money indicated that the systems for recording this money and its usage were detailed and transparent. All monies given for residents use were dated and the expenditure was recorded and receipted for the finance office.

Money paid in on behalf of residents in fee payments were recorded clearly and the records including savings on behalf of residents were transparent, held in the resident own account and available for the resident or their representative to review, if this was required.

Residents did their own laundry, in some instances with staff support. There was ample space in all houses to hold clothing and other personal belongings and residents had keys to their houses.

Inspectors reviewed the complaint policy which contained all of the requirements of the regulations. A review of the complaint log indicated that the provider had responded appropriately to complaints and did seek the views of the complainant on the outcome. The policy was available in pictorial and easy read format.

Records indicated that some issues were raised in the advocacy group. These were seen to be managed and resolved at local level satisfactorily. However the records were maintained in the advocacy records and not in a discreet complaint log which would ensure that there was monitoring of their resolution. This is actioned under Outcome 18 Records and Documentation.

Relatives who forwarded questionnaires to the Authority stated that they knew how to make a complaint and were confident it would be addressed. Personal plans took account of the residents' stated or known preferences and were seen to be person centred and not determined by staffing or resource misses.

**Judgment:**

Substantially Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector's observed details in personal plans outlining resident's communication needs and there were very comprehensive communication passports available in the event of a resident requiring care in another service. Staff were observed to be very familiar with the resident's non verbal communication and what it meant. Pain assessments were seen on records where residents were unable to verbalise. Where the residents could verbalise staff were patient and supportive in communicating with them.

There were directions from speech and language therapists to support communication and speech development for the residents where this was relevant. Residents had access to tablets, mobile phones and other technology to support communication. Pictorial images to aid communication were used. Detailed daily records were maintained by staff to ensure continuity of care.

The personal plans were synopsised in a suitable pictorial format for some of the residents. The residents were a significant part of the local community. For example, they did their shopping locally, attended at various facilities including leisure clubs and religious services and were registered and supported to vote.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Inspectors saw evidence from records reviewed and from speaking with residents and information received from family members that familial and significant relationships were respected and maintained as part of the service agreement. There was evidence of regular communication with families who were involved in all decisions and planning on behalf of and with the residents' consent. There was ample room in the houses for visits

to take place in private. There were regular home visits and transport and staff support was available. There was evidence that families were quickly informed of any incidents or changes in health status. Residents could if they wished have friends to visit in the centre.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

**Findings:**

There was a policy on admissions which outlined the assessment and decision making process and took account of how the admission procedure would ensure that residents were suitable to live together. By virtue of their care needs and assessments it was observed that admissions and care practices were congruent with the statement of purpose.

Inspectors were satisfied that supportive transition and discharge plans had been made to support a resident to move to more independent living in the community with continued staff support. A resident outlined this process to the inspector. There was detailed information on residents' health, medication, social care and communication needs available in the event of transfer to acute care.

The contractual arrangements for the service required some amendments. All were contracted to the organisation for both accommodation and care. Inspectors found some anomalies in the service agreement as it did not clearly identify a number of additional charges such as fuel for the transport which were levied to some residents. While these charges were not excessive they were not outlined in the agreement.

**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:**

Inspectors reviewed the personal plans, medical records and daily records of all three residents and found good practice in the systems for assessment, monitoring and implementation of plans for residents' needs and welfare.

There was evidence of good pre-admission assessment and a range of assessment tools being used where these were deemed necessary. The personal plans were reflective of these assessments. They were extremely comprehensive and based on range of domains including health, nutrition, safety, communication, behaviour, training and education, employment, family supports and social inclusion. The plans included time frames and named those responsible for implementation.

There was evidence of appropriate multidisciplinary involvement in residents' care with good access to services such as physiotherapy, occupational therapy, psychiatric and mental health services. Both staff and the residents themselves were very familiar with the outcome of any assessment or review undertaken. The plans were developed in conjunction with the residents over a period of time and a resident outlined this process to the inspector.

The personal plans detailed short long and medium term goals and were needs and strengths driven. The annual reviews were informed by the multidisciplinary assessment and interventions and were seen to be comprehensive. Overall the inspector was satisfied that the plans were reflective of the residents' assessed needs and individual preferences.

The outcomes were evaluated six monthly or more frequently if the residents' needs changed and all were formally reviewed annually. There was evidence that goals were prioritised and the most significant were reviewed on a monthly basis at the team meeting. Records of the annual reviews demonstrated that family members and or representatives and residents attended.

Resident's daily routines were clearly identified and primary care, health care needs social inclusion and development could be seen to be well supported.

The individual resident's need for staff support and supervision were managed in a person-centred way with one-to-one supports available. It was apparent that the

outcomes were achieved and that there was a commitment to continued improvement and development for the residents.

The social care needs of residents were very well supported with interesting and meaningful day-to-day and long term social activities including access to the community, doing their own housekeeping or taking part in plays and local events. While there were daily schedules these were entirely flexible to the wishes of the residents on the day.

The documentation used despite being copious was not amenable to ease of access, retrieval and completeness. For example, there was an emergency response plan required for a resident in the event of an acute sudden illness. While there were four different references to this plan in various documents the plan itself did not detail the precise actions required. From speaking with staff and reviewing the personal documentation for the resident the inspector was satisfied that this and any other such deficits were documentary issues and this is actioned under Outcome 18 Records and Documentation.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The centre is comprised of two houses. One is a two story house which can accommodate two residents and one is a bungalow occupied by one single resident. Both premises are located in housing estates in the centre of the local community. Neither are distinguishable in any way from their neighbouring houses. There is suitable car parking to the front. There is easy access to all local services and transport systems. Each house has its own transport.

The houses are fully self-contained with fully equipped kitchens, living area and suitable gardens. One bedroom in the two story house is downstairs, contains an assisted en suite and is used by a resident who cannot access the stairs. This house also contained a small sitting room so that a resident whose bedroom is upstairs had access to a private sitting room.

The houses were suitable for purpose, well equipped and there was suitable, sufficient and domestic style catering and laundry equipment. There was a staff office /sleep over room available. All were well decorated and maintained with suitable heating, lighting and ventilation.

Suitable furnishings were provided and the houses were very personalised in décor and with personal belongings. It as apparent that the residents had a considerable sense of ownership in the accommodation.

Inspectors noted that access to the rear garden in one house was via a step which limited the residents ability to use the garden. The en suite, while assisted, was also small making it more difficult for staff to support the resident with personal care. The provider was aware of these deficits and had definite plans to re-locate the resident to a more suitable self contained apartment in another designated centre when the refurbishment works have been completed.

Currently minimum assistive equipment was required for residents. Where this was required its suitability was regularly reviewed by physiotherapists and the equipment was serviced. There was evidence of regular servicing of heating and the vehicles were seen to have evidence of road worthiness and insurance. There were satisfactory arrangements for the management of clinical and other waste.

Inspectors also visited the house to which a resident from this centre had been moved on an emergency and temporary basis. This centre is designated but not yet used as it requires significant renovation and improvement. The admission of the resident was on short term emergency basis while awaiting accommodation in supported housing.

The accommodation contains the basic requirements of bedroom, kitchen, living area, suitable bathrooms, heating and lighting and basic fire safety systems. The resident informed the inspector that while it is not ideal she was satisfied with the arrangement on an interim basis which is identified as being six weeks.

**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:**  
Systems for identifying and responding to risk were found to be proportionate and

balanced between the rights of the residents to make choices and decisions and to protect them.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly. The risk management policy was current and complied with the regulations including the process for learning from and review of untoward events. Inspectors found that the policy was implemented in practice.

There were policies in place including a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff.

The policy on infection control was detailed and staff articulated good practice in relation to this. Staff were observed taking appropriate precautions and using protective equipment including gloves and sanitizers as this was necessary.

The risk register was centre specific and updated as risks were identified. Risks identified in the organisational register included environmental, clinical and corporate risks with controls identified to manage them.

The local risk register for each house contained information on identified risks such as fire, lone working, falls, challenging behaviours and relevant controls were identified. Three monthly audits of accidents and incidents were undertaken and the data was analysed and controls identified. These included medication, falls and challenging behaviours

Each resident had individual risk assessments and management plans implemented for risks identified as pertinent to them. These included self medication, falls, self injury or being left alone in the house for periods of time. Incidents were reviewed as they occurred. There was evidence of learning and review from accidents or incidents. Safety measures were in place for the use of the stairs in the two story house.

Fire safety management systems were found to be good with equipment including the fire alarm, extinguishers and emergency lighting serviced quarterly and annually as required. While the systems in the temporary accommodation were very rudimentary the alarm had been regularly serviced.

Personal evacuation plans had been compiled for each resident. These were very detailed and identified how much support or direction the residents would need.

Inspectors reviewed the fire safety register and saw that fire drills had been carried out at a minimum twice yearly and included the residents. Staff were able to articulate the procedures to undertake in the event of fire. A resident also confirmed this to the inspector. Any difficulties noted during the drills were addressed.

Some issues were identified which were discussed with the provider:

- inspectors saw that there had been insufficient training given to staff on the fire

safety procedures for the temporary accommodation. This was rectified during the inspection.

- the residents personal evacuation plan had not been updated to reflect the new environment.
- some residents had the keys to their own houses for all exits. Staff did not carry a key which meant that in the event of a key going missing they might not be able to exit the house in an emergency.

**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):**

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

**Findings:**

The inspectors reviewed the policies and procedures for the prevention, detection and response to allegations of adult abuse and the protection of vulnerable adults. The policy was satisfactory and in accordance with the revised HSE policy and there was a designated person assigned to oversee any allegations of this nature.

The provider had a dedicated social work service. This person was also responsible for undertaking the ongoing training for staff. Records demonstrated that all current staff in the centre had received or were scheduled to receive up to date training in the prevention of and response to abuse. Further training was scheduled.

Each resident had an individual safeguarding plan which identified specific areas of vulnerability and strategies to support them. There were also pictorial and easy read versions of safeguarding systems for residents. The residents were supported to keep themselves safe by education in the use of the internet and social interactions. There was regular access to managers for oversight of their care and safety. Residents stated that they felt safe, could, and would let staff know if anything was wrong.

Staff were able to articulate their understanding and responsibilities in relation to this and there was a designated line of accountability identified which was readily available and known by staff. Inspectors were informed by the person in charge that there were

no allegations of this nature made or being investigated at this time but she was knowledgeable on the process should this occur. There were well established lines of communication between the service and the accountable statutory bodies.

Inspectors were satisfied that the systems for the support of behaviour that challenges and the use of restrictive practices were based on national guidelines and good practice. There was an up-to-date policy on the management of behaviour that is challenging and on the use of restrictive procedures. Both policies were comprehensive in detail and guidance for staff. The policy on the use of restrictive practices clearly defined the exceptional circumstances in which such procedures should be used and defined practice such as seclusion which were forbidden to be used in the centre.

There was a psychiatric service engaged by the provider which was seen to be regularly involved in residents care and prompt referrals were made when behaviours of concern were noted. A three monthly review of resident's mental health and psychotropic medication took place, attended by the resident where possible and also informed by staff who knew the resident.

Behavioural psychological support was available, implemented and overseen by the clinical psychologist.

From a review of the behaviour support plans and detailed functional analysis which was undertaken inspectors were satisfied that systems implemented were supportive and reviewed for their effectiveness. There was guidance for staff and direct support for the residents.

It was apparent that where behaviours become more pronounced comprehensive reviews including neurological, medical and psychiatric were undertaken in order to address the underlying issues. One-to-one support was provided. The strategies used were multifaceted and preventative. They included staff leaving a resident alone in a house for periods of time which prevented escalation, having low numbers but consistent staff working with residents to reduce the resident's anxieties. Both strategies were carefully risk assessed and managed.

Residents were also helped to understand their behaviour and manage it. Staff were able to state what interventions were effective and demonstrated a commitment to providing this support for the residents. For example, scheduled activities were in pictorial format so that the resident could see them and situations of noise and stress were avoided.

Inspectors found that restrictive practices were not implemented and a review of medication demonstrated that Pro-re-nata (as required ) medication was not used to manage behaviours. There was evidence that families had been consulted in relation to all strategies used.

Where behaviours had impacted on other residents in terms of inadvertent assaults the provider had taken appropriate and necessary action. This resulted in seeking alternative interim accommodation for a resident as a safeguarding measure. This move was undertaken in full consultation with the resident and psychological support was

increased to minimise any negative impact.

Staff had received training in an approved method of managing behaviour which included physical interventions, de-escalation and prevention. Physical interventions such as holding techniques were prohibited in the centre according to the policy.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

A review of the accident and incident logs, resident's records and notifications forwarded to the Authority demonstrated that the person in charge was in compliance with the requirement to forward this information to the Chief Inspector.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

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

**Findings:**

Inspectors were satisfied that residents with diverse needs were supported and encouraged to develop meaningful day-to-day activities, skills and achieve long term aspirations according to their wishes and capacity. They told inspectors that they did computer skills, life skills such as road safety and money management, self care and

cookery. Resident days were meaningful and person centred. One resident had a part time job and displayed her certificate of long term service to the inspector. Another resident was scheduled to attend Tai-chi classes for the autumn.

They also attended local events. Within the centre they were encouraged to take responsibility for their own house work, shopping and laundry with support from staff as they needed this. There was a significant level of social participation for residents on a daily basis, for example going to shopping centres or for meals out or to local events. Each of the units had their own transport.

**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:**

Inspectors found evidence that resident's healthcare needs were very well supported. A local general practitioner (GP) service was primarily responsible for the health care of residents and records and interviews indicates that there was frequent and prompt access to this service. Where residents could attend themselves or with family at the GP clinic they did so. Where this was not possible the GP visited at the centre. There was consent and agreement that pertinent information would be shared with the staff.

The residents had a good understanding of their own health care needs. There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents' need and changing health status. These included occupational therapy, physiotherapy, psychiatric and psychological services. Chiropody, dentistry and ophthalmic reviews were also attended regularly. Residents had choice in attending such services and there was evidence that staff made efforts to ensure they understood the reason for the appointment and the outcomes.

Healthcare related treatments and interventions were detailed and staff were aware of these. Inspectors saw evidence of health promotion with regular blood tests, vaccinations, medication reviews and other clinical investigations were sought.

The documentation indicated that all aspects of the residents' health care and complexity of need was monitored and reviewed. Nutrition and weights were monitored

and specific vulnerabilities were noted and acted on for example, falls epilepsy or cardiac risks. There were protocols in place for the management of epilepsy and staff were clear on these protocols.

Families were closely involved with all health care related interventions. Inspectors were informed that if a resident was admitted to acute services staff were made available to remain with them to ensure their needs were understood.

There was a policy on end of life care which indicated the emotional, physical and spiritual needs of residents would be supported. If necessary, additional skill mix would be provided in order to ensure that if the resident wished to remain in the service in the event of increased illness or at end of life this would be facilitated. A deterioration in health was being actively planned for at time of the inspection.

A personal plan in relation to this was in the process of being devised. This was being undertaken in full consultation with the resident, the resident's next of kin and the medical practitioners. The inspector found that it was being undertaken in a sensitive and thoughtful manner.

Residents' nutritional needs were addressed. They prepared their own meals with the assistance of staff where this was possible. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs. They were also aware of resident's preferences and they had significant choices. For example one resident decided on the day what to have for dinner and shopped for this with staff. All of the kitchens were suitably equipped, domestic in style and residents had full access at all times in a homely and relaxed environment.

**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:**

Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication.

Inspectors saw evidence that medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. A number of residents had been assessed as being able to manage their own medication and this was monitored by staff. Medication was safely stored and there were systems for checking in and receipt of medication. Regular audits of medication administration and usage were undertaken. Additional food supplements were used only if prescribed by the GP.

**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):**

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

**Findings:**

The statement of purpose had been forwarded to the Authority as part of the application for registration. It was found to be centre-specific and compliant with the requirements of the regulations and detailed the care needs and service to be provided.

Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with intellectual disabilities and residents on the autism spectrum.

The care needs of the residents differed in complexity. However, inspectors were satisfied that the different needs were identified and supported in a way which maximised the residents' quality of life. This included the provision of one-to-one support staff for residents as well as allowing residents supported independence.

**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:**

Inspectors found that there were suitable and effective governance systems in place. The provider nominee who was the service leader for the region had responsibility for 25 designated centres in the region. He was found to be very familiar with the care needs of the residents and was planning strategically for the development of the centre. Suitable systems had been put in place to govern and promote accountability. Significant work had been undertaken to ensure compliance with the regulations and the registration process.

The governance systems included the regional manager who was responsible for residential and day care provision. He was suitably qualified and experienced and was closely involved in the management of the centre. Unannounced visits to the centre had been undertaken on behalf of the provider which reviewed specific issues related to care, welfare and safeguarding.

Two six monthly audits had been undertaken and these were found to be detailed with the emphasis on personal planning and outcomes for the residents. This had included a survey of residents and relatives views. Actions were identified from these audits and issues were addressed or there was evidence of planning to address them. These included the arrangements to renovate a premises to provide more suitable individual accommodation for one resident.

The annual report for the centre was detailed and also included the views of families and residents. Inspectors were satisfied that these systems ensured an overview of the quality and safety of care and were a dynamic process.

The person appointed to the position of person in charge of this centre had experience in leadership in the organisation as co-ordinator with a background in education. She had also undertaken additional training in all mandatory fields. She was the person in charge of four other centres. However, as there were effective structures such as the social care coordinators in each house there was no evidence that this arrangement impacted negatively.

As part of the registration process she demonstrated her knowledge of her regulatory responsibilities could be seen to be fully involved in overseeing the delivery of care. There was an appropriate day and night time on-call system in place.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider had made suitable arrangements for periods of absence of the person in charge with the appointment of a suitably qualified and experienced co-ordinator who also oversaw the delivery of care on a daily basis.

**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):**

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

**Findings:**

Sufficient resources for fundamental care including equipment, maintenance, upkeep of the premises, vehicles and staffing ratios and multidisciplinary services were available and utilised for the residents' benefit to ensure the care required could be delivered.

**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):**

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

**Findings:**

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. A number of staff had been with the service for some time. There was a detailed induction programme which was carefully designed to lessen the impact of change on the residents. A formal staff supervision/appraisal system was implemented by the person in charge. From a review of the documentation the inspector found that it focused on resident care, practice development and improvements.

There was an actual and planned roster available. The staff ratios reflect the different support needs of the residents. There were guidelines for rostering changes as consistency of staffing was seen as crucial to the resident's welfare and assessed needs. One to one staff was provided for some of the residents in this centre.

From a review of residents schedules and interviews with staff inspectors formed the view that the staffing levels and skill mix were adequate. The service is a social care model but where nursing support or advice was required this was available within the local region. Minimal agency staff were utilised and those used were already familiar with the residents. Examination of a sample of personnel files showed good practice in recruitment procedures for staff with all the required documentation sourced and verified by the person in charge.

Examination of the training matrix demonstrated that all mandatory training was up to date for the staff including fire training, manual handling, and the protection of vulnerable adults, management of behaviours that challenge (including physical intervention) and medication management training.

A number of staff had formal training in social care or related disciplines such as psychology and support staff had Further Education and Training (FETAC) level five training. The inspector was informed that the organisation is exploring the option of in-house training in these areas as they have accreditation for the provision of FETAC (Further Education and Training Awards Council) training with specific emphasis on persons with a disability.

Staff were observed to be competent in their roles, knowledgeable of the residents needs and personal plans, respectful, fully engaged with and supportive of the residents

at all times during the process. Residents stated and demonstrated to inspectors that they were comfortable and at ease with the staff.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The inspectors found that the records required by regulation in relation to residents, including medical records, nursing and general records requires some improvements to ensure they were complete, information was easily retrieved and specific details were recorded.

Records pertaining to staff were found to be complete.

All of the required policies were in place and also had been reviewed. Documents such as the residents guide and directory of residents were available. The inspectors saw that insurance was current. Reports of other statutory bodies were also available.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Noelene Dowling  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## 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-0004763
<b>Date of Inspection:</b>	29 September 2015
<b>Date of response:</b>	22 October 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:**

Discreet records of complaints made were not consistently maintained.

#### 1. 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

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

complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The complaints log as been updated. All complaints will be logged using the complaints form instead of using just the Advocacy process.

**Proposed Timescale:** 14/10/2015

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

Some additional charges were not outlined in the contract for the provision of services.

**2. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Individualised Service Agreement will be updated to include transport costs being charged.

**Proposed Timescale:** 16/11/2015

**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:**

To ensure that:  
sufficient training was given to staff on the fire safety procedures for the temporary accommodation  
that the residents personal evacuation plan was updated to reflect the new environment  
that residents could exit the houses in the event of the doors keys inadvertently going missing.

**3. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Staff have received training in relation to local fire and emergency procedures. The Personal Emergency Evacuation procedure has been updated to reflect the new location of the resident. Staff now have their own set of keys for use in the event of a fire and if it was necessary to evacuate the building. All keys to fire doors are labelled and held in a key box in the staff room.

**Proposed Timescale:** 22/10/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

To ensure that records in relation to residents, were complete, detailed and easily retrievable.

**4. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Files will be re-indexed and standardised to match the local files and record keeping system to ensure information is easy to retrieve. Files will be reviewed and information archived where required. Medical and Nursing Notes will be updated to use standard templates. The individual Plan will be updated to provide clear direction to staff and will be streamlined so that there is only one plan. The separate plans that are currently in place will be integrated into the plan.

Team meetings will be minuted and actioned utilising the standard template.

Incidents and Accident forms will be submitted within a 24 hour period to the PPIM or PIC.

**Proposed Timescale:** 30/11/2015

