

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
Centre ID:	OSV-0004840
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Norma Bagge
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	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:	To:
02 June 2015 10:20	02 June 2015 21:30
03 June 2015 10:30	03 June 2015 19:30

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 second inspection of the centre carried out by the Health Information and Quality Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days. The centre is part of the services provided in a community setting by the Brothers of Charity Limerick; a voluntary organisation set up to support the needs of persons with a diagnosis of an intellectual disability. The centre comprised of two separate houses, with each house accommodating between four and five male residents. All were over

the age of 18. The houses were located in Limerick city.

As part of the inspection, the inspector met with residents and staff. Practices were observed and documentation reviewed, including residents' personal plans, medical records, policies and procedures, staff files, complaints and accident records. The houses were adjacent to each other and both were domestic in design and décor. The premises were clean, tastefully decorated, in good repair, warm and homely. Each resident had their own bedroom, which was personalised and reflected the interests of the resident. One staff member was on duty during the night.

Staff were knowledgeable regarding each resident's needs and the inspector was satisfied that in general, their complex individual needs were met. On the days of inspection residents appeared relaxed in their home and in the company of staff and fellow residents. A number of relatives completed questionnaires, all of which commented on the good level of support provided to their family members.

The inspector saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. All relatives commented on how well staff understand their relatives abilities; one remarked that staff "do everything they can to support him". Residents were consulted in the planning and running of the centre and in decisions regarding their own care. One relative commented that her relative's wishes "would be given very careful consideration" and that her relative "gets on very well with the staff". Minutes of house meetings were available for inspection. Arrangements were in place to monitor and improve key areas in the provision of safe, quality care.

There were many areas of compliance with regulation; however, there were also areas of non compliance. The most significant of the non compliances were in relation to the night time staffing arrangements and the appointment of a full time person in charge. Both there two areas needed to be addressed as a matter of urgency. The other non compliances were in the area of documentation, clarity around policies, risk assessments, accessibility of the personal plans and staff appraisals. These issues are discussed 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):

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

Findings:

The inspector was satisfied that residents' choice was encouraged and respected. This was evident from the observations of the inspector of the interactions between residents and staff. Interactions observed were respectful and caring; and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of residents' preferences. Much of this knowledge and information was captured in the care plans and the residents' file notes; however, in some instances updated care plans were not on file or available to staff.

Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and developmental needs. For example, one resident enjoyed horse riding, another visiting the swimming pool and another going to the local shop.

The inspector noted that residents retained control over their own possessions. For example, each resident had their own wardrobes; each resident had their own bedroom which was decorated in a manner that reflected their individuality. Residents, in so far as possible, were supported to choose and purchase their own clothes. Residents' grooming needs received appropriate attention. The inspector saw residents going out for a drive, taking a nap when they wished, walking to the shop, attending day services and engaging in a music session.

The effectiveness of the complaints process remained unclear. This matter had been identified on a previous inspection and while work had taken place in improving clarity around the management of complaints; the new policy had yet to be implemented. Staff and management personnel reported a low number of complaints and that complaints

were generally resolved locally. Since the last inspection a file was maintained in each house of the complaints arising and how they were addressed. An easy-to-read format of the complaints policy was available. Residents had house meeting in which complaints could also be raised. The inspector saw minutes of these house meetings. However, overall the effectiveness of the complaints procedure was compromised because of a lack of clarity as to who deals with complaints and who deals with the appeals.

Residents had access to the Brothers of Charity advocacy support structure. It was identified on the last inspection that these services needed to be improved. In the provider's action plan response these improvements were scheduled to be in place by March 2015; however, it was June 2015 before they took effect. Given that this inspection took place on 2 June 2015, the effectiveness of the revised procedures could not be evaluated. However, the description of how it would operate appeared to be a significant improvement. In particular, there was a sense that advocacy was being given the recognition and importance it required.

A number of residents communicated in a non verbal manner. From speaking with staff and from observing, the inspector noted residents were able to communicate if they were anxious, worried or in need of assistance. The inspector noted that residents were listened to. When a care intervention was taking place it was explained to the resident in a friendly, courteous and genuine manner.

A non recording monitoring camera was in place in one of the houses but there was no policy in place around how the monitoring equipment should be managed. Neither was there any notification to indicate to residents, staff or visitors that the monitor was on and the times it was on. This is actioned under outcome 18.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' communication needs were facilitated by staff. However, there was scope for improvements in relation to how families were communicated with in regards to residents' personal care plans. There was plenty of evidence to show that families were encouraged to visit, have meals out with their relatives and phone the centre at any time. In some instances families were not in a position to be very involved in their relative's care and this was respected. However, there was limited documentation in place to suggest that families were actively invited and supported to be involved in the residents' personal care planning and the review of

these plans. In feedback from relatives, which was in the main very positive, there also appeared to be a gap in their knowledge of the personal plans. This may in part be due to the fact that plans were not kept as up to date as is required. This is further discussed in Outcome 5 and actioned under that outcome.

The centre had made easy-to-read versions of some of their core policies available in each of the houses in the centre. Easy-to-read and pictorial tools were also used throughout the centre to make information available to residents. For example, there were parts of residents' person-centred plans that were in pictorial format. Pictorial versions of weekly activities were also displayed on a notice board in each house. Residents had access to a variety of media such as television, computer and radio. Most residents had a television and radio in their bedroom. Residents had access to phones and one resident phoned his family on a very regular basis.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the residents in the centre were supported to maintain positive family relationships and community links. As commented on in Outcome 2, visits of family members to the residents' homes were encouraged and some residents frequently travelled to their families to stay overnight or for holiday periods. Residents spoke positively about these arrangements.

Residents enjoyed outings and overnights away to holiday resorts. Staff gave generously of their time to facilitate these trips away. Residents were also supported to maintain friendships with other service users. Some residents attended a day service at different centres in the locality. Residents were involved in the community in so far as was practicable. For example, residents were known to staff in the local shops and restaurants.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents had contracts in place. The contracts set out the terms and conditions of accommodation in the centre and also the responsibilities of the provider. A sample of contracts viewed showed they were signed by the resident and the provider. The person in charge reported that a copy of the contract had been sent to the representatives for their signature but had not been returned at the time of inspection.

The contracts set out the fee to be charged to the resident and stated that additional items were at the expense of the resident i.e. activities, clothing, toiletries etc. There was a policy on admissions, discharges and transfers. There had been no recent admissions, discharges or transfers in the centre. From discussions with staff there was ongoing review of the suitability of the placement for residents. In instances where alternative arrangements were required these were discussed with the resident and their family.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector had no concerns about the actual care delivered to residents. However, the written plans were incomplete. The format of the plans was very comprehensive and practically, this posed a challenge for staff to complete them. Staff did not appear to use them as a working document. The inspector was informed by senior management that the personal care planning format was under review following feedback from staff and feedback from HIQA inspections.

In some instances, the aspirations and preferences expressed in the written plans were

not fully realised. For example, a resident's expressed wish to visit a certain place had not been accommodated. This may have been due to a staffing issue or partly due to inadequate review of the plan. In some instances the written plans did not appear to be updated annually.

It was not clear from the plans that relatives were actively involved in them and resident feedback indicated this was an area that could be enhanced. Apart from the deficiencies of the written plans, it was evident in practice, that arrangements were in place to meet residents' social needs. For example, behavioural management support was sought for all residents in the centre; day services were provided off site for some residents and on site for others. Residents were seen to access shops, swimming pool and other local amenities.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the size and layout of the premises was in line with the statement of purpose. Both houses were well maintained, homely, suitably decorated and clean. Each resident had their own bedroom and was free to decorate their room to their personal tastes. Residents were involved in the decoration of the communal areas of the houses. For example, residents' paintings were framed and hanging in one of the sitting rooms, photographs of the residents were on display and seating was provided which suited the residents' preferences.

There was adequate space for storage and sufficient cooking, dining and communal space. Each house had access to a garden at the rear. As an example of the attention staff gave to addressing the individual needs of residents, a store room had recently been converted to a second tastefully decorated sitting room to accommodate the needs of residents who liked a quiet space. Residents were seen relaxing in this area.

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):

No actions were required from the previous inspection.

Findings:

The centre had an emergency plan in place. The plan covered events such as loss of power, loss of water, loss of heat etc. The plan included the procedure to be followed and the contact details of the relevant persons/authorities to be notified. The recently updated risk management policy outlined the procedure for identifying risks, assessing the risks and the placing of controls to mitigate risks.

Most aspects of risk to residents were addressed. However, no risk assessment had been conducted of the hazard of having unrestricted windows on the first floor. These windows, which opened fully, were in a house which was inadequately staffed at night.

One house which accommodated four residents with complex needs was supervised at night by a monitor in the neighbouring house. A risk around night time staffing levels had been assessed as high and escalated by the person in charge to senior management. However, the inspector concluded the control measures in place were inadequate i.e. monitor and regular visits from the staff on duty in the neighbouring house. This is further discussed under staffing in Outcome 17.

There were regular checks of the centre to identify maintenance requirements. The centre's risk management policy included measures and actions in place to control the unexpected absence of a resident, accidental injury to residents, staff or visitors, and aggression and violence. A record of incidents/accidents involving residents was kept in their personal file.

The centre had fire equipment available in each house. There were smoke alarms in place. Staff confirmed that fire drills took place on a frequent basis. These drills were recorded and the length of time to evacuate was documented. While staff stated the testing of the fire alarm was part of the drill, it was not clear from the documentation that this was so. An evacuation plan was available in a prominent place in each house in the centre and each resident also had a personal egress and evacuation plan.

Judgment:

Non Compliant - Major

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:

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

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

Findings:

The inspector found that staff were trained in the protection of vulnerable adults. However, not all staff had educational updates on this topic in line with the organisation's policy. For example, records showed a staff member was due an update since February 2013. In general, staff reported there were no barriers to reporting any concerns. However, equally it was identified that the absence of a full time person in charge at the time of inspection, impacted on how swiftly concerns could be followed up with. The provider was taking action to address this. As an interim measure the area manager was covering the duties of the person in charge but that person also continued with their primary full time post.

The inspector observed that there was a pro active and non judgemental approach to managing behaviours that challenge. Staff on duty on the days of inspection demonstrated skill, competence and awareness of the complex behavioural needs of the residents. Plans were put in place to assist residents and staff, in finding a satisfactory way of working with such challenges. However, these plans were not always updated in the written format.

Following the previous inspection (January 2015) practices were to be put in place to improve the manner in which residents' finances were managed. These included a system whereby all receipts, lodgements and withdrawals were signed by two members of staff. However, this protection measure was not fully implemented and only one signature remained on several receipts and withdrawals. The inspector was not satisfied with the arrangements in place and not satisfied that the changes proposed in January 2015 were implemented or effectively monitored. The inspector considered the custom in place (one staff signature) compromised staff and inadequately protected residents from a risk of the mismanagement of their monies.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the acting person in charge was familiar with the process for recording any incident that occurred in the centre and familiar with the procedure for maintaining and retaining suitable records as required under legislation. The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the general welfare and development needs of residents were promoted. A proactive approach was taken to ensuring residents had good opportunities for new experiences. The person centred plan included arrangements for residents' education, activities and development. Residents had been afforded the opportunity to attend activities such as visiting their own home; going for walks; visiting restaurants; swimming and attending day services. Staff were aware of the levels of activities that residents could actively engage in. The resident profile was such that limited activity was appropriate. Staff were cognisant of this fact. Residents had access to a secure garden which they regularly used.

A service was available within the organisation whereby a job coach was available who had responsibility for sourcing and supporting residents and staff in securing appropriate work placements for service users.

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):

No actions were required from the previous inspection.

Findings:

Staff with whom the inspector spoke, were well informed as to each resident's needs and requirements. The inspector saw that an initial comprehensive holistic assessment was carried out. 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. However, as discussed in Outcome 5 not all plans were up to date.

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. Medical attention and hospitalisation was sought where indicated.

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. The breakfast and evening meal was prepared and cooked daily in the centre. Residents attending day services either took a packed lunch or purchased lunch at the day service.

Where specialist services were required such as consultation with medical and oncology, these were facilitated. Discussions took place around end of life care and these were documented.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were systems in place to ensure that medication management practices were safe. Practices were guided by policies. The inspector saw that medications were securely stored and formal records were maintained of the return of unused or unwanted medication to the pharmacy. Staff confirmed that no residents were self medicating at the time of inspection. Residents were provided with information on their medication regime in a format that was appropriate to their abilities. Non nursing staff administered medications and had received training in the safe administration of medications.

The inspector reviewed the medication prescription and the medication administration chart and both were seen to be completed in line with the centre's policy on medication administration. There was evidence of regular blood tests including where indicated,

blood checks of medication levels. Near misses or medication errors were recorded through the critical incident reporting system. Medication that was required for emergency treatment such as epilepsy was available and in date. This medicine was rarely, if ever used, resulting in staff having limited knowledge of which residents were prescribed it. Hence, there was scope to provide information/education in this regard.

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 of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose contained the information required by Schedule 1 of the Regulations. The statement of purpose was kept under review and was available to the residents and their relatives.

The inspector found that the stated ethos of the Brothers of Charity of "Love and respect in every action" as set out in its statement of purpose, was evident in the manner in which staff were seen to interact with residents.

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):

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

Findings:

The centre was awaiting the appointment of a permanent person in charge at the time of inspection. The person acting as person in charge had the appropriate experience and qualifications for the role. This person was also the area manager. At the time of inspection he was covering both full time roles; an arrangement that was unsustainable. No specific start date for the new person in charge was available. Neither were there arrangements for the acting person in charge to be assigned as person in charge on a full time basis until the permanent post was filled.

The acting person in charge was knowledgeable regarding the requirements of the regulations and standards, and had knowledge about the support needs of each resident. This person was committed to his own personal development through regular attendance at courses including undertaking a post graduate course.

Staff meetings took place and according to the previous action plan these were to be held on a monthly basis. However, these meetings were infrequent. A staff appraisal system was not in place but was expected to be put in place by 30 June 2015. It was unclear if staffing issues were adequately addressed.

The provider had established a management structure which included supports for the person in charge to assist him to deliver a good quality service. These supports included a head of community services, quality manager and director of services.

The provider nominee or her delegate visited the centre unannounced approximately every six months. The purpose of this was to carry out audits and provide feedback to the person in charge as to the quality of the service provided to residents. If indicated, recommendations were made as to how the service could be improved further. The person in charge responded to these recommendations within 21 days.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The Health Information and Quality Authority was notified of the absence of the person in charge and of the interim arrangements in place. However, the interim arrangements extended for a longer period than anticipated. Covering both posts for several weeks was not a satisfactory arrangement. This is also referenced in Outcome 14.

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):

No actions were required from the previous inspection.

Findings:

In most areas the centre was resourced to support residents achieve their individual personal plans. This was evident from;

- 1) the comfortable homes provided
- 2) access to transport
- 3) the varied activity programme
- 4) the family involvement in the life of residents
- 5) the provision of adequate and suitable equipment
- 6) the provision of an on-going training programme for staff.

However, the most significant matter in relation to resources was the inadequacy of staffing levels, in particular night time staffing and weekend cover. This is discussed under Outcome 17. The statement of purpose detailed the arrangements in place for residents to be supported to the nearest exit in the event of fire. However, the night time staffing arrangements were insufficiently resourced to ensure that adequate assistance could likely be given to all residents.

Judgment:

Non Compliant - Moderate

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 not satisfied with the night time staffing arrangements. One staff member was on duty for the two houses from approximately 22:00hours to 08:00hours. This staff member was based in house one and visited house two a number of times during the night. It was unclear how frequently the night time staff visited house number two. When the night staff did leave house one, the five residents in that house were then on their own. For the remainder of the night, residents in house two were alone in a locked house. All nine residents (five in house one and four in house two) had complex needs. A number had a diagnosis of epilepsy; some had significant behavioural issues which posed a risk to other residents and none were in a position to evacuate a house without assistance. In discussions with the acting person in charge and the acting head of community services at the end of inspection, there was agreement that the inadequate night time staffing cover would be addressed within four weeks.

Cameras were in place in the corridors of house two with a monitor in house one which alarmed if a resident exited their bedroom door in house two. This alerted staff that a resident was awake and up. It was unclear as to how often the alarm sounded. If or when it sounded it created a noise that was not congruent with a quiet sleeping environment for residents in house one.

As discussed in outcome 14 there was no system of staff appraisals. This had been raised in the previous report and was due to be addressed by 30 June 2015.

There were some gaps in staff training. For example moving and handling training updates were overdue; at least one staff member was to complete fire training and as discussed in Outcome 8 some staff were due training updates on adult protection. A training plan was in place to address the training needs of staff.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector was generally satisfied with the quality of documentation and record keeping at the centre. However, not all the personal plans had written updates available

as discussed in Outcome 5. There was some inappropriate filing of documentation; for example, documentation pertaining to staff issues was filed in a resident's file.

Policies as required by Schedule 5 of the regulation were in place with the exception of a policy on the use of the monitoring surveillance camera. This camera was turned on at night and did not record events. It was used as an aid for night-time staff to supervise residents in house 2. This is also discussed in Outcome 17.

The centre maintained up-to-date records on residents in terms of referrals to allied health professionals and medical personnel. The records were easily retrievable.

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:

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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-0004840
Date of Inspection:	02 June 2015
Date of response:	07 August 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:

The effectiveness of the complaints procedure was compromised because of the lack of clarity as to who dealt with complaints and who dealt with complaint appeals.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure

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

for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

- Draft complaints policy, passed by Director of Services on 26th May 2015.
- Plain English version of policy currently being developed based on feedback with a view to making it more accessible to families.
- Final complaints policy will be signed off by Director of Services.
- Management training on complaints policy to take place.
- Plain English version of Complaints policy to be circulated to families, and on the Website.
- Easy read procedure for making a complaint to be reviewed with residents at through keyworker lead advocacy meetings.
- Complaint log books to be printed and circulated to all designated centres

Proposed Timescale: 31/10/2015

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 a lack of evidence to show that personal plan reviews were conducted in a manner that ensured the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- Person Centred Plans will be renewed for all the residents of the designated centre commencing on Monday 3rd August and will be completed over an 8 week period.
- As part of information gathering Family members and the wider circle of support will be consulted in accordance with the resident's wishes.
- Evidence of consultation will be recorded on the PCP as per procedures.
- Family members and other representative of residents (where appropriate) will be invited to planning meetings where priorities are signed off.

Proposed Timescale: 12/10/2015

Theme: Effective Services

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

There was a lack of evidence to show that residents' personal plans were reviewed annually or more frequently if there was a change in needs or circumstances.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- PIC will review PCPs at least every 3 months to ensure that changes in needs or circumstances are recorded. Area Manager (PPIM) will also provide oversight in this regard.
- Over time activities will be recorded on a computerised system that will link to the achievement of priorities identified in the resident's person centred plan.
- Person Centred Plans will be renewed for all the residents of the designated centre commencing on Monday 3rd August and will be completed over an 8 week period.

Proposed Timescale: 31/12/2015

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:

The risk control measures in place around night time staffing levels were not proportionate to the risks identified and the adverse impact such measures might have on a resident's quality of life.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

- 2nd overnight staff has been placed in designated centre since 14th July 2015. Business case for funding has been submitted to the HSE.
- Work has been completed to connect fire alarm systems in both houses to alert staff should fire alarm sound in either house.

Proposed Timescale: 14/07/2015

Theme: Effective Services

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

The risk management policy did not include the hazard of having unrestricted windows on the first floor of the house.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

- In order to update the risk register of this designated centre a risk assessment will be carried out in respect of each resident in respect of the hazard relating to unrestricted windows on the first floor of the house.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Inadequate arrangements were in place for detecting fires in that there was no confirmation available that smoke alarms were regularly tested.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- The Fire Safety Folder has been adjusted to include a record of dates when fire alarms are tested. The instruction is that smoke alarms must be tested weekly.
- The testing of smoke alarms is recorded weekly and included in the Fire folder held by the PIC.

Proposed Timescale: 10/07/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The practices in place (one staff signature) had not been adequately addressed since the previous inspection. They compromised staff and inadequately protected residents from a risk of the mismanagement of their monies.

Action Required:

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

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

- As a result of an audit by the Acting Head of Community Services and findings of HIQA Inspector the PIC has brought to the attention of all frontline staff in the designated centre the actions agreed at previous inspection that all receipts in the designated centre are being signed by 2 staff members or 1 staff member and PIC. All entries to residents' ledgers will in future be initialled by 2 staff members or 1 staff member and PIC. Person in Charge will continue to audit ledgers of residents at least once a month
- PIC will check ledgers/receipts and purchases at least monthly to ensure that staff are adhering to procedure outlined above.
- PPIM will provide oversight in this area also.

Proposed Timescale: 23/07/2015

Theme: Safe Services

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

Staff had not received updated training in relation to protection of adults with a disability in line with the centre's policy.

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:

- Staff who require training or refresher training have been identified and notified of the requirement to attend this mandatory training.
- Staff names have been sent forward to Training Dept for inclusion in the next scheduled training.

Proposed Timescale: 30/09/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The acting person in charge at the time of inspection was also assigned to another full time post and therefore was not available on a full time basis to be person in charge of this centre.

Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

- Person In Charge post was filled by a suitably qualified person on 6th July 2015.

Proposed Timescale: 06/07/2015

Theme: Leadership, Governance and Management

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

The arrangements in place to support, develop and performance manage all members

of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering were inadequate.

Action Required:

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

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

- Clearly defined management structure with regular meetings taking place.
- Supervision is taking place on an informal basis but needs to be more evidence based and systematic.
- Draft support and supervision system has been developed and presented to the Senior Management Team by the Head of HR on 17th June 2015.
- Draft form has been revised based on feedback from the Director of Services and reviewed by Quality and Risk Officer, Head of Community and Head of Integrated Services.
- Revised Draft currently under review by Director of Services.
- Finalised document will be piloted in a number of designated centres.
- Training will be provided by Head of HR.
- On completion of Pilot a review of the system will be carried out.
- Training will be provided to all Persons in Charge and the wide management team.
- Full roll out of Staff Support and Supervision across the services will take place.

Proposed Timescale: 31/01/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The statement of purpose detailed the arrangements in place for residents to be supported to the nearest exit in the event of fire. However, the night time staffing arrangements were insufficiently resourced to ensure that adequate assistance could likely be given to all residents.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- 2nd overnight staff has been placed in designated centre since 14th July 2015. Business case for funding has been submitted to the HSE.
- Work has been completed to connect fire alarm systems in both houses to alert staff should fire alarm sound in either house.

Proposed Timescale: 14/07/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff was not appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the centre.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- 2nd overnight staff has been placed in designated centre since 14th July 2015. Business case for funding has been submitted to the HSE.
- Allocated staffing hours are being adjusted to better meet the needs of residents.

Proposed Timescale: 15/08/2015

Theme: Responsive Workforce

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

Staff had not completed all mandatory training, including refresher training, as part of a continuous professional development programme.

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:

- Staff that requires training or refresher training have been identified and notified of the requirement to attend this mandatory training.
- Staff names have been sent forward to Training Dept for inclusion in the next scheduled training.

Proposed Timescale: 30/09/2015

Theme: Responsive Workforce

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

A staff appraisal system was not in place. The person in charge was also responsible for another full time post, thus impacting on his availability as person in charge. These arrangements compromised supervision of staff.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately

supervised.

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

- Person in Charge post has been filled with a suitably qualified person on 6th July 2015.
- Supervision of staff will be provided by the PIC. This is currently taking place through staff meetings and on an informal basis.
- Draft support and supervision system has been developed and presented to the Senior Management Team by the Head of HR on 17th June 2015.
- Draft form has been revised based on feedback from the Director of Services and reviewed by Quality and Risk Officer, Head of Community and Head of Integrated Services.
- Revised Draft currently under review by Director of Services.
- Finalised document will be piloted in a number of designated centres.
- Training will be provided by Head of HR.
- On completion of Pilot a review of the system will be carried out.
- Training will be provided to all Persons in Charge and the wide management team.
- Full roll out of Staff Support and Supervision across the services will take place.

Proposed Timescale: 06/07/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

A policy was not in place with regards to the surveillance camera system in place.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- Surveillance camera system will be removed from the designated centre as the 2nd night staff eliminates the need for monitoring system. This will take place by 14th August 2015.
- National Policy being developed by National Policy group within the Brothers of Charity Services.

Proposed Timescale: 31/01/2016