

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
<b>Centre ID:</b>	OSV-0004864
<b>Centre county:</b>	Clare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Eamon Loughrey
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
18 May 2015 09:00	18 May 2015 16:00
19 May 2015 10:00	19 May 2015 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the second inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

As part of the inspection, the inspector met and spoke with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, policies and procedures.

The centre was a two storey house which had been converted into two self contained apartments with one apartment located on each floor. The centre was found to be well maintained both internally and externally. The apartments were found to be clean, bright, homely, suitably decorated and comfortable. The layout promoted residents independence, privacy and safety.

Overall, the inspector found that residents received a good quality service in the centre. Residents were supported to live independently in separate self contained apartments. Residents were supported to pursue their individual interests, hobbies and to attend training/education workshops and part time employment. Individual protocols were developed to ensure residents were safe while living more independently.

Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff.

Areas of non compliance related to updating the complaints policy and having service agreements in place, this is discussed further in the report and included in the Action Plan at the end 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 residents were consulted in how the centre was planned and run. Both residents were supported to live independently in separate self contained apartments. Residents spoken with told the inspector that they choose their preferred colour schemes, soft furnishings and were involved in selecting wall tiles and carpets during recent refurbishments. Residents decided on their own menus and were supported to do their own shopping and cook their own meals. Staff confirmed that they spoke with all residents on a daily basis to seek their views regarding all daily activities. The inspector observed this taking place in practice.

There was evidence of participation by residents in the development of and reviewing of personal plans. There was evidence that residents were consulted with in regard to the appointment of their preferred key worker.

Residents had access to advocacy services. An easy read version of the complaints process and details of the local advocacy service was displayed on the notice boards in both apartments. Residents were involved in a local advocacy group and attended regular meetings and had attended advocacy conferences in the past.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. There was a complaints policy in place, which included details of the designated complaints officer and appeals process. However, the policy required updating to include the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records were maintained. There was a complaints log book available to record complaints, comments or

suggestions. There were no open complaints at the time of inspection.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. Both residents had their own fully self contained apartment to which they had their own key. Residents were supported to spend time on their own with appropriate risk assessments and protocols in place.

The inspector observed that residents were relaxed and happy in the company of staff. An intimate personal plan was developed for each resident to ensure privacy was respected.

**Judgment:**

Non Compliant - Minor

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that systems were in place to assist and support residents to communicate.

There was a policy on the communication needs of residents in place. Residents had no specific communication issues.

Residents had televisions, radio and music systems in their apartments. There was access to the internet and a resident had recently set up an email account. One resident had their own personal mobile telephone and there was an easy dial land line telephone with pictorial images of staff available in both apartments.

Residents had many links with the local community and local radio station and were well informed regarding local events. Residents got the local newspapers and parish bulletin and also reviewed them to get information on local events.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with*

*the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents were supported to maintain positive relationships with their families and the local community.

There was an open visiting policy. The inspector noted evidence in residents files that family members were kept up to date regarding their relatives well being and attended regular reviews/personal plan meetings. Relatives indicated in the returned questionnaires that they were satisfied with communication and were always kept up to date regarding their relatives well being.

Residents visited and stayed with family members when they so wished. Some residents went home for visits at weekends and holiday time. Residents also received visits from friends and family. Residents were supported to visit and socialise with their friends. Both apartments had a guest bedroom and family and friends could stay overnight if they wished.

Residents were facilitated to have their own pets.

Residents had part time jobs and also attended various day services which provided training and educational programmes. Residents had lived in the centre for many years and were well known by neighbours and the local community. Residents were supported to go on day trips in the local area, go on shopping trips and dine out in local restaurants. Residents told the inspector that they went swimming, to the cinema, to the local pub, to local tea dances and music concerts.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The admissions policy clearly set out the criteria for admissions, the inspector found this to be in line with the statement of purpose.

The inspector reviewed the service agreements in place and noted that one had yet to be signed and returned by the residents representative. The inspector noted that the agreement set out the services to be provided and included details of additional charges such as monthly rent and transport.

**Judgment:**

Non Compliant - Minor

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident's assessed needs and these were set out in an individualised personal care plans.

Residents were involved in the development of their personal plans and staff provided a good quality of social support to residents. Each resident had an accessible version in a folder that they kept in their bedrooms; some used pictures, words and photographs to depict the information in the residents' folders.

The inspectors reviewed a sample of personal plans; they were based on the individual support needs of each resident.

The plans contained important information about the residents' backgrounds, including details of family members and other people who were important in their lives. They also contained information about residents' interests. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. They also included intimate care protocols, self administration of medications competency and money management competency

assessments as well as individual protocols to facilitate residents spending more time on their own in line with their wishes. The personal care plans were found to be person centred and individualised and the inspector saw staff implementing the personal plans with residents. There was evidence of referrals to a range of multi disciplinary health professionals and recommendations were reflected in personal plans.

There was evidence of regular review and participation of residents/relatives, key workers, support workers and day coordinator in the development of and reviewing of plans. Each file had an individualised weekly activities timetable and also outlined specific activities that each resident enjoyed doing at weekends.

**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 was satisfied that the design and layout of the house fitted with the statement of purpose and met the needs of residents.

The centre was a two storey house which had been converted into two self contained apartments with one apartment located on each floor. The centre was found to be well maintained both internally and externally. The apartments were found to be clean, bright, homely, suitably decorated and comfortable. The layout promoted residents independence, privacy and safety.

Each apartment had a large bright kitchen/dining room, separate sitting room, bathroom and two bedrooms.

There was adequate storage facilities provided to safely, discreetly and securely store equipment. There were adequate arrangements in place for the storage and removal of domestic waste.

There was a separate office/bedroom, toilet and shower facilities for staff.

Residents had access to a large garden area at the rear of the building. Suitable garden furniture was provided for residents use.

<b>Judgment:</b> Compliant

**Outcome 07: Health and Safety and Risk Management**  
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**  
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 promoted and protected. Issues identified at the last inspection had been addressed.

There was an up to date health and safety statement available. There was a risk management policy and risk register which identified measures in place to control identified risks including the risks specifically mentioned in the Regulations. Systems were in place for the regular review of risk. The person in charge carried out and recorded quarterly health and safety checks.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in December 2014 and a new fire alarm system had recently been installed and commissioned. Systems were in place for regular testing of the fire alarm, daily and monthly fire safety checks and these checks were being recorded. All staff had received up to date formal fire safety training. The procedures to be followed in the event of fire were displayed. Regular fire drills took place involving all residents and staff.

A personal emergency evacuation plan had been documented for each resident. There was a fire and emergency plan in place which outlined clear guidance for staff in the event of a fire and evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation.

The house was found to be maintained in a clean and hygienic condition throughout. There was infection prevention and control policy dated September 2014 in place and guiding practice in areas such as hand hygiene, laundry, cleaning, food hygiene, waste management and management of outbreaks of infection. Staff stated that they had received recent training in food hygiene. Training records reviewed confirmed that training had taken place.

All staff had received up to date training in moving and handling.

**Judgment:**

**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 found that measures were in place to protect residents from being harmed or abused. Areas for improvement identified at the last inspection (relating to documentation to provide guidance to staff on supporting residents with behavioural issues) had been addressed.

The inspector reviewed the comprehensive policy on the safeguarding of vulnerable adults at risk of abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations of abuse including conducting an investigation. It also included the name and contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area.

The inspector reviewed the comprehensive policies on restraint and responding to behaviours that challenge. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. Staff told the inspector that there were no restrictive practices in place at the time of inspection. All staff had received training on managing actual potential aggression (MAPA). Individualised, detailed behaviour support plans were documented outlining clear strategies for staff in positively supporting individual residents with behaviours that challenged. Crisis management strategies were also clearly outlined for staff to support a resident through a crisis incident. The support plans had been developed following consultation with the principle psychologist and staff. Records were logged of all episodes of behaviours that challenged and there was evidence of regular review by the psychologist.

The inspector was satisfied that residents finances were managed in a clear and transparent manner. The policy on good practice procedure in the handling of personal assets guided practice. Residents were supported to manage their own finances

following the completion of a money management competency assessment. Residents had their own bank accounts, ATM cards and received monthly bank statements. The person in charge carried out checks on bank statements to ensure that balances were correct. The person in charge showed the inspector the new computerised accounts system and advised that staff had recently received training from the financial controller on its use.

**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.*

**Theme:**  
Safe Services

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The person in charge and management staff spoken with was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All incidents to date had been notified as required.

The inspector reviewed the incident logs and noted that comprehensive details of all incidents were maintained. All incidents were reviewed by the person in charge and included follow up action required and learning outcomes. Staff confirmed that all incidents were discussed at team meetings.

**Judgment:**  
Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector was satisfied that residents were supported and given the opportunity for new experiences, social participation, education, training and employment to assist them

achieve their potential.

Each resident was supported to attend a variety of social events, education/ training and employment in line with their own personal interests. Residents attended a variety of classes in the rehabilitation training groups including computer skills training. Residents attended the VEC adult literacy education group on a weekly basis.

Residents were supported to obtain volunteered and paid employment. Both residents had part time jobs in areas that were of a particular interest for them.

Residents spoken with confirmed that they were supported to engage in a range of social activities both internal and external to the centre. Residents showed the inspector photographs of themselves attending various music events which they said they greatly enjoyed. Additional support staff had been rostered some evenings during the week and at weekends to facilitate individual residents attending activities of specific interest to them such as swimming, going to the cinema or going to visit friends and relations.

Residents were supported to go on holidays and on short breaks to places of their choice. The inspector saw photographs of residents enjoying themselves on various holidays in the past and noted in their files their plans to attend a variety of upcoming events such as concerts, religious pilgrimages, conferences and overnight stays in hotels.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to general practitioner (GP) services. There was an out-of-hours GP service available. There was evidence that residents were regularly reviewed by the GP.

Residents had access to a range of allied health professionals including dietician, dermatology, psychiatry, psychology, dental, optical and chiropody. Records of referrals and appointments were observed in residents' files. Support/care plans were in place to clearly guide staff for specific identified health care issues.

The inspector was satisfied that residents' nutritional needs were well monitored. Resident's were supported to maintain a healthy diet and lifestyle and referrals made to the dietician as required. Residents spoken with told inspectors that they were supported to buy, prepare and cook the foods that they wished to eat. Each apartment had its own well equipped kitchen and residents could choose a time that suited them to have their meals. Residents could choose to cook and eat on their own and sometimes choose to cook and dine together. Residents choose to eat out at times.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector noted that the policies and procedures for medication management were generally robust.

There was a comprehensive medication management policy guiding practice. Staff spoken with were knowledgeable regarding medication management policies and practices. All staff had attended medication management training which included a clinical competency assessment.

The inspector reviewed a sample of prescription/administration charts and noted that they contained all the information required to enable staff to safely administer medications. All medications were individually prescribed. The inspector noted that the maximum dosage of as required (PRN) medications were prescribed and all medications were regularly reviewed by the GP.

There were no residents prescribed controlled medications at the time of inspection.

Residents collected their own medications from the local pharmacist on a weekly basis. Systems were in place for checking medications on receipt from the pharmacy and recording medications on return to the pharmacy. Systems were in place to record medication errors and staff were familiar with them.

Both residents self medicated following the completion of a self medication risk assessment.

Regular medication management audits were carried out by another manager in the service. Staff confirmed that the results of audits were discussed with them. The

inspector noted that issued identified in the April 2015 audit had been addressed.

**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 reviewed the updated statement of purpose and noted that it complied with the requirements of the Regulations. It accurately described the services provided and was demonstrated in practice. The person in charge undertook to submit the updated version of the statement of purpose.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the post of the person in charge was full time. The person in charge worked in the role for 30 hours a week and the PPIM who was also the regional manager worked in the role for 9 hours a week. The persons in charge had the appropriate experience for the role. They were both on call out of hours and at weekends. The person in charge was in the post since January 2014. She was a qualified nurse and had been working in the services for the past twenty years. She also had responsibility for coordinating respite services in the West Clare area as well as overseeing the running of four other residential houses and providing direct support to

an individual. She was knowledgeable regarding the requirements of the Regulations and Standards and had very clear knowledge about the support needs and personal plans of each resident. She was in daily contact with staff and visited the centre weekly. The inspector observed that she was well known to staff and residents.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a regional manager, human resource manager, training officer, social worker and psychologist. The designated person to act on behalf of the provider visited the centre annually and was knowledgeable about the service. There were established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The person in charge outlined how she regularly met with the regional manager and other service coordinators. The regional manager in turn attended senior management meetings when issues relating to centres could be discussed. The person in charge told inspectors that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

An annual review of the quality and safety of care in the centre had been carried out in December 2014. The audit clearly set out the findings and identified areas for improvement. The action plan included the issues to be addressed, the name of the person responsible and the timeframes for completion of actions. The inspector noted that most of the actions highlighted had been addressed. Audits had also been completed on medication management, incidents and accidents.

**Judgment:**

Compliant

**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 person in charge and management staff was aware of the requirement to notify the Chief Inspector of the absence of the person in charge. To date this had not been necessary.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there was sufficient resources to support residents achieve their individual personal plans.

The organisation had a service level agreement with Health Service Executive in place based on the number of residents in the centre.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector was satisfied that the centre had a sufficient number and skill mix of staff to meet the support needs of the resident in the centre. There was a planned and actual rota which matched the shift pattern outlined by the person in charge. The inspector noted that there had been a low turn over of staff in the centre. Staff spoken with were satisfied with the staffing levels and told the inspector that staff were flexible and supported one another. The inspector observed staff interacting with the residents in a warm and respectful manner. There was normally one staff member on duty from 17.00 on sleepover until 9.30 am. There was an additional staff member on duty on Wednesdays and at weekends to facilitate individual residents who wished to pursue their own particular interests or activities.

The person in charge maintained a training matrix which monitored staff training needs.

All staff had undertaken up to date mandatory training.

The inspector reviewed a number of staff files; they contained all the information as required by the Regulations.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended ongoing training and records of training was maintained in staff files. Recent training included safe administration of medication, managing actual potential aggression, epilepsy and rescue medication, diabetes, food safety and occupational first aid.

The person in charge told the inspector that staff underwent annual performance appraisals, records of appraisals and performance reviews were observed in staff files.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly.

All policies as required by Schedule 5 of the Regulations were available and up to date. Systems were in place to review and update policies. The person in charge had put systems in place to ensure that staff read and understand policies.

**Judgment:**

Compliant

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## **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:***

Mary Costelloe  
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 Clare
<b>Centre ID:</b>	OSV-0004864
<b>Date of Inspection:</b>	18 May 2015
<b>Date of response:</b>	29 June 2015

### Requirements

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

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

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The complaints policy required updating to include the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records were maintained.

**Action Required:**

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

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 Complaints Policy will be reviewed and amended to include a named person other than the PIC and Complaints Officers to ensure that all complaints are responded to and all records are maintained.

**Proposed Timescale:** 19/06/2015

**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:**

There was no signed service agreement in place for one resident.

**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:**

PIC to link in with the family and individual and get the service agreement signed.

**Proposed Timescale:** 06/08/2015