

**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-0005232
<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>	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 1 day(s).

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

From: 22 July 2015 09:30 To: 22 July 2015 15:30

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

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

**Summary of findings from this inspection**

This inspection was the first inspection of this centre carried out by the Authority. The provider made an application for a new centre to be registered for the first time 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 took place over one day.

This proposed centre includes two ground floor apartments located in a residential setting. One apartment is to accommodate one resident and the other apartment is to accommodate two residents.

As part of the inspection, the inspector met and spoke with the person in charge and regional manager all who have known the residents over several years in both the day and respite services. The inspector reviewed documentation such as policies and procedures, personal plans, transitional plans and proposed staffing rosters.

The apartments were bright, well maintained and comfortable. The apartments were not fully furnished, the inspector was informed that the residents will be given the support needs required to choose colour schemes, soft furnishings and personalise the apartments as they wish.

Comprehensive transition plans had been drawn up in consultation with families, respite and day service staff as to how best to support the residents move to their new apartments on a phased basis.

Areas of non compliance related to inadequate ventilation in some bedrooms and to ensuring that the privacy and dignity of residents was protected, these are 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 and their families were being consulted regarding the new accommodation. Families and residents had been consulted and involved in selecting the location and apartments, all had visited the apartments. Residents had chosen their preferred bedrooms. Residents were being supported to buy items such as pictures and soft furnishings for the apartments. The person in charge advised the inspector that residents will also be supported to buy furniture and choose their preferred colour schemes.

The inspector found that the management team had a positive attitude to receiving complaints and will consider 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. The policy also included 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 maintained. The person in charge showed the inspector the information/admission pack which he had prepared. The pack included the complaints policy which he stated he intends to discuss with each resident and their family prior to admission.

There was a complaints log book available to record any complaints that may be received.

The person in charge advised that residents will have access to advocacy. He stated that one of the residents was already very involved in an advocacy group. He advised that a

staff member who had completed advocacy training will be appointed as a local advocate and will hold monthly meetings with the residents and their families. Independent advocacy services will also be available and information will be available in the centre.

The person in charge spoke about the importance that will be placed on ensuring privacy and dignity for the residents. Each resident will have their own bedroom and bathroom. Residents will have a key to their bedroom and front door if they wish. Staff had developed intimate care plans to ensure privacy was protected and to protect the residents from any risk during the delivery of intimate care. However, the inspector had some concerns that the direct access from the apartments to the rear garden area was through a fire exit door located in one of the residents bedrooms, this could potentially compromise the privacy and dignity of the resident using this bedroom. This issue was discussed with the person in charge and the regional manager who undertook to put protocol/practices in place to ensure that the privacy and dignity of the resident using the bedroom would not be compromised.

**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):**

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

**Findings:**

The inspector was satisfied that systems will be place to assist and support the residents to communicate.

There was a policy on the communication needs of residents in place.

The person in charge told the inspector that the communication needs of the residents moving to the apartments were well known to staff as residents had been attending day and respite services in the organisation. As part of the transitional plan key workers and staff who were well known to the residents will be supporting the residents when they move into the new apartments.

The person in charge advised that some residents used I-Pads, pictorial images and visual schedules to enhance communication.

Residents will have access to information. Televisions, radio, music systems, telephone and the internet will be available in the apartments. The person in charge stated that

some residents had their own televisions and mobile telephones. It was planned to set up a Skype account to support residents maintaining contact with family members.

The person in charge stated that there will be easy read versions of many policies, the residents guide, statement of purpose and complaints procedure available to residents.

**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 inspector was satisfied that the residents will be supported to maintain positive relationships with family and the local community.

There was an open visiting policy in place. The residents will be able to have family and friends to visit. All residents visit and stay at home with their families on a regular basis.

The person in charge told the inspector that the planned to meet with residents families every six weeks but was available at all times should they have any issues or concerns. He stated that all families had his email address and mobile telephone number should they wish to contact him at any time.

He advised that families will be kept informed of the residents wellbeing and will be invited to attend and participate in development and review of the residents personal plans. The inspector reviewed the personal planning templates which facilitated the recording of family involvement and review meetings.

The person in charge outlined how all residents will continue to be supported to maintain links with the local community such as attending day services, going on shopping trips, dining out in local restaurants, visiting the hair dresser, going to the swimming pool, gymnasium, bowling and attending social nights out.

**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:**

The statement of purpose clearly set out the admissions criteria and process.

The person in charge stated that a contract for the provision of services will be agreed with each resident. The inspector reviewed the proposed agreement which set out the services to be provided and included details of the fees to be paid. The person in charge advised that additional charges such as transport will be included.

**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 told the inspector that the residents will be given the opportunity to participate in activities, appropriate to individual interests. He stated that arrangements will be put in place to meet the resident's assessed needs and they will be set out in individualised personal care plans.

The personal plans for one of the residents who was already residing full time in a local respite house had been completed. The inspector had reviewed these plans at a recent

inspection of the respite centre. The plans set out the residents individual assessed needs, aspirations and choices. Detailed support plans were in place as required including health, nutrition, work, finance, respect and rights, mobility, communication, autonomy, safeguarding, community inclusion, transport, spirituality, relationships, breakaways and life transitions. They were individualised, person centred and up to date. There was evidence of participation of resident in the development of their plans. The resident had outlined their own specific support needs and documented them in their own hand writing. The files also contained details of the key people responsible for supporting the resident and annual review dates were included. There was evidence of regular review and participation of resident/relatives in the development of and reviewing of plans.

The person in charge was in the process of developing personal plans for the other residents based on information gathered from the residents general practitioner (GP), day service and respite service staff and family members. He stated that all plans would be completed prior to the residents moving into the apartments. He stated that the personal plans will be continuously reviewed following moving into the apartments and at a minimum of every six months or more often if there is a change in residents support needs.

Detailed transitional plans had been developed to support the residents moving to the new apartments. The inspector reviewed these plans which included strategies for introducing residents to the new apartments through conversation about the apartments, brief visits to the apartments, choosing of bedrooms, shopping to buy items to decorate the apartments and visits to make tea.

The person in charge told the inspector that they planned to support the residents to move into the apartments on a planned phased basis. The plan was for the same staff and key workers currently supporting the residents in the respite/day service to move with the residents to support their needs in the new apartments. The person in charge confirmed that there will be one new staff member who had been recently recruited. He advised that one of the residents had been involved in the interview process for this new staff member and all residents will be given the opportunity to get to know the new staff member prior to moving into the apartments.

**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 inspector was satisfied that the design and layout of the two apartments fitted with the statement of purpose and met the needs of the residents, however, ventilation to some bedrooms was inadequate.

The two apartments were located on the ground floor. They were located in an residential area close to the existing respite centre so residents were already familiar with the area. One apartment will accommodate one resident, the other apartment will accommodate two residents.

The apartments were found to be well maintained both internally and externally. Extensive works had been carried out to comply with fire safety requirements. A new fire exit door had been provided to each apartment, however, as a result there was no operable window to two bedrooms.

They were found to be clean, bright, homely and comfortable. The layout promoted the residents independence and safety.

Both apartments had a large bright kitchen/dining/sitting area. There were three bedrooms in each apartment. One bedroom in each apartment had en suite shower facilities and there was also a separate assisted shower room. They had been refurbished following consultation with the occupational therapist (OT).

There was one bedroom in each apartment designated for staff use.

Residents had access to an enclosed garden area at the rear of the apartments.

**Judgment:**

Non Compliant - Moderate

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector was satisfied that the provider had put safe systems in place to manage health and safety and risk management.

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 required in the Regulations. Systems were in place for the regular review of risk. The person in charge had carried out a risk assessment of the apartments and there was a plan in place to carry out quarterly health and safety checks.

The inspector reviewed the fire policies and procedures. A new fire alarm system, fire doors and fire exits had been provided. Fire fighting equipment had recently been serviced. All staff had up to date formal fire safety training and training for the new staff member was planned prior to moving to the centre. The procedures to be followed in the event of fire were displayed. Regular fire drills were planned with the residents and staff.

A personal emergency evacuation plan had been documented for each resident. The person in charge told the inspector that this would be fully reviewed following a planned fire safety and evacuation drill on moving into the house. 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 apartments were found to be maintained in a clean and hygienic condition throughout. There was an infection prevention and control policy in place and guiding practice in areas such as hand hygiene, laundry, cleaning, food hygiene, waste management and management of outbreaks of infection. The person in charge confirmed that staff had completed training in hand hygiene and food safety. All staff had received up to date training in moving and handling.

**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:**

The inspector was satisfied that systems were being put in place to protect all residents from abuse.

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. The person in charge told the inspector that all staff had received training in relation to adult protection.

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. The person in charge stated that there will be no restrictive practices in use. All staff had received training on managing actual potential aggression (MAPA) and training was scheduled for the new staff member.

The person in charge stated that there were no residents who displayed significant behaviours that challenged

**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):**

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

**Findings:**

The person in charge and management staff spoken with were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

An incident log book was available to record incidents. Systems were in place to ensure that all incidents were reviewed by the person in charge and that follow up action required and learning outcomes were discussed.

**Judgment:**

Compliant

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**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 inspector was satisfied the residents will be afforded the opportunity for new experiences, social participation, education, training and employment.

The person in charge told the inspector that all residents will be supported to continue to attend a variety of social events, education/ training and employment in line with their own personal interests.

Residents currently attend a variety of training courses/day services including activities of daily living, cookery and computers. The person in charge stated that one of the residents has planned to commence a vocational educational course and has met with employability Clare with a view to obtaining supported employment.

The person in charge told the inspector that residents will continue to be supported to attend a range of social events, activities and pursue interests of their choice.

**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 inspector was satisfied that arrangements were in place to ensure that the residents overall health care needs will be met and that they will have access to appropriate

medical and allied health care services.

The person in charge told the inspector that each resident will continue to have access to their own General Practitioner (GP) services and there will be an out-of-hours GP service available. The residents will have access to a multidisciplinary team of allied health professionals. The person in charge advised that referrals had already been made for some residents to the speech and language therapist and dietician.

There was a well equipped kitchen in both apartments and the person in charge told the inspector that the residents will be supported to plan meals and to buy, prepare and cook the foods that they wish to eat. The residents will be able to choose a time that suits to have meals. The person in charge stated that staff will support and encourage healthy eating options.

**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:**

The inspector was satisfied that safe medication management systems were being put in place.

There was a comprehensive medication policy in place to guide practice.

The person in charge told the inspector that all staff had attended medication management training which included a clinical competency assessment. He stated that the new staff member was scheduled to attend training on 31 August 2015.

The person in charge told the inspector that residents will be supported collect their own medications from their chosen pharmacy.

The person in charge stated that regular medication management audits were planned.

**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:**

The inspector reviewed the statement of purpose which was submitted in advance of the inspection. It was found to be in compliance with the requirements of Schedule 1 of the Regulations. The person in charge advised that he planned to make it available to residents in an accessible format.

**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):**

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

**Findings:**

The inspector was satisfied that the post of the person in charge was full time. The person in charge was a qualified nurse and had the appropriate experience for the role. He was on call out of hours and at weekends. The person in charge was in the post since August 2013. He was also person in charge for two other centres locally. He was knowledgeable regarding the requirements of the Regulations and Standards. He had a clear knowledge about the support needs and personal plans of each resident. He stated that he will be in daily contact with staff and plans to visit the house initially on a daily basis and thereafter on a regular weekly basis. He planned to hold monthly staff team meetings.

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 him to deliver a good quality service. These supports included a regional manager, human resource manager, training officer, social worker and psychologist. 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 he 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 he could contact any member of the management team at any time and felt well supported in his role.

The person in charge told the inspector that an annual review of the quality and safety of care in the centre was planned and would be carried out by another manager in the organisation.

**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 person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

**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.*

<p><b>Theme:</b> Use of Resources</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector was satisfied that there will be sufficient resources to support the residents achieve their individual personal plans.</p> <p>The organisation had an approved service level agreement with Health Service Executive in place</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 17: Workforce</b> <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p><b>Theme:</b> Responsive Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector was satisfied that the centre will have a sufficient number and skill mix of staff to meet the support needs of the residents in the centre. The inspector reviewed the planned staff roster which indicated that there will be one staff member on duty at all times in each apartment. The person in charge told the inspector that existing staff known to the residents from the respite and day services within the organisation would be transferring to this new centre with the residents. The person in charge advised that one new staff member was recently recruited and one of the residents was involved in the interview process. He outlined the comprehensive induction training that will be given to the new staff including meeting with all residents prior to working in the centre.</p> <p>All existing staff had undertaken up to date mandatory training and this training was scheduled for the new staff member.</p> <p>The inspector did not review staff files on this inspection as the files were kept in the main administration office. The inspector had very recently reviewed several staff files of</p>

staff working in the local respite centre some of whom were transferring to the new apartments and had found that they all fully complied with the requirements of the Regulations.

**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 will be 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.

**Judgment:**  
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:***

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 Ireland
<b>Centre ID:</b>	OSV-0005232
<b>Date of Inspection:</b>	22 July 2015
<b>Date of response:</b>	18 August 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 direct access from the apartments to the rear garden area was through a fire exit door located in one of the residents bedrooms, this could potentially compromise the privacy and dignity of the resident using this bedroom.

**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 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Action Required: There will be a protocol in place re using the Emergency Exit door.

**'Protocol Re using Emergency Exit Door'**

The Protocol will be in place for No. 50 only as No. 48 Emergency Exit Door is in the staff room/office. This protocol will be displayed clearly for all individuals/staff to read.

Summary of Protocol below;

1. Other than in an emergency situation the Emergency Exit door should not be used as direct access to the rear Garden.

2. The rear Garden can be accessed by going out the front door of the apartment and can be accessed by 2 routes.

Route 1: Out front door & turn left & continue the short distance around the building to the back garden

Route 2: Out front door & turn right & continue the short distance around the back of the building to the back garden.

3. No person can enter a bedroom without knocking and asking permission to enter

4. Other than in an emergency situation if someone needs to use the emergency exit door the individuals permission must be sought before someone can enter her bedroom to use the door.

5. This protocol will be discussed with all individuals and staff to ensure all are clear on same.

1. A dividing curtain will be installed in the individual's bedroom to guarantee her privacy and dignity in the event the Emergency Exit is used in her bedroom. This dividing curtain will be installed ensuring not to impact on her living space and can be easily drawn across the entire room if and when required ensuring the individuals privacy & dignity is respected at all times.

2. The individual will have her own key for her bedroom and she can use when she wants/needs to.

3. Also the above protocol is in place to ensure the individuals privacy is respected at all times.

**Proposed Timescale:** 20/09/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

There was inadequate ventilation to some bedrooms, for example there was no

openable window to the two bedrooms where the fire exit doors had been provided.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

1.The Landlord is having the windows replaced in both bedrooms with top opening windows. This will provide adequate ventilation and the window can be opened and closed as the individual in the bedroom wishes.

**Proposed Timescale:** 01/09/2015