

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Goldfinch 2
<b>Centre ID:</b>	OSV-0003519
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Limerick
<b>Provider Nominee:</b>	Norma Bagge
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	5

## **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 1 day(s).

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

From: 05 July 2017 10:30 To: 05 July 2017 17:30

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**

**Background to the inspection**

This was an inspection carried out to inform a registration decision. At the time of inspection the premises was unoccupied. The house was used as accommodation for residents who needed temporary accommodation whilst their regular Brothers of Charity home was being redecorated or upgraded. Following assessment as to the appropriateness of this temporary transfer, and in consultation with residents and their families, residents normally transitioned to this house for a period of approximately six weeks. The 2018 plan for the house, was that it would be extended and upgraded to accommodate residents transferring on a permanent basis from a congregated setting to living in the community. An application had been

received by the Health Information and Quality Authority (HIQA) to register the centre to accommodate five residents. The inspection was announced. The Brothers of Charity Services Limerick is a service provider caring for people with intellectual disabilities.

#### How evidence was gathered

The inspector met with the person in charge. At the time of inspection no residents were living in this centre. Residents that used this facility retained the supports they already had in their campus or other community based home.

The inspector examined the documentation systems and carried out an onsite visit to verify that the house was suitable for occupancy and appropriate to meet the needs of the proposed residents.

Systems were in place to ensure that the health needs of residents were met. Residents had access to local general practitioner (GP) services or retained the GP service they already had, whichever the resident choose. The person in charge discussed arrangements in place to meet the social care needs of residents and how she ensured that residents had opportunities to participate in activities appropriate to their interests and preferences. Plans were in place for residents to continue with their regular day service and regular involvement in golf, swimming and dining out.

Medication management practices were in order. Locked cupboards were available to store medication. Residents transferred with the same medication management systems that they already had in operation.

Plans were in place around ensuring the health and safety of the resident and staff. An emergency plan was in place. Appropriate fire safety arrangements were in place. A fire alarm system was in place. It was serviced on a quarterly basis. Records were available to confirm this. The alarm was being serviced on the day of inspection and confirmed to be in working order. Fire equipment was in place at the time of inspection such as fire extinguishers and fire blanket. These had been serviced in April 2017. Emergency lighting was in place throughout the house.

The inspector was satisfied that staff who were to work in the centre had received their mandatory training. Staff files were held securely in the organisation's central office. Such files were examined on previous inspections to other centers operated by the Brothers of Charity Services Limerick and were seen to be complete.

#### Description of the service

The provider had produced a document called the statement of purpose that explained the service they provided. The centre is a five bedroom detached bungalow in a housing estate in a rural village in Co. Limerick. The longer term plan for this house is to create two units catering for a total of seven residents. Funding had been allocated for this project under the de-congregation scheme. It was anticipated work would begin in 2018 and would involve reconfiguring the house to accommodate residents with high physical care needs. This would involve widening doorways, increasing bathroom size and ensuring easy wheelchair access to the house.

In its current layout and when occupied, the house is staffed by a minimum of two day staff and one waking night staff. This level of staffing varies depending of the needs of residents using the house. The house had a spacious sitting room, kitchen, single occupancy bedrooms, sanitary facilities and laundry facilities.

The location of the centre was such that residents would have easy access to get out and about on a daily basis. The house was reasonably well-maintained inside albeit some painting and modernisation work was needed. As mentioned above, a plan was in place for this. The outside areas were unkempt. For example, the lawn was uneven and was covered in weeds, the railing in the front of the house was rusty and in need of painting, the walls of the house and the wall in front of the house was dirty and in need of washing and painting. Footpaths were narrow and uneven. When the house was occupied, residents continued to avail of their regular day services from Monday to Friday. Transport was provided to and from the day services.

#### Overall judgment of our findings

The inspector found that the approach to care was holistic and involved the resident and their family. Well-considered transition plans were in place for residents. The location of the house, in a quite residential area, was such that residents would be well-placed to continue to enjoy the activities they were already involved in and live in an environment which suited their needs. Residents who used this facility were offered independence while safeguarding security.

Four of the 18 outcomes inspected were found to be in non compliance. These were Outcome 6 (Safe and Suitable Premises), Outcome 7 (Health and Safety and Risk Management), Outcome 13 (Statement of Purpose) and Outcome 14 (Governance and Management). These are discussed in the body of this 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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the rights, privacy and dignity of residents were and would be promoted and residents' choice encouraged.

The inspector was familiar with the organisation's complaints' policy and found it described how to make a complaint, who to make the complaint to and the procedure that would be followed on receipt of a complaint. It contained details of the nominated person available to ensure that all complaints were appropriately responded to. An easy read version of the complaints procedure was available.

The person in charge told the inspector that, when occupied, a weekly residents' meeting is held. It included discussions on items such as the menu for the coming week, plans for the weekend, any issues related to the premises and planned activities.

Arrangements were in place for residents to have access to an advocacy service.

**Judgment:**

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.*

<p><b>Theme:</b> Individualised Supports and Care</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that residents were and would continue to be supported and assisted to communicate in accordance with residents' needs and preferences.</p> <p>Residents' communication needs were identified in the personal planning documentation and supports were put in place as needed. Transition plans were in place for all residents admitted to this centre. Social stories with written and pictorial descriptions, were part of transition planning, where appropriate. Residents who used this centre availed of assistive devices such as mobile phones. Part of the transition arrangements included residents visiting the centre prior to moving and being given expected dates of how long they were likely to be living in this centre. Families were also involved in the transitioning plans.</p> <p>Residents had access to the services of a speech and language therapist if necessary and the ongoing support from behaviour support therapists.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 03: Family and personal relationships and links with the community</b> <i>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.</i></p>
<p><b>Theme:</b> Individualised Supports and Care</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> From the information available, the inspector was satisfied that families and friends were encouraged to be involved in the lives of the residents. There was evidence that family were involved in the transition plans for residents who were moved to and from this centre.</p> <p>The person in charge outlined how staff facilitated residents to maintain contact with their families. This included access to phone facilities and family invitations to events in the centre. Families were invited to visit the centre prior to their family member moving there.</p>

<b>Judgment:</b> 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 saw that there was a system in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process. Multidisciplinary meetings had taken place to ensure residents' transitions were as smooth as possible.  
  
Written agreements were in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged.

**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:**

The inspector was satisfied that the care and support, as described by the person in charge, reflected residents' assessed needs and wishes.

The inspector found that documentation relating to residents was detailed, with appropriate timelines and appropriate risk assessments. Documentation identified residents' care needs and plans to address those needs.

Residents residing in this centre were assigned a key worker. Those transferring retained the key worker whom they (residents) were familiar with. When occupied, weekly meetings took place with residents. Staff transferring temporarily to this centre visited the house to view its suitability for the residents who were moving there.

Daily records were maintained of how residents spent their day. The personal plans contained information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the interior of the house was generally suitable and safe as temporary accommodation for up to five residents. However, the overall external appearance of the house was poor.

The centre, a bungalow, was located in a quiet residential area of a rural town in Co. Limerick. The house had adequate, heating, lighting and ventilation. It was adequately furnished. Residents transferring to the house brought their own beds and personal effects with them and the bedrooms had built in storage.

There were two bathroom facilities; one with a bath and the other with a spacious shower area. There was a large kitchen, dining room with built-in furniture, a comfortably furnished sitting room and a utility room with laundry facilities. Storage was provided.

There was access to a rear garden area. However, this area along with the front garden area was unkempt. The lawn was poorly maintained and uneven. The walls of the house together with the fascia were in need of washing and painting. The railing on the wall at the front of the house was rusty and in a poor state of repair.

Arrangements were in place for the safe disposal of general waste. Parking was available at the front of the building.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff was and would continue to be promoted. However, some documentation was not available on the day of inspection.

There was a health and safety statement in place. The risk management policy met the requirements of the regulations. Plans were in place around ensuring the health and safety of residents and staff. An emergency plan was in place. Appropriate fire safety arrangements were in place. A fire alarm system was in place and was seen to be serviced every three months and confirmed to be in working order. Fire fighting equipment was in place and was serviced in April 2017.

The evacuation procedure was not on display.

Emergency lighting was in place. However, documentation was not available on the day of inspection with regards to the checks carried out by a suitably qualified person to confirm the emergency lighting was in satisfactory working order. Such documentation was reported to be stored in a different location.

Fire drills took place after admission and at various times of the day and night. Daily checks of escape routes took place when there were residents in the house.

A vehicle with up-to-date certification of road worthiness was available for residents transitioning to this house.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. The person in charge outlined the procedures they follow should there be an allegation of abuse.

The inspector was satisfied that residents were and would continue to be provided with emotional, behavioural and therapeutic support that would promote a positive approach to behaviours of concern. There was a policy in place guiding the management of behaviours of concern. Systems in place included access to behaviour specialists, psychologists and psychiatrists. The inspector viewed risk assessments, behaviour support guidelines and transition plans which were specific in their guidance and goals for residents.

There was a policy in place to guide usage of any restrictive practices and the person in charge was aware of the significance of using them. A restraint free environment was promoted and it was not expected that any such practices would be in use in this centre

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The person in charge and provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.</p> <p>A system was in place to maintain a detailed log of all incidents occurring in the centre and to analyse these for the purposes of learning.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 10. General Welfare and Development</b> <i>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.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that the plans discussed ensured the general welfare and development needs of residents was and would continue to be promoted and residents would be afforded opportunities for new experiences, social participation, education, training and employment.</p> <p>A system was in place for residents to continue with their regular day services arrangements.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 11. Healthcare Needs</b> <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>

<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that residents' health needs were and would continue to be regularly reviewed with appropriate input from multidisciplinary practitioners where required.</p> <p>The inspector was satisfied that residents had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals including occupational therapists, psychologist, psychiatrist, behaviour support therapist, speech and language therapist.</p> <p>A system was already in place throughout the Brothers of Charity Services whereby nutritional assessments were completed on admission and as required. Weights were recorded on a monthly basis or more frequently if required. When occupied, the menu choices was on display in the house. The person in charge discussed how healthy eating options was encouraged and residents were actively involved in planning their menus. When the house was occupied, residents were involved in shopping and cooking in the centre, in so far as practicable.</p> <p>Health monitoring documentation was in place as was a system of carrying out regular blood profiling by familiar staff.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 12. Medication Management</b> <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector found that the medication management policies and procedures were satisfactory.</p> <p>The inspector was familiar with the medication policy which was comprehensive and</p>

gave guidance to staff on areas such as medication administration, medications requiring strict controls, disposal of medications and medication errors.

Safe storage facilities were provided for medications. Staff working in this house had undertaken a medication management training programme.

Audits were undertaken to ensure compliance with the centre's policy and that all required documentation was correctly completed.

**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 inspector was not satisfied that the statement of purpose met the requirements of the Regulations. It was not accurate in its description of the service that was provided.

**Judgment:**

Non Compliant - Moderate

**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:**

The inspector was satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis. Management systems were in place to support and promote the delivery of safe, quality care services. However, documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 had not been submitted to the Chief Inspector as requested. This included an updated statement of purpose, a revised registration application form, details of changes to the person in charge and updated floor plans.

An auditing system was in place within the organisation. Arrangements were in place for the person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre.

The person in charge had responsibility for carrying out regular audits in the centre.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified and experienced person in charge. She was knowledgeable about the requirements of the regulations and standards. She was supported in her role by the multidisciplinary team and the provider.

**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 provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. Deputising arrangements were in place.

**Judgment:**

Compliant

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<b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>
<b>Theme:</b> Use of Resources
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.  <b>Findings:</b> The inspector was satisfied that there were sufficient resources to provide effective delivery of care and support.  The centre was adequately maintained. As discussed under outcome 6, the external areas needed maintenance work.
<b>Judgment:</b> Compliant

<b>Outcome 17: Workforce</b> <i>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.</i>
<b>Theme:</b> Responsive Workforce
<b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.  <b>Findings:</b> From the information available at inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of any group of residents that transitioned to this house. Evidence was available that staff would be supervised on an appropriate basis. Staff had been recruited and vetted in accordance with best recruitment practice.  The person in charge told the inspector that the staffing levels was based on the assessed needs of the residents. When occupied, the centre was staffed by two staff members. Waking staff were on night duty.



Records of staff training were maintained.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records, albeit an up-to-date record of insurance cover was not available on the day of inspection.

Written operational policies required by Schedule 5 of the Regulations were in place to inform practice and provide guidance to staff.

The inspector found that systems were in place to ensure that medical records and other records, relating to residents and staff, were maintained in a secure manner. The person in charge was aware of the requirement to ensure that the records listed in Part 6 of the Regulations needed to be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was also aware of the required periods of retention for the records.

A resident's guide was available and it provided detail in relation to the required areas. It included a summary of the services and facilities provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The person in charge had access to an appropriate template for the directory of residents.

**Judgment:**

Substantially Compliant

## **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
<b>Centre ID:</b>	OSV-0003519
<b>Date of Inspection:</b>	05 July 2017
<b>Date of response:</b>	26 July 2017

### Requirements

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

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

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

The front and rear garden areas were unkempt. The lawn was poorly maintained and uneven. The walls of the house together with the facia was in need of washing and painting. The railing on the wall at the front of the house was rusty and in a poor state of repair.

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

**1. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- Capital money has been approved from the upgrade of this house in 2017 as part of the "Time to Move on Project".
- A Building Surveyor has been appointed to carry out a full survey of the house with the view to upgrading this house including the garden. This survey work is in progress and it is intended that the upgrade work will take place by year end.
- As an interim measure, before the renovations commence, the external walls (including the railing) of the house will be painted, the facia will be cleaned and the lawns will be maintained.
- Quotes for this interim work are currently being sourced by the Facilities Manager.

**Proposed Timescale:** 30/09/2017

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Emergency lighting was in place. However, documentation was not available on the day of inspection with regards to the checks carried out by a suitably qualified person to confirm the emergency lighting was in satisfactory working order. Such documentation was reported to be stored in a different location.

**2. 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:**

- Facilities Manager is currently sourcing a log of the work that has been carried out and this will be forwarded to HIQA by PIC.

**Proposed Timescale:** 30/08/2017

**Theme:** Effective Services

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

The evacuation procedure was not on display.

**3. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for

evacuating all persons in the designated centre and bringing them to safe locations.

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

- Emergency procedures will be developed once the house is upgraded and occupied reflecting the needs of the residents.

**Proposed Timescale:** 30/06/2018

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not adequately reflect the service provided in the centre.

**4. Action Required:**

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

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

- The Statement of Purpose and Function has been updated.

**Proposed Timescale:** 26/07/2017

**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:**

Documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 had not been submitted to the Chief Inspector as requested. This included an updated statement of purpose, a revised application form, details of changes to the person in charge and updated floor plans.

**5. Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

- The documentation outlined above will be returned to HIQA immediately.

**Proposed Timescale:** 26/07/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Evidence of up-to-date insurance cover was not available on the day of inspection.

**6. Action Required:**

Under Regulation 22 (1) you are required to: Effect a contract of insurance against injury to residents.

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

- Evidence of Insurance will be forwarded to HIQA immediately.

**Proposed Timescale:** 26/07/2017