

**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	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
03 September 2015 15:00	03 September 2015 17:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the third inspection of the centre carried out by the Health Information and Quality Authority. It was a follow up to a registration inspection which took place in June 2015. 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 at the time of inspection, accommodating four 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, staff and the recently appointed person in charge. Practices were observed and documentation reviewed, including residents' personal plans, policies and procedures, complaints and accident records. The houses were adjacent to each other and both were domestic in design and décor. As on previous inspections, 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.

Since the previous inspection night time staffing levels had increased ensuring there was a staff member in each house all night. The person in charge was proactive in bringing about improvements. For example, changes were made to the staff roster

which resulted in extra cover being provided during busy times such as evenings and weekends. Person centred plans were under review and there was a clear system in place and clear timelines for such reviews.

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. There was ongoing review of the suitability of the service to meet the individual and collective needs of residents. Where indicated alternative placements were discussed, arranged and a transition plan put in place.

The inspector noted that all matters from the previous report had been satisfactorily addressed.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that residents' choice was encouraged and respected. 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. Since the last inspection a review of care plans had taken place. Each key worker took responsibility for updating the plans assigned to them. This was monitored by the person in charge. Plans were seen to be person centred, current and legible.

Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and developmental needs. 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.

The complaints policy had been reviewed and the revised policy implemented. There was a low level of complaints. A system was in place where issues that arose were recorded and resolved locally. Where the matter was not resolved locally the matter was referred to the person in charge and was recorded in the informal complaints log and the outcome recorded. Where written complaints were received or an informal complaint remained unresolved the matter was referred to the head of community services and was classified as a formal complaint. An appeals system was in place. An easy to read version of the complaints policy was available to residents. Staff were awaiting training on the implementation of the revised complaints policy. Residents had access to the Brothers of Charity advocacy support structure.

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, respectful and competent manner.

The monitoring camera which was in place on the last inspection was removed. It was no longer required as there was an increase in night time staffing levels.

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):

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

Findings:

The person in charge was in the process of reviewing all care plans together with the key workers. An organised system was in place with set timelines to complete the information gathering, which subsequently informed the plans. The plans were clearly legible, detailed and person centred. Emphasis was placed in engaging residents and their family members in so far as possible, in the completion of the plans. Family members and other representative of residents were invited to planning meetings where priorities were signed off.

The person in charge had monitored the three monthly review of plans to ensure that changes in needs or circumstances were recorded. The area manager also provided oversight in this regard.

The activities programme continued to be developed according to individual needs. For example, since the last inspection residents had become involved in gardening activities whereby vegetables grown in their back garden were used in their kitchen. The person in charge explained how the movement to music sessions, held each Wednesday, engaged residents who normally showed limited interest in activities.

Judgment: Compliant

Outcome 07: Health and Safety and Risk Management <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
Theme: Effective Services
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: <p>Since the last inspection a risk assessment had been conducted of the hazard of having unrestricted windows on the first floor. Subsequently restrictors were placed on these windows. The restrictors were removable if the need arose.</p> <p>Night time staffing increased since the previous inspection. The increase came into effect on 14th July 2015. This ensured there was adequate and safe night time cover in each house within the centre. There was evidence that apart from the safety aspects, this increased level of night time staffing resulted in residents sleeping better throughout the night. For example, one resident previously woke and got up regularly at 05:00hours. Staff reported that since there is full time staff in the house at night, he now normally sleeps until 07:00hours.</p> <p>The centre had fire equipment available in each house. There were smoke alarms in place. Following the previous inspection the smoke alarm system was adjusted so that the fire alarm systems in both houses was connected to alert staff should the fire alarm sound in either house. In addition the frequency of fire drills has increased. Drills took place on a weekly basis and included both day and night times. Fire drills were unannounced and the most recent record showed evacuation took place in 46 seconds. Since the last inspection the testing of the fire alarm has been recorded as part of the fire drill procedure.</p>
Judgment: Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Following the previous inspection and an audit carried out by the acting head of community services, all receipts for purchases bought on behalf of residents were signed by two staff members. The person in charge audited ledgers of residents at least once a month to ensure that procedures were adhered to. The personal assets officer for the organisation visited the centre to advice and support staff in best practice around the management of resident finances.

Staff who required training or refresher training in the protection of vulnerable adults were facilitated with this training. The person in charge, as well as the training department, maintained a record of this and all other training.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

A new person in charge was appointed since the previous inspection. She demonstrated

knowledge of the legislation and her statutory responsibilities. Since her appointment she made a number of changes which demonstrated good leadership. For example, she altered the staff roster to provide extra staffing support at weekends and in the evening; she took decisive action when a resident's individual needs were unmet and she held monthly staff meetings. The person in charge had overseen the rearrangement of accommodation. This process was ongoing. The changes to accommodation made to date had been successful.

The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She confirmed she was supported in this role by the area manager and the acting head of community services. There was a clearly defined management structure. The person in charge had regular meetings with the area manager to whom she reported. The area manager in turn reported and met with the head of community services who reported to the director of services.

Residents were able to identify the person in charge and from observation it was evident the person in charge was familiar, knowledgeable and competent in meeting and interacting with residents. Minutes of the monthly staff meetings were maintained. Staff confirmed these were beneficial. New staff were inducted by the person in charge.

A staff appraisal system for the organisation was not in place but was expected to be introduced by 31 January 2016. Supervision was taking place on an informal basis. Once the appraisal system was piloted, it was planned that staff would receive training on its introduction.

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):

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

Findings:

An issue arose on the previous inspection with regards to the inadequacy of staffing levels, in particular night time staffing and weekend cover. This matter was seen to be adequately resourced on this inspection.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

As discussed in Outcome 16 the inspector was not satisfied on the last inspection with the night time staffing arrangements. This matter was addressed by the provider with the placement of a second overnight staff in the centre. The provider also submitted to the Health Service Executive (HSE), a business case for funding this increased staffing need. The allocation of staffing hours were adjusted to better meet the needs of residents i.e. more cover in the evenings and at weekends.

As discussed in Outcome 14, no formal system of staff appraisals was in place but is expected to be introduced by January 2016.

The gaps noted in staff training on the previous inspection had been attended to. The person in charge maintained records of all staff training. New staff members were provided with mandatory training before they took up their post. Staff confirmed this to the inspector. New staff were provided with induction training which was supervised by the person in charge.

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):

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

Findings:

On the last inspection there was no policy in place for the monitoring camera that was in use. With the increase in night time staffing there was no longer a need for a monitor and it was removed.

Nationally, the Brothers of Charity were developing a policy on the use of surveillance equipment.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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