Centre name:  A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:  OSV-0004938
Centre county:  Galway
Type of centre:  Health Act 2004 Section 38 Arrangement
Registered provider:  Brothers of Charity Services Ireland
Provider Nominee:  Anne Geraghty
Lead inspector:  Lorraine Egan
Support inspector(s):  None
Type of inspection:  Announced
Number of residents on the date of inspection:  0
Number of vacancies on the date of inspection:  4
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: 04 June 2015 10:00
To: 04 June 2015 18:45

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 first inspection of this designated centre which comprises a house and separate apartment and provides a residential service to residents. At the time of this inspection there were no residents living in this centre as it was not operational. All proposals outlined and plans agreed will be verified at the next inspection.

As part of this inspection the inspector met with and interviewed the person in charge of the centre and the provider nominee (hereafter called the provider). The inspector reviewed a variety of the proposed documentation to be used including personal plan templates, staff files, risk management procedures, emergency plans and policies and procedures.
17 of the 18 outcomes inspected were found to be in compliance with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the Regulations).

Improvement was required to the residents’ personal property, personal finances and possessions policy as it had not been reviewed since 2006 and to the risk management policy which did not contain all items required by the Regulations.

The findings are discussed in the report and the action required and the provider's response is included in the action plan at the end of the report.
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):
This was the centre’s first inspection by the Authority.

Findings:
The person in charge said residents will be consulted about how the centre is planned and run. For example, the daily schedule will be individualised to each resident and residents will be supported to make choices in regard to all aspects of their care, support and daily routine.

A sample of documentation used to ascertain residents’ wishes in regard to consultation and choice was viewed by the inspector. The documentation was comprehensive and provided guidance for staff.

The person in charge and persons participating in the management of the centre spoke about proposed residents with dignity and respect. It was evident the residents were liked and respected.

The inspector was told the centre will be managed in a way that maximises residents’ capacity to exercise personal independence and choice in their daily lives. Documentation viewed outlined the gathering of information regarding routines, and practices which will be used to promote residents’ independence and preferences.

The person in charge outlined the ways in which residents will be supported to have opportunities similar to their peers. Community participation and the participation in normal activities of daily living will be part of the schedule for the residents and residents will be supported to gain the necessary skills to live as independently as possible.

The inspector was told that each resident will have intimate care plans to ensure
personal care practices respect residents’ privacy and dignity.

The centre provided ample space to meet residents’ individual collective needs as outlined by the person in charge on the day of inspection.

There was space for residents to have their own private living space as well as shared communal space and shared kitchen facilities.

The person in charge outlined the plan for decorating the bedrooms in line with residents’ wishes and assessed needs. There would be ample space for residents to store their belongings once the centre has been fully refurbished.

There was space in the centre to allow residents to have private contact with friends, family and significant others.

There was a large garden which would allow residents spend time alone in the gardens if they wished. The person in charge outlined how this would meet the assessed needs of residents moving into this centre.

The person in charge outlined the ways in which the residents will have access to advocacy services and information about their rights. There is an internal advocacy group and the inspector was told the advocates will attend the house and speak with residents regarding the advocacy service they provide. In addition, the national advocacy service will be used as an external independent advocate where required.

The person in charge outlined the procedures to support residents to manage their monies. Appropriate practices in regard to checking the monies was outlined and ways of further strengthening the system was under discussion with persons participating in the management of the centre.

There were policies and procedures for the management of complaints. There was a nominated person to deal with all complaints.

The complaints process was available in a user-friendly format. The person in charge said the complaints process will be accessible to all residents and displayed in a prominent place in the centre.

The person in charge said residents and their families have been made aware of the complaints process and this will be reiterated following admission to the centre.

A sample of complaints received in regard to centres currently occupied by the residents was maintained. It was evident that complaints were recorded and fully and promptly investigated. Complainants were made aware promptly of the outcome the complaint and it was evident that complaints were well-managed and brought about changes.

There was a CCTV policy in place which clearly outlined the use of CCTV.

**Judgment:**
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):
This was the centre’s first inspection by the Authority.

Findings:
There was a policy on communication with residents.

The person in charge and the persons participating in management were aware of the different communication needs of residents and outlined the systems in place to meet the diverse needs of all residents. This included the input of external professionals, where necessary.

The inspector was told residents’ individual communication requirements will be highlighted in residents’ personal plans and reflected in practice.

The person in charge outlined the ways they will ensure the centre part of the local community such as introducing residents to neighbours.

Residents will have access to radio, television, social media, newspapers, internet and information on local events in line with their preferences.

The person in charge said residents will be facilitated to access assistive technology and aids and appliances where they are required to promote the residents’ full capabilities.

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):
This was the centre’s first inspection by the Authority.
Findings:
The person in charge outlined the way positive relationships between residents and their family members will be supported. Family members will be welcomed to visit the centre in line with the residents’ needs and wishes. Staff will facilitate transport to visit family in line with resident needs and requests.

Residents will be supported to receive visitors. There was space in the centre to allow families and friends to visit residents in a private space.

The inspector was told there will be no restrictions on visits by friends, except if requested by the resident or if the visit or timing of the visit is deemed to pose a risk.

Families will be kept informed of residents’ wellbeing. Families and residents will be supported to attend multi disciplinary meetings, personal plan meetings and reviews in accordance with the wishes of the resident.

Residents will be involved in activities in the community and will be supported to maintain links with the wider community. Residents will be supported to develop and maintain personal relationships.

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):
This was the centre’s first inspection by the Authority.

Findings:
There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

The inspector was told that residents’ admissions to the centre will be in line with the centre’s Statement of Purpose.

The process for admitting residents to the centre included individualised transition plans which outlined the level of support required by the resident, the consultation with the resident and their family and an individualised plan for ensuring the resident moved to the centre in line with their assessed needs and wishes.
It was evident the centre’s admissions process considered the wishes, needs and safety of the individual and the safety of other residents who would be moving to the centre.

The inspector was told that each resident would have a written agreement of the terms and conditions relating to residency in the centre, the service provided and all fees payable by the resident.

**Judgment:**
Compliant

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**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):**
This was the centre's first inspection by the Authority.

**Findings:**
The person in charge outlined how each resident will be supported to ensure their wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident will have opportunities to participate in meaningful activities that are appropriate to his or her interests and preferences.

The arrangements to meet each resident’s assessed needs will be set out in a personal plan that reflects his or her needs, interests and capacities. Personal plans will be written with the participation of each resident.

The inspector viewed a sample of documentation viewed to gather information to inform residents’ personal plans. The documentation was comprehensive and included staff guidelines.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre comprised of a dormer bungalow and a separate apartment on large gardens and located within a short drive of the nearest town.

The dormer bungalow consisted of a kitchen, utility room, sitting room, small room (use to be decided), two bedrooms (one with an en suite bathroom), and a bathroom on the ground floor. Upstairs there was a bedroom with en suite bathroom, activity room, staff bathroom and staff office and storage area. The refurbishment was not fully completed at the time of inspection.

The apartment comprised of a kitchen with dining and living space, a separate sitting room and a bedroom with an en suite bathroom. The apartment had been extended and some parts were under construction at the time of the inspection.

The person in charge outlined the way in which the centre had been refurbished to meet the needs of the residents. She also outlined further refurbishments which may take place to accommodate the fourth resident.

It was evident consideration had been given to residents’ assessed needs and there was room for residents to avail of private space both indoors and outdoors. There was also ample storage space for residents to store their belongings.

Consideration had been given to suitable heating, lighting and ventilation. For example, a new boiler had been installed and an electrician had been employed to ensure lighting was adequate.

Changes had been made to ensure the centre was accessible to the residents and met residents’ individual and collective needs. For example, a new stairs had been installed and bathrooms had been refurbished as wet rooms to meet residents’ needs and wishes.

As the centre was not yet fully refurbished at the time of inspection and there was no furniture in place the person in charge told the inspector she would take photographs of the centre when works were completed and email those to the inspector. She also invited the inspector to visit the centre when the refurbishment is completed. She said residents will be consulted in the furnishing of the centre in line with their wishes.
Judgment:
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):
This was the centre’s first inspection by the Authority.

Findings:
There were policies and procedures in place for risk management, emergency planning, health and safety and incidents where a resident goes missing. The risk management policy did not include all items as required in the Regulations and this is included in the action plan under Outcome 18: Records and documentation.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. There are also arrangements in place for responding to emergencies. The person in charge outlined the information which would be used to inform centre specific procedures, such as the learning from fire drills.

The person in charge outlined the measures which would be place to prevent accidents.

The inspector was told there would be two vehicles for the sole use of residents residing in the centre. The person in charge outlined the systems in place to ensure the vehicles are roadworthy and suitably equipped.

As the refurbishment of the centre was not fully completed at the time of the inspection suitable fire equipment was not in the centre. The person in charge told the inspector the fire alarm, emergency lighting and fire equipment, such as fire extinguishers and fire blankets, would be installed prior to residents moving to the centre. She said she would send the Authority evidence of this.

There was adequate means of escape and documentation viewed outlined the daily check system which would be implemented to ensure fire exits were unobstructed.

There was a procedure for the safe evacuation of residents and staff in the event of fire. A copy of this was maintained in the centre’s fire safety folder and the inspector was told this would be displayed in the centre.

The mobility and cognitive understanding of residents would be adequately accounted for in the evacuation procedure. Each resident had a personal emergency evacuation plan (PEEP) which outlined the supports the resident required to safely exit the building in the event of a fire.
The inspector viewed a sample of residents’ current PEEPs and found they clearly outlined the supports required by residents. The person in charge said these would be updated to include relevant information regarding the new centre and any learning from fire drills.

The person in charge said staff have received training and know what to do in the event of a fire. She said all staff will take part in fire drills in the centre to ensure they are fully aware of how to evacuate residents safely in the event of an emergency.

Fire drills will be carried out thereafter at a minimum of six monthly intervals and more often where a need is identified. Fire records will be maintained which will include details of fire drills, fire alarm tests and fire fighting equipment.

The inspector was told the fire alarm will be serviced on a quarterly basis and fire safety equipment will be serviced on an annual basis.

Judgment:
Compliant

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a policy on, and procedures in place for, the prevention, detection and response to abuse. The person in charge said all staff had received training on the prevention, detection and response to suspected, confirmed or alleged abuse.

There was a policy in place for providing personal intimate care. It outlined the support which would be provided for residents and included staff guidelines. A template of an intimate care plan was viewed.

There were measures in place to keep residents safe and protect them from abuse. The provider and person in charge spoke of the importance of ensuring residents are safeguarded. It was evident that they were aware of their role in implementing systems...
to safeguard residents and to support staff who may disclose a suspicion or receive an allegation of abuse.

The person in charge, provider and persons participating in management spoke of residents with respect and warmth. They were aware of what abuse is and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

There was a policy in place for the provision of behavioural support. The person in charge said all staff working in the centre will have received training in managing behaviour that is challenging including de-escalation and intervention techniques.

Residents requiring support with behaviours that challenge had support plans in place. The inspector viewed a sample of support plans of residents proposed to be moving to the centre. The plans outlined the approaches used to support residents in regard to their behaviours that challenge. The person in charge said these plans will be updated to reflect any changes when they have moved to the centre.

There was a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint. The person in charge and persons participating in management outlined the efforts made to identify and alleviate the underlying causes of behaviour that is challenging for each individual resident.

Specialist and/or therapeutic interventions were implemented in consultation with the resident and their family member through their personal plans. Interventions were regularly reviewed as part of the personal planning process to assess their impact on improving challenging behaviour and improving the lives of the resident.

The person in charge told the inspector that the rights of residents were protected in the use of restrictive procedures and all alternative measures were and are considered before a restrictive procedure is implemented.

She said the use of restrictive procedures would be reviewed with a view to reducing or eliminating procedures where possible. This would take place when residents had been living in the centre for three to six months to allow residents time to become accustomed to their new living environment.

The person in charge outlined how the use of restrictive procedures is monitored to prevent them being abused and or overused. She said she will ensure where restrictive procedures are assessed as being required the least restrictive procedure, for the shortest duration necessary, is used.

Family members had attended multi-disciplinary meetings and minutes showed they were informed regarding the use of restrictive procedures.

**Judgment:**
Compliant
### Outcome 09: Notification of Incidents

*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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge was knowledgeable of the requirement to maintain a record of all incidents occurring in the designated centre and, where required, to notify the Chief Inspector.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

*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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge and a person participating in management outlined how residents’ opportunities for new experiences, social participation, education, training and employment are currently facilitated and supported. They said these training programmes will continue when residents move to the centre.

New opportunities for social participation and skills learning were included as part of residents’ individual plans for transition to the centre. It was evident the move to the centre was being viewed and utilised as a positive skills learning opportunity for residents.

**Judgment:**
Compliant
Outcome 11. Healthcare Needs
Resident 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):
This was the centre's first inspection by the Authority.

Findings:
The person in charge and a sample of documentation viewed outlined the ways in which each resident will be supported to achieve and enjoy the best possible health.

The inspector was satisfied that systems were in place to support residents in regard to the assessment and response to all aspects of healthcare needs. Health monitoring documentation will be completed and residents' health needs will be regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector was told that residents will have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals.

The inspector was satisfied that if the proposed practices are implemented, residents' nutritional needs will be met to an acceptable standard. Weights will be recorded on a monthly basis or more frequently if required. Residents will be supported to choose and prepare their meals.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were written policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge told the inspector the policy would be followed in regard to the medication management practices in the
The inspector was told medication would be administered by registered nursing staff or by staff who had received training in medication administration. The training included a competency assessment.

A person participating in management was a registered nurse and would be working in the centre on a full time basis. The inspector was told the management of medication would be overseen by this manager who would ensure the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. This manager will also ensure a system is put in place for reviewing and monitoring safe medication management practices.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a written statement of purpose which sets out a statement of the aims, objectives and ethos of the designated centre. It also states the facilities and services which are to be provided for residents.

It contained all of the information required by the Regulations.

The inspector was told the statement of purpose will be kept under review at intervals of not less than one year.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge worked full time Monday to Friday and was also responsible for the management a number of other designated centres. She outlined the systems in place to ensure her responsibility for the management of other centres did not impact on this centre.

The person in charge was a suitably skilled, qualified and experienced manager. She demonstrated sufficient knowledge of the legislation and her statutory responsibilities. She outlined the ways she will be engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development had completed a degree in Social Science and a PhD in Law.

A full time person participating in management of the centre was in post. He was present on both days of the inspection and was knowledgeable of his responsibilities and of the residents and their needs.

The person in charge outlined the management systems which would be put in place to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored. This will include regular auditing of all aspects of the service, unannounced visits by the provider or a person nominated by the provider and an annual review of the quality and safety of care in the designated centre.

**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):
This was the centre’s first inspection by the Authority.

Findings:
The provider was aware of the requirement to notify the Chief Inspector 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 her absence.

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):
This was the centre’s first inspection by the Authority.

Findings:
The refurbishment of the premises was in line with residents’ assessed needs, relevant documentation outlined the supports which would be provided and the person in charge and the provider outlined the service which will be provided.

The inspector was satisfied there was evidence to show the centre will be resourced to ensure the effective delivery of care and support in accordance with the centre’s Statement of Purpose.

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):
This was the centre’s first inspection by the Authority.

Findings:
From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill mix to meet the assessed needs of residents. The person in charge said that all staff will be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations. A checking system had been introduced by the Human Resource department to ensure that required information was in place.

The person in charge told the inspector that the staffing levels will be based on the assessed needs of the residents. Rosters will be based on the assessed needs of the residents.

There was an induction and appraisal system in place. Supervisory meetings are to be held with each staff member on a monthly basis. The person participating in management will carry out these meetings with staff members.

The person in charge will carry out supervisory meetings with the person participating in management. The person in charge said the purpose of these meetings is to provide support, identify training needs and allow staff the opportunity to voice any issues or concerns.

A training plan was in place for the organisation. Records of staff training were maintained. The person in charge said all staff will have received all required training prior to working in the centre.

There were no plans in place at present to have volunteers in the centre.

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 found that there were systems in place to maintain complete and accurate records.

The written operational policies required by Schedule 5 of the Regulations were maintained and the inspector was told these would be in the centre once the refurbishment was complete. Adequate insurance cover was also in place.

The inspector read the residents’ guide and found it included a summary of the services and facilities to be provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The person in charge outlined the systems which would be put in place to ensure that medical records and other records, relating to residents and staff, will be maintained in a secure manner.

The person in charge had completed the directory of residents for the first three residents who would be moving to the centre. She said the details of the fourth person will be added to the directory when they move to the centre.

Improvement was required to two policies. The policy on residents’ personal property, personal finances and possessions had not been reviewed since 2006 and the policy on risk management did not include the measures in place to control the risks specified in the Regulations.

**Judgment:**
Substantially 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:**

Lorraine Egan
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Ireland</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004938</td>
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<tr>
<td>Date of Inspection:</td>
<td>04 June 2015</td>
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<td>Date of response:</td>
<td>30 June 2015</td>
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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 18: Records and documentation

Theme: Use of Information

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

The policy on residents’ personal property, personal finances and possessions had not been reviewed since 2006 and the policy on risk management did not include the measures in place to control the risks specified in the Regulations.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at
intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
A) The policy on Resident’s property, personal finances and possessions was reviewed and updated by senior management.
B) The Risk Management policy was reviewed and updated by senior management. The revised policy includes the measures in place to control the risks specified in the Regulations.

**Proposed Timescale:** 09/06/2015