

**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 Ireland
<b>Centre ID:</b>	OSV-0004940
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	3

## **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:
30 June 2015 10:00	30 June 2015 18:00
01 July 2015 09:15	01 July 2015 12:50

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 of three apartments. At the time of this inspection there were no residents living in this centre as it was not operational however, residents had been identified to move into the new centre once it was registered.

The inspector met with the three residents who will be moving to the centre. Residents were aware of the proposed move and outlined the reason for the move which was in line with documentation viewed by the inspector. All residents had been supported to be fully involved in making decisions regarding refurbishment of the

centre in line with their assessed needs.

As part of this inspection the inspector met with the person in charge of the centre, the provider nominee (hereafter called the provider) and two persons participating in the management of the centre. The inspector carried out interviews with the provider nominee and two persons participating in management.

The inspector reviewed a variety of the proposed documentation to be used including personal plans, staff files, risk management procedures, emergency plans, medication documentation and policies and procedures. All proposals outlined and plans agreed will be verified at the next inspection.

15 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). The remaining three outcomes were found to be in substantial compliance with the Regulations.

Improvement was required to the provision of behaviour support guidelines for one resident, the statement of purpose and medication documentation.

The findings are discussed in the report and the actions required and the provider's response are included in the action plan at the end of the 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):**

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 routine will be led by the residents and residents will be supported to make choices in regard to all aspects of their care and support.

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 met with residents moving to the centre and residents spoke of the way in

which the move to the centre will assist them to become more independent in all aspects of daily living.

The inspector viewed residents' intimate care plans which outlined residents support needs.

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

Each resident will have their own private apartment with living space, kitchen, sitting room and guest bedroom.

Residents outlined the plan for decorating the apartments in line with their wishes and assessed needs. There was ample space for residents to store their belongings.

There was space in each apartment to allow residents to have private contact with friends, family and significant others. This included a spare bedroom so residents could have a family member or friend stay overnight if they wished.

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 national advocacy service will be used as an external independent advocate where required.

There were procedures to support residents to manage their money and valuables.

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.

There was no CCTV in the centre.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**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. Some residents had already met their new 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 each apartment to allow families and friends to visit residents in private. Family and friends will be facilitated to stay overnight in the guest bedroom in line with residents' wishes.

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



**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

**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 three apartments within in the centre of a town.

Each apartment consisted of a kitchen, sitting room, two bedrooms and a bathroom. Two of the apartments were on the ground floor and had access to an individual garden area.

The person in charge outlined the way in which the centre had been refurbished and changed to meet the needs of the residents. She outlined the way residents have and will be supported to decorate and furnish the centre prior to moving in.

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

Consideration had been given to suitable heating, lighting and ventilation in all apartments.

Changes had been made to ensure the centre was accessible to the residents and met residents' individual and collective needs. There was a handrail on both sides of an external stairs and access to one apartment had been adjusted to meet the needs of one resident.

**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.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. There were 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.

Suitable fire equipment was provided which included a fire alarm, emergency lighting and fire fighting equipment, such as fire extinguishers and fire blankets.

A call system was in place to ensure residents can access staff support at all times. This included individual pendants which will be worn by residents while in their apartments and call systems in the hallway and bathroom of the apartments. The call system was linked to a mobile phone which will be held by staff on duty.

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

**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):**

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.

There were measures in place to keep residents safe and protect them from abuse. The person in charge and person participating in management 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 and person 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.

A resident requiring support with behaviours that challenge had a support plan in place which outlined the supports required to ensure the resident was consistently supported in regard to behaviours that challenge. However, one resident did not have a behaviour support plan in place to guide staff in supporting the resident with behaviours that challenge.

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 outlined how the use of restrictive

procedures is monitored to prevent them being abused and or overused.

**Judgment:**

Substantially 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):**

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**

*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**

*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):**

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.

The person in charge said staff will support residents to choose and prepare their meals in line with their dietetic and personal needs and preferences.

**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):**

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. Some improvement was required to residents' prescription sheets. This is discussed further under Outcome 18: Records and documentation to be kept at a designated centre.

The processes in place, as outlined by the person in charge, were safe and in accordance with current guidelines and legislation. For example, medication will be stored in a double locked press and the keys will be held by staff on duty.

The inspector was told medication would be administered by staff who had received training in medication administration. The training included a competency assessment.

The management of medication will be overseen by the person in charge who will ensure the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. She will also ensure a system is put in place for reviewing and monitoring safe medication management practices.

**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):**

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.

The statement of purpose required amendment as it did not contain the sizes of the rooms in the centre as 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:**

Substantially 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):**

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 person participating in management of the centre was present on the day of inspection. She was knowledgeable of her 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 person in charge told the inspector that the staffing levels will 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 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 three residents who would be living in the centre.

Some improvement was required to residents' medication prescription sheets. The prescribed time of administration was not clear for all medication, the route of the medication was not detailed for all medication and the resident's address and date of birth was not detailed on all prescription sheets.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Lorraine Egan  
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 Ireland
<b>Centre ID:</b>	OSV-0004940
<b>Date of Inspection:</b>	30 June 2015 and 01 July 2015
<b>Date of response:</b>	24 July 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 08: Safeguarding and Safety

**Theme:** Safe Services

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

Not all residents requiring support with behaviour that challenges had a behaviour support plan in place to inform staff practice.

**Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date

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

knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Behaviour support protocols are in the process of being finalised and will be communicated to all staff as part of the transition process.

**Proposed Timescale:** 01/08/2015

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain the sizes of the rooms in the centre.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Rooms have been measured and are included in an updated Statement of Purpose submitted to the Authority.

**Proposed Timescale:** 23/07/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Medication prescription sheets did not contain all required information.

**Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All medication prescription sheets now contain all required information.

**Proposed Timescale:** 23/07/2015