



Report of an inspection of a Designated Centre for Disabilities (Adults)

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| Name of designated centre: | East Limerick Services |
| Name of provider: | Brothers of Charity Services Ireland |
| Address of centre: | Limerick |
| Type of inspection: | Unannounced |
| Date of inspection: | 24 July 2018 |
| Centre ID: | OSV-0004779 |
| Fieldwork ID: | MON-0024557 |

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The provider must produce a document called the statement of purpose that explains the service they provide. This document describes the centre as one which 'is committed to providing person centred and person directed service that support life choices of service users.' Accommodation was in four single-storey houses. Between three and five residents occupied each house. Each house had a sitting room, kitchen, single occupancy bedrooms, modified sanitary facilities and laundry facilities. Three houses were grouped together and the fourth house was approximately 16 kilometers away. The service was available to both male and female residents.

The following information outlines some additional data on this centre.

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| Current registration end date: | 15/03/2021 |
| Number of residents on the date of inspection: | 13 |

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|--------------|----------------------|------------------|------|
| 24 July 2018 | 13:00hrs to 19:35hrs | Margaret O'Regan | Lead |
| 25 July 2018 | 11:00hrs to 15:30hrs | Margaret O'Regan | Lead |

Views of people who use the service

The inspector met with 10 of the 15 residents who resided in this centre. Two residents were with family members on the days on inspection. Three residents lived in a house several kilometers from the group of three houses, this house was not visited on this inspection. Residents communicated both verbally and non-verbally. The inspector observed and interacted with residents and concluded residents were comfortable in their environment. The inspector was aware of positive interactions that took place between residents and staff.

There had been a number of staff changes in the past 12 months (and also prior to that). These included management changes and changes to front line staff. In so far as the inspector could establish, these changes had impacted on residents. However, staff spoke of minimising this impact by facilitating residents to meet with former staff and also for residents to meet with former house mates.

Residents were observed listening to music, chatting with staff, walking around the grounds and assisting with household tasks.

One resident did express difficulty in living with the sometimes challenging behaviour of a fellow resident. It was reasonable to assume other residents (including those who were non-verbal) had similar views.

Capacity and capability

This inspection arose from information that was provided to the Health Information and Quality Authority (HIQA), raising concerns around the level of activities residents were facilitated to be involved in, the number of staff available to support residents with activities and the manner in which information was communicated. This inspection focused on these areas. While the inspector noted that some improvements were being made it was evident that governance arrangements required further improvement to ensure that that these improvements could be maintained.

Staff and management in the centre recognised the challenges they faced with regards to finding time to carry out all the activities they would like to carry out. Notwithstanding a variety of activities did take place, such as music sessions, dining out, and day services; staff also recognised there were shortcomings in meeting the social needs of residents. Initiatives were underway to address this. For example, in the weeks prior to this inspection, the provider had assigned extra staff to morning and evening shifts, engagement with day services had increased and experienced personnel from within the Brothers of Charity were assisting staff with

care planning and healthcare assessments. While these were positive developments, it was of some concern to the inspector that similar initiatives last year hadn't sustained the progress that was anticipated. Over the past 12 months significant resources had been made available to develop structures, update care plans, train staff, provide administration support, provide increased staffing hours and support for an increased level of nursing management; all with the expectation of delivering good management systems, supporting robust communication systems, expanding social activities and up-skill a regular work force.

Twelve months on, there were improvements but not to the level which was required, thus recently prompting the provider to put in extra resources to develop stronger management systems. The inspector concluded that from a management perspective, the challenges around staffing, provision of activities and the communication within the centre needed to be examined further. For example, reviewing staff turnover, reviewing the efficiency of some practices and considering ways to strengthen the team spirit.

Personnel were on site, as planned, on the day of inspection, to support and mentor staff with care plans. This was the first of four days of planned mentoring work. However, there was a disruption to the plan as staff were needed to travel with two residents to the doctor. While such disruptions are sometimes unavoidable, the inspector was concerned that similar challenges would arise on the next day of mentoring if a more planned approach was not taken.

The premises was adapted to meet the needs of residents, was well-maintained internally and suitably decorated. Plans were in place for further redecorating and residents were happy to tell the inspector about these decorating plans. The outside areas had attractive flowers and shrubs and were well kept.

Initiatives were underway to have each of the three houses on this site, run independently. Prior to this much of the activity, including meals, were conducted in one house. Under this new system, staff have been assigned to each house as opposed to working between all three. Meals are now cooked in each house and key workers are assigned to residents who live in the houses which they work. Overall, there was enthusiasm for this change from both residents and staff. Such changes benefited residents by having a more homely environment and at the same time free to visit friends in the neighbouring houses and joining their neighbours for social occasions.

Regulation 15: Staffing

Overall, the provider responded to identified staffing shortages by employing extra staff and supporting staff and management with expertise from within the Brothers of Charity.

Judgment: Compliant

Regulation 23: Governance and management

The level of progress in improvement of the management systems was less than anticipated. While measures were underway to address this, the current systems were not meeting the needs of residents, were inconsistent and were not being effectively monitored.

Judgment: Not compliant

Regulation 16: Training and staff development

Scheduled staff training was compromised by competing priorities.

Judgment: Substantially compliant

Quality and safety

While residents were generally well cared for the daily structure of the service meant that residents were not able to enjoy an individualised service due to the care and support needs of the wider resident population in the centre.

This centre had the support of a 24/7 nursing service. The healthcare needs of residents were generally well attended to. Medical appointments were made and facilitated. Regular multidisciplinary meetings took place, where clinical issues were discussed and reviewed. There was a general acknowledgement amongst staff that residents healthcare needs were increasing and these were given priority, occasionally at the expense of non-medical care needs. For example, there was good focus on ensuring residents received adequate nutrition and hydration, with less emphasis on a pleasant dining experience. End of life care was given with great respect and dignity, but limited time given to facilitating a resident to visit a close family member in a nursing home.

The inspector observed that residents looked well. Changes made in relation to the mix of residents in each house appeared to be working well, albeit in one house there were ongoing challenges. The person in charge and provider were monitoring this situation, had risk assessed the concerns and were providing extra staffing resources to assist with the issues arising.

Communication issues were noted. For example, on the day of inspection not all staff knew there was a change in the roster. Staff felt they had limited input into the daily routine as they were given a list of tasks for the day when they came on duty. This system came into effect in the past 12 months. Some staff considered this an improvement as it provided some "structure" to the day; however, others felt it minimised their input and left little or no time for activities. Some staff took their own initiative to organise the day differently, such as varying the time residents got up.

Improvements were noted in the approach to advocacy. A staff member now joined a resident at advocacy meetings.

Regulation 11: Visits

There were no restrictions on visitors to the centre. Contact with families was actively encouraged.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had their own room and space to store their possessions

Judgment: Compliant

Regulation 13: General welfare and development

Residents had inadequate access to facilities for occupation and recreation and inadequate opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Not compliant

Regulation 17: Premises

Overall the premises were well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

There was good emphasis on ensuring residents received adequate drinks and food. Supplements were given where indicated.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

A resident recently transferred to this centre. This transfer was well managed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Systems were revised to minimise the risk of medication errors.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Some care plans were due for review. Staff were being supported to develop their skills in this area.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of residents were generally well attended to. However, it was noted one resident spent extended periods of time in a wheelchair without appropriate seating.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
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| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Not compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Substantially compliant |

Compliance Plan for East Limerick Services OSV-0004779

Inspection ID: MON-0024557

Date of inspection: 24/07/2018 and 25/07/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Senior Management Team continue to provide ongoing support to the Person in Charge in addressing deficits in Governance and Management in East Limerick Services. • PIC and Management team in Doon attended Time Management Training on 3rd September. Follow up date will be scheduled by the end of September 2018. • Action Plans in respect of the updating of Care Plans and PCP are being scheduled and time bound by 30/09/18 • Support and Supervision of Person in Charge will be scheduled on a monthly basis. • Schedule for Support and Supervision will be agreed for staff over Quarter 3 and Quarter 4. • MDT meetings will continue to take place on a monthly basis to review residents. • Weekly and monthly local management meeting to review residents and progress of plans and activities of residents. | |
| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Timeline for staff training in respect of Care Planning has progressed, following the inspection, in line with timeline. • Three staff are outstanding for this training and this is being scheduled and will be completed by 30/09/2018. • Training Department have been notified of staff training requirements by PIC and these are currently being scheduled. | |

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| Regulation 13: General welfare and development | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> • MDT meetings held on 22/08/18 identified recommendations re one Resident to re-establish his 5 day placement in Day Service following a period of ill Health. A transition plan has been commenced to re integrate individual to day activities in gradually for 4 hours daily. • MDT meeting on 22/08/18 recommended returning of another Individual to 5 day placement in her Day Service. The development of a transition plan has commenced by Key worker and CNM1 in partnership with Senior Instructor in the Day Service with the support of MDT. This will be a very gradual transition commencing by 1/10/2018. • Music Therapist continues to provide Music Therapy Session to Residents in Doon every Friday. Residents from Dromkeen also attend weekly music session in Doon. • Weekly Dog Therapy has commenced since 8th August 2018. • Activities identified in PCP priorities are being explored and followed up by CNM1s and Keyworker's. • Personal Assistants support for Individuals will be identified and agreed in line with policy. • Swimming has been reintroduced for one Resident. • CNM1s have been identified as house leads on each shift. Shift Plans have been implemented to provide structure to the planned activities for each day. • Structured Advocacy meetings take place fortnightly with residents and monthly with PIC Schedule for same revised September 2018. | |
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • A timeline for Review and Update of all Residents Care Plans has been scheduled and agreed. CNSp Age Related Care has completed A1 Health Assessments for 9 residents. The outstanding assessments which will be completed by 30/09/18. • New Keyworker's have been identified for Residents where there has been a change in staff. These keyworkers and are being supported to develop their skills in writing up and reviewing Individual Healthcare Plans. This will be completed by 30/09/18. • PCP Schedule revised re 2018. Information Gathering and Planning meetings completed for all residents except one. This will be completed by 30/09/18 • A Schedule for quarterly and Annual review of PCPs will be set and monitored by Person in Charge. | |

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| Regulation 6: Health care | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • A timeline for Review and Update of all Residents Care Plans has been scheduled and agreed. CNSp Age Related Care has completed A1 Health Assessments for 9 residents. The outstanding assessments which will be completed by 30/09/18. • Staff training has taken place with CNS and Senior Staff Nurse in respect of care planning and support. 3 staff remain outstanding for this training and will be trained by 30th September 2018. • New Keyworker's have been identified for Residents where there has been a change in staff. These keyworkers and are being supported to develop their skills in writing up and reviewing Individual Healthcare Plans. This will be completed by 30/09/18. • Referral to PCCC for OT Assessments for Individuals regarding appropriate Beds, Wheelchairs, Chairs, Cushions where need is identified in A1 Health Assessment as appropriate. Person in Charge will follow up on OT Assessments and Reviews by 30/09/18 • SAMS training being rolled out for all staff in the designated centre. | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|-------------|--------------------------|
| Regulation 13(2)(a) | The registered provider shall provide the following for residents; access to facilities for occupation and recreation. | Not Compliant | Orange | 31/10/18 |
| Regulation 13(2)(b) | The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs. | Not Compliant | Orange | 30/10/18 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional | Substantially Compliant | Yellow | 30/12/18 |

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| | development programme. | | | |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Not Compliant | Orange | 30/10/18 |
| Regulation 05(1)(b) | The person in charge shall 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 subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. | Substantially Compliant | Yellow | 30/09/18 |
| Regulation 06(3) | The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes. | Substantially Compliant | Yellow | 30/09/18 |

