

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004817
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Norma Bagge
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	1

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 September 2015 09:55 To: 08 September 2015 18:30

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

The centre is a recently acquired house and is part of the services provided in a community setting by the Brothers of Charity, Limerick; a voluntary organisation set up to support the needs of persons with a diagnosis of an intellectual disability. The centre is to accommodate four male residents, all over the age of 18. The residents

who wish to relocate to this house are currently living in a congregated setting in Limerick city. This newly acquired premises is located in a rural area approximately 10 kilometers from the city centre.

The inspector met with the person in charge and the person in charge of the centre where the residents currently reside. Both showed an enthusiasm and commitment for the service they were managing.

Documentation such as personal plan templates, contracts of care, emergency procedures, staffing rosters and policies and procedures were examined. These were clear, organised and easy to retrieve.

The newly renovated house was inspected and found to be decorated to a high standard. Provision was made for each resident to have their own bedroom. The needs of the service users who were moving to this house were assessed as requiring full time nursing supervision. Much thought had been given to the suitability of the house in meeting the needs of the residents who planned to move to this centre. Residents had been involved in these discussions. Relatives had been invited to see the new house.

The inspector was informed of how residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. Due to its community type setting, moving to this new house was seen as a further development in promoting residents independence and opportunities for involvement in the local community.

In most outcomes the centre was found to be in compliance with regulations. The issues which did arise were in relation to the safety of the garden area.

These issues are discussed in 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:

Residents and their relatives were consulted with, and participated in decisions about residents' move to this new centre. An advocacy service was available for residents. This gave residents access to information about their rights. Each resident's privacy and dignity was given careful consideration as evidenced by the manner in which the house was laid out. There was a plan in place for the on going monitoring of how the new arrangements worked once residents actually relocated.

Moving to the new house was expected to increase residents' freedom and eliminate the need for restrictive practices. Restrictive practices such as limiting access to the kitchen, was required in their current environment due to the collective needs of residents. It was anticipated residents would continue with the activities they currently enjoyed and develop new ones as they settled in their new home and became familiar with what was available in the local community.

The complaints policy for the organisation had been reviewed and implemented. A system was in place where issues that arose were recorded and resolved locally. Where the matter was not resolved locally the matter was referred to the person in charge and was recorded in the informal complaints log and the outcome recorded. Where written complaints were received or an informal complaint remained unresolved the matter was referred to the head of integrated services and was classified as a formal complaint. An appeals system was in place. An easy to read version of the complaints policy was available to residents. Staff were awaiting training on the implementation of the revised complaints policy.

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:

Three residents had been identified for accommodation in this new centre. The fourth resident had yet to be confirmed. The person in charge was conversant with regards to the different communication needs of the three residents who were moving to this house. The person in charge was also part of the discussions and planning with regards to the needs of the fourth person to be accommodated.

Attention was given to ensuring individual communication requirements were highlighted in personal plans. Systems were in place to include multi-disciplinary professional input in order to meet the range of communication needs of residents. One resident moving to the house had impaired sight. Voluntary organisations were consulted to provide guidance and support to residents and staff in relation to dealing with impaired sight loss. For example, coloured contrasting hand rails were in place in bathrooms to assist the resident with a visual impairment.

The centre was located in a rural area with a number of houses nearby. The person in charge spoke of plans for introducing staff and residents to neighbours. Facilities were in place for residents to have easy access to radio, television, social media, newspapers, internet and information on local events.

One resident moving to the house, has a preference for one particular television channel. To facilitate this and not impinge on other residents' choice, a separate sitting room was assigned for this resident for television viewing.

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:

Positive relationships between residents and their family members were supported. Families were invited to be involved in the planning for the move to a new home. A plan was in place to review the new arrangements with families in the weeks following the move.

Adequate arrangements were in place for residents to receive visitors. A system was in place whereby families were kept informed of residents' wellbeing and invited (as appropriate) to engage with an annual review of residents' personal plans.

Arrangements were in place for friends to visit the house. Cognisance was given to the need to maintain links with familiar supports such as day services, personal friendships and continuity of staff.

The facilities in the house were such that there was adequate space for residents to meet with visitors in private.

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:

Each of the four residents moving into this new centre were to have their contract with the Brothers of Charity renewed upon transfer. The inspector was informed that this was scheduled to be completed within 28 days of their move to their new home.

Documentation was seen to confirm this. The written contract detailed the support, care and welfare of the residents. It included details of the services to be provided and the fees to be charged.

Significant work, planning and preparation had been done and was on going to ensure the new home met the needs of residents and that the transfer would be smooth. The inspector viewed a plan as to how the transfer would be managed. The plan gave details of the meetings which took place to determine the suitability of the house to meet the needs of residents. The plan included details of visits by the residents to the house and the outcome of these visits.

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:

Residents' assessment of their health, personal and social care needs was set out in a specific template common to all the Brothers of Charity Services, Limerick. The plan was divided into three sections under the following headings:

- 1) my life
- 2) my world
- 3) my dreams

A pictorial format of the plan was available to residents. This was a synopsis of the more detailed plan and it was set out in an easy to read format. The system in place was for personal plans to be reviewed annually by the key worker. The key worker liaised with the multi-disciplinary team to gather information which would inform the care plan. A system was in place for each resident to have a comprehensive assessment of their health, personal and social care needs.

The inspector was satisfied that there were effective, meaningful, person centred and holistic systems in place for assessing each resident's abilities and needs. It was evident that the resident would be a participant in his process and that where appropriate, so would his family or circle of friends. The plan was supported as necessary by input from the multi-disciplinary team.

The person in charge was clear in her description of identifying key priorities for each client. If goals were not achieved, this was to be explained and if necessary priorities reevaluated. A system also existed where a "barrier form" was completed and sent to senior management if there was an obstacle to achieving the planned goal.

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 found that the size and layout of the premises was in line with the statement of purpose. The house was two storey and newly refurbished. It was homely, tastefully decorated, bright and clean. It had spacious bathroom and shower rooms. They were designed to suit the needs of residents. For example, one shower room had features in place to assist a partially sighted person to independently use the toilet. The kitchen was domestic in character, with a spacious dining room and an adjacent large utility area. From conversations with the person in charge it was evidence residents were looking forward to moving into their new home.

Each resident had their own bedroom and were free to decorate these rooms to their personal tastes. There was adequate storage, dining and communal space. Accommodation was made for residents to have a private meeting room apart from the main sitting room. In total there were four distinct seating areas in addition to the dining/kitchen area.

The house had access to a spacious secure garden at the rear. The garden had two log cabins, which were in good repair and plans were in place to use them as therapy rooms. The garden had ample space for a swing which was an important consideration in meeting the needs of one resident who is moving to this house. An area of the garden was set aside for a chicken coop. However, some safety issues arose in relation to the garden and these are discussed in Outcome 7. These risks were particularly relevant taking cognisance that one resident has a visual impairment.

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:

Policies and procedures relating to health and safety were available for inspection. They were current. Awareness around the control of infection was good. There was adequate

hand washing and drying facilities.

The risk management policy covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. A system of assessing risk was in place but had not been employed to assess the safety of the outdoor area for the residents who were transferring.

A ramped access was available at the front door entrance but the back door exit posed a trip hazard, in particular for a person with visual impairment. This had not been risk assessed. The gate way from the tarred area at the rear of the house into the grass area, was uneven and posed a risk of a trip or a fall. The surface outside the garden log cabin was uneven. A large mound of earth, covered in grass, was in the centre of the back garden. Plans were in place to soften the visual impact of it with suitable planting. In the meantime it required to be risk assessed as it had a steep ascent and descent and could cause a resident to fall accidentally.

The arrangements in place for responding to emergencies was well set out in attractive frames in the hallways. The person in charge was familiar with these arrangements.

The person in charge maintained a copy of staff training. The training records showed that staff moving to work in the centre, had received moving and handling training. Some staff were scheduled for updates in the coming weeks.

Judgment:

Non Compliant - Moderate

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 found that systems were in place to protect residents from being harmed or suffering abuse. There was a proactive and non judgemental approach to managing behaviours that challenge. Specific plans were available to assist residents and staff in finding a satisfactory way of working with such challenges. Such plans detailed the emotional, behavioural and therapeutic interventions to be put in place to assist in achieving a good outcome.

Psychological support was available, if necessary, to assist with specific positive behaviour plans. In discussions with the person in charge it was evident that this house would be a restraint free environment. The manner in which residents were assessed for transfer to this house supported this.

Policies had been updated in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse.

Staff moving to work in the centre had specific training and experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Records were seen to confirm this training

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 inspector found that the person in charge was familiar with the process for recording any incident that occurred in a centre and familiar with the procedure for maintaining and retaining suitable records as required under legislation. The inspector was satisfied that a record of all incidents occurring in the centre would be maintained and, where required, notified to 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 inspector found that the general welfare and development needs of residents was planned for and promoted. A proactive approach was taken to ensuring residents had good opportunities for new experiences. For example, it was anticipated that residents would get involved in baking, growing vegetables and tending to chickens once they moved to their new home.

There was an assessment process to establish each resident's activity needs. This was done through the person centred plan in combination with multidisciplinary input. A process was in place whereby if identified that a resident's activity/development goal had not been achieved, it was escalated through the review process conducted by the person in charge.

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 saw that a system was in place for staff to carry out a comprehensive holistic assessment in conjunction with the resident and/or their relative. From the assessments, plans of care were devised. The person in charge, with whom the inspector spoke, was well informed as to the needs and requirements of each resident who was to move to the centre. The practices in place showed that good health was promoted; for example, healthy eating and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided.

The dietician and speech and language therapist were available if needed, to lend support and guidance in the planning of good nutritional care for residents. There was ease of access to the general practitioner (GP), psychiatrist, neurologist, dentist and optician. Residents were expected to continue with their regular GP, with whom they had a long established relationship.

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:

Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place. Processes were in place for the safe handling of medicines and there were appropriate procedures for the handling and disposal for unused and out of date medicines.

A locked cupboard was available to store medicines. Nursing staff were afforded ongoing medication training management updates.

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 statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by Schedule 1 of the Regulations. The statement of purpose was kept under review was available to the residents and their relatives. The inspector found that the statement of purpose reflected the ethos of providing a comfortable and safe environment

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 person in charge had the appropriate experience and qualifications for the role. The person in charge was knowledgeable regarding the requirements of the regulations and standards, and had clear knowledge about the support needs of each resident who was due to move into the house (pending registration). The person in charge was committed to her own personal development through regular attendance at courses including a level 9 post graduate course in the psychosocial care of residents. The provider had established a management structure which included the support of a head of integrated services, quality manager and director of services. The person in charge met with the head of integrated services on a regular basis. The head of integrated services in turn met regularly with the director of services. The nurse working opposite to the person in charge provided deputising cover when the person in charge was on leave. A system was in place for the provider nominee or her delegate to visit the centre unannounced approximately every six months. The purpose of this was to carry out audits and provide feedback to the person in charge as to the quality of the service provided to residents.

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:

Suitable deputising arrangements were in place for the management of the centre in the absence of the person in charge. The nurse working opposite to the person in charge covered for such eventualities.

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:

Overall the inspector was satisfied that this centre was sufficiently resourced to support residents achieve their individual personal plans. This was evident from;

- 1) the comfortable home provided
- 2) access to transport
- 3) the satisfactory staffing levels and skill mix
- 4) the varied activity programme
- 5) the good family involvement in the life of residents
- 6) the provision of adequate and suitable equipment
- 7) the provision of an on-going training programme for staff.

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:

The inspector was satisfied that the proposed staffing level was appropriate. There was a plan in place for regular staff, known to the residents, to transfer to the new centre to work. The needs of the residents were such that it was deemed necessary for around

the clock nursing cover to be provided. In addition to a nurse, a care staff was also rostered from the hours 08:00 to 20:30.

The structure was in place for the person in charge to support and supervise staff. A formal staff appraisal system was being developed at the time of inspection and was expected to be operational by January 2016. All staff due to move to this centre had up-to-date training in moving and handling; fire detection and prevention of abuse and non-crisis intervention.

Staff files were maintained in a central administrative location and were examined by the inspector on a previous occasion. The files were found to be in compliance with the regulations. Regular staff meetings were routine in the old centre and this practice was to continue once residents moved in. Minutes of meetings were maintained. Copies of Regulations, standards and policies were available 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 was satisfied with the quality of documentation and record keeping at the centre. The manner in which they were completed satisfied the inspector that residents would be protected against the risks of unsafe or inappropriate care. There was evidence of on going review of policies

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:

Margaret O'Regan
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 report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004817
Date of Inspection:	08 September 2015
Date of response:	28 September 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 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include hazard identification and assessment of risks present in the garden area.

1. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management

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

policy includes hazard identification and assessment of risks throughout the designated centre.

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

- Risk Assessment to be completed in relation to this hazard.
- Maintenance personnel have been made aware of the hazard and have recommended corrective action e.g. laying of a concrete footpath.
- Maintenance work to be completed by 9th October 2015

Proposed Timescale: 09/10/2015