

**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 Southern Services
Centre ID:	ORG-0008461
Centre county:	Cork
Email address:	eugene.oloughlin@bocss.org
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Southern Services
Provider Nominee:	Una Nagle
Person in charge:	Eugene O'Loughlin
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 June 2014 08:00 To: 16 June 2014 16:30

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 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 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 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection undertaken by the Authority in this centre. As part of the inspection process the inspector met with residents, the person in charge, the social care leader and other staff members. The inspector observed care practices and reviewed documentation such as personal plans, medical records, accidents and incidents logs, complaints log, residents' finances records, policies and procedures.

The sector manager and person in charge displayed knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centred evidence-based care for the residents. Overall, the inspector found that residents were appropriately cared for with privacy and dignity respected.

The action plan at the end of the report identifies improvements necessary 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

These included:

- 1) residents finances
- 2) contracts of care
- 3) formalisation of the consultation process with residents
- 4) fire safety checks
- 5) statement of purpose
- 6) staff training
- 7) medication management.

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 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

Judgement:

Non Compliant - Minor

Findings:

The inspector observed that staff respected the privacy and dignity of residents in their interactions, care and how they addressed residents. Each resident was treated as an individual with different levels of support provided in accordance with their needs, preferences and communication. Staff informed the inspector that residents were consulted with informally on a daily basis regarding meal choices and activities. In addition, other plans for the week were discussed for example evening and weekend outings and activities. Picture-enhanced communication was available and displayed throughout the centre to support non-verbal communication to relay information regarding daily activities, choice and staff on duty. However, formal consultation and participation in the organisation of the centre as described in the Regulations, was not in place.

Residents were assigned a key worker who acted on the behalf of individual residents and this was evidenced in their personal plans of care. The inspector asked residents' permission to view their personal care plans and a tour of their house. One resident showed the inspector around the secure back garden and three residents brought the inspector to their bedrooms.

The complaints procedure was displayed in both pictorial and narrative form for easy access. While there was a complaints log but there was nothing recorded here. This was discussed with the team leader who indicated that issues were dealt with as they arose and a review of the complaints log was necessary to capture the day-to-day issues when they arose. The complaints form was reviewed but it did not detail whether the complainant was satisfied or not with the outcome. The policy required attention as it was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations.

The centre appeared to be managed in a way that maximized residents' capacity to exercise their personal autonomy and choice. Risk assessments were completed to safely enable residents to be independent. There were several examples of this evidenced during the inspection, at meal time and helping out after meals, bringing washed laundry to the clothes line and hanging up the laundry. The inspector joined residents at breakfast where good interaction was observed between residents and staff and residents. Residents were encouraged to participate in external activities, for example going to the cinema, pub or shopping, visiting family and relatives with appropriate risk assessments completed to support each individual, for example, taking responsibility for their own money.

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

Judgement:

Compliant

Findings:

Residents were assisted and supported in their individual communication needs. Individual communication requirements were identified in personal plans and reflected in practice and effective communication was observed between residents and staff. The inspector noted that residents had access to a range of media options including the internet and i-pads. Some residents had televisions in their bedrooms and there was also a flat screen television in both sitting rooms. There was an extensive choice of DVDs, CDs, books and games available. There was a variety of picture charts displayed throughout the house including fire safety and identifying day and night staff on duty.

Residents had access to multi-disciplinary professionals if their condition warranted. The sample of care plans reviewed demonstrated that residents were reviewed and had regular access to speech and language therapy, behavioural support, psychology and psychiatry to meet their range of communication needs.

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

Judgement:

Non Compliant - Major

Findings:

Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident, as described in the Regulations, were not in place.

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

Judgement:

Non Compliant - Minor

Findings:

Residents had timely access to specialist services with appropriate treatment and interventions. Allied health care services such as physiotherapy, occupational therapy and dietician were organised by staff. Records contained evidence of referrals and follow-up appointments.

Documentation reviewed and practice observed demonstrated that clinical care and positive behavioural support strategies were in line with evidenced-based best practice. A two-hourly monitoring system was in place which night staff completed to ensure the safety of residents with documentary evidence to support this. There was a routine daily report was from both night and day staff describing the care and welfare needs of residents.

Residents' health and social care needs were assessed and the necessary care and support was recorded in individual personal plans of care; one was an 'easy read' edition and the other was the comprehensive version. These were reviewed quarterly and revised as necessary and annually. The inspector reviewed a sample of personal support plans for residents. The document 'My Family and Siblings and Other Important People in my Life' contained only names: relationship or photographs were not recorded. There was 'Things that are important to Me' describing interests, activities and behaviours for each resident; while they were written from the residents' perspective, person-centred information was limited.

Residents had assessments completed which described the level of assistance required for daily activities. The inspector observed residents involved in specific tasks and roles which formed part of their goals in their personal plans and support details were reflected in the personal plans. While there were individual client profiles which included an in-depth description of the resident as well as a photograph, this formed part of the staff induction folder and it was not part of residents' files. While interventions and strategies for challenging behaviour were demonstrated, these records were not kept in the 'behavioural records' but rather under the activity to which the specific behaviour pertained and this required review to ensure ease of retrieval of information. Planning meetings and actions from these meetings were reviewed by the inspector, however, they were neither signed nor dated.

All residents went off-site to different day centres as part of their activation and support plans reflected the established activity schedule available to residents in the day centres. The support plans identified the key worker assigned responsibility to enable residents achieve their goals with timescales to review objectives and ongoing re-evaluation. An assessment with associated interventions to support risk taking was evident in residents' support plans, for example, taking responsibility for money and cooking. In addition, support plans included 'a review of my year' which contained narrative, a review of the resident's priorities, the priority status and supports necessary to achieve these goals, as well as current and future service needs. 'Individual rights assessment' was completed but it was neither signed nor dated and it was difficult to determine if the resident was involved in the process. Consent forms were in place for photographic identifications, well as other interventions and these were signed by staff and their next-of-kin.

The sample of annual health care checks reviewed demonstrated that residents had their annual check for 2014. While a 'hospital passport' was in place for each resident detailing aspects of the resident's care, communication and welfare in addition to their medical information, these were not updated since 2009.

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

Judgement:

Compliant

Findings:

The centre was a dormer six-bedded house located in a rural setting. The grounds comprised a mature front garden with parking and a large secure back garden with seating and a garden shed. Both gardens were well maintained.

The centre could accommodate six people; five residents and one staff member. The design and layout was suitable for its stated purpose and function and appeared to meet the individual and collective needs of residents. It was bright, warm, homely, and well maintained. There was an assisted shower with bath, toilet and hand wash basin and a toilet and hand wash basin. Communal space comprised a large kitchen / dining room, a separate dining room and two sitting rooms. There was ample storage space in residents' bedrooms for their belongings and additional shelving was in place which tastefully displayed their photos, CDs and DVDs. One resident had a writing desk which enabled him to make model airplanes and drawings. Residents had decorated their rooms with posters, pictures, furniture and mementos. There was wooden flooring downstairs to mitigate trips/falls risk and the stairs and upstairs was carpeted. The garden shed belonged to one resident who used it to store some personal belongings and outdoor weather gear.

Laundry facilities were part of the kitchen structure and cleaning equipment was stored in a designated unit. There was a daily cleaning schedule and the centre was clean. The staff room was secure and residents' files and cash were securely maintained within the staff room. There was a separate shower, toilet and hand wash basin bathroom upstairs for staff.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Findings:

There was a health and safety policy and safety statement available. Emergency protocols were displayed in pictorial format in the hallway.

Each resident had a 'Personal Emergency Egress Plan' in place whereby an evaluation was completed and an evacuation plan was compiled, however, photographic identification of residents was not in place for ease of identification, by emergency staff.

Appropriate fire evacuation advisory signage was displayed in the hallway. There were adequate means of escape and fire exits were unobstructed. There was emergency lighting throughout including the kitchen, hallway and upstairs. In addition, there was advisory signage displaying the location of fire safety equipment throughout the house. Certificates were in place for annual servicing of fire safety equipment and emergency lighting. However, there was no record of bi-annual testing of emergency lighting and routine testing of the fire alarm. Regular fire drills and evacuations were completed by staff and residents. Daily and weekly fire checks were not recorded.

The environment appeared well maintained with appropriate flooring and adequate lighting to minimise risk. Cleaning duties were the responsibility of all staff, however, staff had not completed training in effective cleaning practices to prevent the risk of cross infection. Advisory signage for best practice hand hygiene was displayed. Hand wash liquid soap dispenser was available in line with best practice, however, hand hygiene gel was not in place should the need arise. Opportunities for completing hand hygiene were observed to be taken by staff in line with best practice.

The accident and incident book was reviewed and contained records which demonstrated that issues were addressed in a timely manner with the involvement of relevant professionals and subsequent appropriate supervision. There was a separate accident and incident book for staff to record injuries to staff.

The hazard log included the environment, behaviour, infection prevention and control items. A risk assessment was necessary regarding storage of chemicals and cleaning products and accessibility of two sets of carving and chopping knives.

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

Judgement:

Non Compliant - Moderate

Findings:

While there was a policy evidenced to inform protection of vulnerable adults, it did not outline the regulatory requirement of notification to the Authority of an allegation, suspected or confirmed abuse.

The person in charge was involved in the management of the centre, and visited regularly. The social care leader was involved in the day-to-day operations and the inspector observed staff interacting appropriately with residents and demonstrating their knowledge regarding interventions necessary when residents required attention. Even though staff demonstrated their knowledge relating to adult protection, they had not completed up-to-date training in protection of vulnerable adults.

Staff had received training on identifying antecedents to behaviours of concern, preventative and response strategies and alleviating the underlying causes of challenging behaviour. There was evidence of these strategies in residents' personal care plans.

Signed consent forms were evidenced for emergency care and photographic identification, in the sample of residents' documents reviewed.

Residents' finances were securely maintained in the centre. There were individual logs for each resident. Overall, residents' finances required thorough review as:

- 1) two signatures for credit and debit transactions were not evidenced
- 2) even though a resident was risk assessed and deemed unfit to be responsible for his own finances, there were receipts in his name for items he had not consumed when out socialising
- 3) there was a leak in a resident's bedroom and products for painting and decorating were billed to the resident.

As there were no contracts of care detailing fees to be charged in conjunction with additional fees to be charged, there was no evidence that such costs would be borne by residents. This was discussed at length at the feedback meeting and the person in charge gave assurances that the issues would be remedied immediately.

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

Judgement:

Non Compliant - Minor

Findings:

The person in charge, sector manager and social care leader outlined the process for recording any incident that occurred in the centre. They demonstrated their knowledge regarding notifications as described in the Regulations, to the Authority. The inspector reviewed the notification folder with quarterly returns recorded.

Non-compliance related to the policy on protection described in Outcome 8.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

The inspector examined a sample of personal plans which included 'Best Possible Health' outlining quite a detailed medication management plan as well as an annual health check completed by the GP; where indicated there was a comprehensive epileptic care plan. Healthy living choices in relation to exercise, weight control and balanced diets were encouraged and supported. There was appropriate information discretely displayed in the kitchen to support residents regarding healthy diet choices. The level of support necessary to enable residents to maximise this independence was documented in their support plans.

Appropriate referrals for dietician reviews were made and subsequent reports were available in their medical folder. A recognised nutritional assessment tool formed part of their overall assessment, when indicated. Residents had their breakfast and evening meal in their house and their mid-day meal off-site in the activation centres they attended. The inspector joined residents at breakfast where residents were a range of menu options was available. Breakfast was relaxed with good interaction observed between staff and residents and between residents: staff were responsible for preparing supper. However, staff had not completed training in food preparation, cooking, storage or hygiene. There were ample stocks in both the dried and cold storage areas. Food was not stored appropriately in the fridge as cooked and raw meat were stored together alongside cartons of juice. This was brought to the attention of the social care leader.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

There was a 'Brothers of Charity Services' policy and procedure for medication management which was up-to-date, however, a site specific addendum was not in place to complement this policy to reflect local practice and procedures. A signature sheet as

described in An Bord Altranais medication management guidelines 2007 was not in place.

Each resident had a comprehensive medication management plan. There was a 'PRN (as required) medication management form which staff completed when PRNs were administered. The rationale for the PRN medication and its effectiveness was recorded. A pre-packed medication dispensing system was in place which was delivered monthly. PRNs remained in their original packaging and were prescribed per resident. Medication was stored securely in a locked cupboard within the locked office.

Photographic identification was in place for all residents as part of their prescriptions in line with best practice. Prescriptions reviewed demonstrated that maximum dosages for PRN (as required) medications were not always documented; PRN medications were recorded under regular medications.

Medication errors were completed in designated medication error incident forms. Two were reviewed and while there was some information in one form there was very little detail in the second. So it was difficult to establish the value or effectiveness of this as no learning to prevent recurrence of such errors could happen.

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

Judgement:

Non Compliant - Minor

Findings:

A written statement of purpose was available, but it did not contain arrangement made for consultation with, and participation of, residents in the operation of the centre as described in Schedule 1 of the Regulations. While it described the overall aims, objectives and ethos of the Brothers of Charity, it required further review as it was not centre-specific.

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

Judgement:

Compliant

Findings:

The person in charge was full-time, suitably qualified with the necessary experience to ensure effective safe care and welfare of residents. He demonstrated adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. He demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care. He was committed to his own continuing professional development for example, participation in post graduate qualification in management.

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

Judgement:

Compliant

Findings:

Suitable arrangements were in place in the absence of the person in charge whereby the sector manager deputised. The sector manager and person in charge were aware of the regulatory requirements regarding submission of a notification to the Authority in relation to his absence.

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

Judgement:

Non Compliant - Minor

Findings:

The inspector was satisfied that the number and skill mix of staff available during the inspection were appropriate to meet residents' needs both on night duty and day time. There were social care leaders responsible for the day-to-day running of the centre with care staff. Many of the staff had been employed in the centre for some time and this resulted in positive outcomes for residents as there was continuity of care. While relief staff were utilized, the same relief staff worked in the centre to minimise disruption to the residents.

Staff files were examined and while many of the items listed in Schedule 2 were in place for the files reviewed, photographic identification for two staff member was absent. References were routinely verified. Staff appraisals were in the process of being rolled out.

Staff training files were also reviewed and mandatory training including protection, fire safety, food safety and infection prevention and control was not up-to-date.

There were hand-over meetings each morning to communicate residents' care and wellbeing needs. Minutes of quarterly formal staff meetings were evidenced and these were chaired by the social care leader. A sample of minutes reviewed showed that topics discussed included PRNs, scheduling, cleaning and HIQA inspection.

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

Judgement:

Non Compliant - Moderate

Findings:

Findings relating to policies and procedures were discussed in Outcome 12 Medication management.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Breeda Desmond
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 Southern Services
Centre ID:	ORG-0008461
Date of Inspection:	16 June 2014
Date of response:	9 July 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

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

Formal consultation and participation in the organisation of the centre as described in the Regulations, was not in place.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

Formal consultation through regular meetings with service users on an individual and group basis will commence from 18th July 2014.

Proposed Timescale: 18/07/2014

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

Theme: DCAD10 Individualised Supports and Care

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

The policy required attention as it was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations.

Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

An independent complaints officer has been appointed for the service. All staff and service users will be made aware of this appointment as of 18th July 2014.

Proposed Timescale: 18/07/2014

Theme: DCAD10 Individualised Supports and Care

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

The policy required attention as it was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The complaints officer will maintain a record of all complaints under Regulation 34(2)(f).

Proposed Timescale: 18/07/2014

Theme: DCAD10 Individualised Supports and Care

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

The policy required attention as it was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The Director of Services, is available to residents and oversees the complaints management process and a six monthly report is compiled.

Proposed Timescale: 18/07/2014

Theme: DCAD10 Individualised Supports and Care

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

All complaints were not recorded.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

We will ensure that all complaints are recorded in future.

Proposed Timescale: 11/07/2014

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:

Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident, as described in the Regulations, were not in place.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Written agreements with service users will be put in place by 31st December 2014.

Proposed Timescale: 31/12/2014

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:

As some personal plans were neither signed nor dated, it was difficult to determine the degree of involvement and participation the resident had in their development.

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:

We will ensure that personal plan reviews are conducted with the maximum participation of each resident. Each personal plan will be signed and dated appropriately.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

While a 'hospital passport' was in place for each resident detailing aspects of the resident's care, communication and welfare in addition to their medical information, these were not updated since 2009 so information was not current.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

All healthcare information will be up-dated to reflect the current care needs of service users.

Proposed Timescale: 30/09/2014

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:

A risk assessment was necessary regarding storage of chemicals and cleaning products and accessibility of two sets of carving and chopping knives.

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:

A risk assessment will be carried out in relation to storage of chemicals and cleaning products as well as kitchen knives. The Hazard Log will be updated accordingly.

Proposed Timescale: 11/07/2014

Theme: Effective Services

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

Bi-annual testing of emergency lighting and routine testing of the fire alarm were not evidenced.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

We will ensure that bi-annual testing of emergency lighting and fire alarms takes place routinely and all records of same will be maintained.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

Daily and weekly fire checks were not recorded.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

Daily and weekly fire checks will be recorded from 11th July 2014.

Proposed Timescale: 11/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Overall, residents' finances required thorough review to ensure robustness as:

- 1) two signatures for credit and debit transactions were not evidenced
- 2) even though a resident was risk assessed and deemed unfit to be responsible for his own finances, he had receipts with payment for more than his own food and drink when out socialising
- 3) there was a leak in the resident's bedroom and products for painting and decorating were billed to the resident.

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:

- Procedures will be put in place to ensure all service users' financial transactions have two signatures;
- We will ensure that each service user's expenditure will be dealt with on an individual basis in future;
- Any service user who was incorrectly billed will be reimbursed.

Proposed Timescale: 11/07/2014

Theme: Safe Services

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

Staff had not completed up-to-date training in protection of vulnerable adults.

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:

Refresher training in welfare and protection will be provided for all staff.

Proposed Timescale: 31/10/2014

Outcome 09: Notification of Incidents

Theme: Safe Services

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

While there was a policy evidenced to inform protection of vulnerable adults, it did not outline notification to the Authority of an allegation, suspected or confirmed abuse.

Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The service policy will be reviewed and updated to reflect the three day notification to HIQA regarding suspected or confirmed suspicion of abuse.

Proposed Timescale: 31/10/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Staff had not completed training in food preparation, cooking, storage or hygiene.

Action Required:

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

We are in the process of developing a training package which we aim to deliver to all staff by 31st October 2014.

Proposed Timescale: 31/10/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

A written statement of purpose was available, but it did not contain arrangement made for consultation with, and participation of, residents in the operation of the centre as described in Schedule 1 of the Regulations.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:

We will review the statement of purpose and function to ensure all items in schedule 1 will be included.

Proposed Timescale: 30/09/2014

Theme: Leadership, Governance and Management

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

While it described the overall aims, objectives and ethos of the Brothers of Charity, it required further review as it was not centre-specific.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:

The statement of purpose and function will be reviewed to ensure that it is centre-specific.

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Photographic identification for two staff members was absent from the sample of staff files reviewed.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

All staff files will be reviewed to ensure that appropriate documentation will be in place.

Proposed Timescale: 31/10/2014

Theme: Responsive Workforce

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

Mandatory training for staff including protection, fire safety, food safety and infection prevention and control was not up-to-date.

Action Required:

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

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

Training will be provided to staff in fire safety, infection control and welfare and protection.

Proposed Timescale: 31/10/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

There was a 'Brothers of Charity Services' policy and procedure for medication management which was up-to-date, however, a site specific addendum was not in place to complement this policy to reflect local practice and procedures.

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:

A site-specific addendum to the medication management policy will be developed to reflect local practice and procedure.

Proposed Timescale: 28/11/2014

Theme: Use of Information

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

A signature sheet as described in An Bord Altranais medication management guidelines 2007 and Cnáimhseachais na hÉireann was not 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:

A staff signature sheet has been completed and is displayed in the medicine cabinet.

Proposed Timescale: 20/06/2014

Theme: Use of Information

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

Prescriptions reviewed demonstrated that maximum dosages for PRN (as required) medications were not always documented.

PRN medications were recorded under regular medications.

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:

All service users' medical practitioners will be asked to document PRN dosage on the medical administration record (MARS). PRN medication will be recorded and signed on the MAR. The MAR will be up-dated as appropriate.

Proposed Timescale:

Theme: Use of Information

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

Medication errors were not comprehensively recorded to ensure learning to mitigate future errors.

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:

Medication error forms will be reviewed to ensure that learning takes place in relation to all medication errors.

Proposed Timescale: 30/09/2014