

**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 Galway
Centre ID:	OSV-0004944
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	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:
09 February 2016 09:15	09 February 2016 17:45
10 February 2016 08:55	10 February 2016 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 was the first inspection of this centre in its present configuration by the Health Information and Quality Authority (the Authority), the purpose of which was to inform a registration decision.

The centre comprised of two large dwellings in suburban settings which provided residential accommodation for twelve male and female adults. The residents gave their consent for the inspector to enter their home and review their documentation.

As part of the inspection the inspector met with residents and staff members,

observed practices and reviewed documentation such as health and social care files, medication records, staff files and health and safety documentation. The inspector also read questionnaires completed by residents and family members which indicated a high level of satisfaction with the service. One relative said that her daughter 'is cared for with respect and goodness' and that 'all staff are excellent'. Another parent commented on the 'kindness, care and patience' shown to her son and stated that after home visits 'he loves going back'. Residents also expressed a high level of satisfaction saying 'I like the people I live with and the staff' and 'I like going to the cinema once a week'.

During the inspection the inspector found a good level of compliance with the Regulations, with ten of the outcomes reviewed being assessed as compliant and four as substantially compliant. Four outcomes were judged as moderately non compliant.

Good practice was found throughout the inspection, including in the areas of:

- communication
- family and personal relationships
- safeguarding and safety
- safe and suitable premises
- notification of incidents
- general welfare and development
- medication management
- absence of the person in charge
- use of resources
- workforce.

Areas of substantial compliance, where some improvement was required, included health care, statement of purpose, emergency planning and service contract.

Governance and management, records and documentation, complaints management and achievement of residents' identified goals were judged as moderately non-compliant.

The inspector found that residents were supported to achieve independence and community participation according to their wishes. There were adequate staffing levels to meet the needs of all residents living in the centre and to ensure that person centered care was delivered. There were comprehensive assessments and personal plans for each resident and residents had good access to general practitioners (GP) and health care support services.

The centre was comfortable, appropriately furnished and well maintained. Staff and residents knew each other well, residents were observed to be relaxed and happy in the company of staff.

The provider and person in charge had developed robust fire safety controls and other safeguarding measures to promote the safety of residents.

Findings from the inspection and actions required are outlined in the body 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 inspector found that residents were consulted in how the centre was planned and run and their rights, privacy and dignity were respected. However, improvement to the management of complaints was required.

Details of the complaints process were clearly displayed for residents and visitors to access. There was a clear and accessible complaints procedure booklet for residents. Copies of this process were available in both houses and each resident also had a copy. Residents who spoke with the inspector were clear about who they would speak to if they had a complaint or concern. There was also a complaints policy which provided guidance on the management of complaints. It identified who to make a complaint to and included an appeals process.

The inspector viewed the complaint register and found that there had been a low number of complaints. There was one recent complaint which was being investigated and there had been two previous complaints. Although the person in charge stated that these complaints had been investigated, this was not recorded as required by the Regulations. The nominated person had not maintained records of the investigations into the complaints, outcomes of the complaints, any action taken on foot of the complaints and whether or not the complainants were satisfied. In addition, the response to the complainant did not address all aspects of the complaint and did not include details of the appeals process.

There were weekly residents' meetings held in each house during which residents could make plans and discuss issues of importance to them. Meal planning and deciding

shopping lists for the coming week formed part of the meetings. Staff recorded minutes of the meetings, which showed that staff also used these meetings to share information with residents as required. For example, fire safety procedures were always discussed and explained at these meetings.

An advocacy service was available to residents and details of how to access this service were clearly displayed. The organisation also had a charter of rights. Each resident had a copy of the organisations charter and a copy was available in an accessible communal area.

Residents were involved in household activities such as meal planning, shopping, laundry and food preparation as they wished and appropriate to their abilities. For example, one resident offered and helped prepare tea and biscuits when the inspector arrived.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms which were well furnished and had ample storage space. These rooms were decorated in accordance with residents' wishes and their personal belongings were displayed. Ample communal space was available in both houses should residents wish to receive visitors in private.

An intimate personal plan had been developed for each resident to ensure privacy was respected, to promote maximum independence and to protect the resident from any risk during the delivery of intimate care.

Residents' civil and religious rights were respected. All residents were registered to vote and could attend the local polling station if they chose to do so. At the time of inspection all residents in the service were Roman Catholics. Both houses in the centre were close to churches which staff supported residents to visit or attend Mass whenever they wished.

Judgment:

Non Compliant - Moderate

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 were good systems in place to assist and support residents to communicate.

Each resident had a communication profile documented in his/her personal plan which identified the most appropriate communication techniques for him/her. Objects of reference and pictures were in use to communicate with some residents. For example, a coloured pictorial activity booklet had been developed for a resident to clearly identify his daily activities and support him to make choices. Lámh sign language was also used to enhance communication with some residents and this was being used effectively during the inspection. The inspector observed one resident using an ipad as a communication aid.

A hospital profile had been developed for each resident which contained all relevant information pertaining to the resident. In the event of a hospital admission these would be used to communicate a range of important information about residents to hospital staff.

There was a range of information displayed in accessible format in both houses, including food safety and healthy eating information, notices local events such as a forthcoming Valentines disco and information on the forthcoming inspection. There were picture boards in each house, which changed daily, with names and pictures of the staff on duty each day and night and there were colour pictures of the daily agreed meal choice.

All residents had access to televisions, radio, postal service, telephone and magazines.

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:

Residents who lived in the centre were supported to maintain relationships with their families. All residents were encouraged and supported to interact in the local community.

Family and friends could visit at any time and there was sufficient space for residents to meet visitors in private if they so wished. Most residents also visited and stayed with family members regularly throughout the year. During the inspection residents told the

inspector about visits home to stay with their families and stated how they enjoyed these visits. Some residents liked to visit family graves and stated that they were supported by staff to do so. One resident indicated that she spoke with her mother daily by telephone.

Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept updated. Residents and their family members were invited to participate in the development of personal plans at regular meetings and the inspector read a number of records of these meetings. Each resident had worked with staff to identify important people in their lives and details of how they could contact these people were retained.

Overall, relatives and residents who supplied completed questionnaires to the Authority expressed a high level of satisfaction with the service provided, were complimentary of the care delivered by staff. They also indicated that they good communication with staff were kept well informed of residents care.

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 was a policy to guide the admission process although there had been no recent admissions to the centre.

Contracts for the provision of services were agreed with most residents and/or their families, although one had not yet been agreed.

The inspector reviewed some contracts and found that, while they were generally informative, they did not accurately reflect all aspects of the service provided, such as some additional costs that residents may incur. An updated service agreement contract had been developed and the person in charge said that a copy of the revised agreement contract had recently been supplied to each resident or their representative for their agreement.

Judgment:

Substantially 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 inspector found that each resident's social wellbeing was maintained by a high standard of assessment, care and support and residents had opportunities to participate in activities, appropriate to their individual interests and abilities.

There was evidence of individualised assessment and personal planning and residents had opportunities to pursue interests appropriate to their individual preferences both in the centre, at resource centre and in the community.

Residents, supported by staff, were involved in the development of their personal plans which set out their individualised personal goals, including social goals.

Each resident had a personal plan outlining the things that they liked to do and including information about residents' interests and weekly activity records. The inspector reviewed a sample of personal plans. Plans set out each resident's individual needs and life goals and each resident's key worker was identified as the person responsible for pursuing the goals.

In the sample of files viewed, the inspector found that some files had been updated to reflect progress in achieving these goals and several goals had been achieved. For example, individual goals such as holidays, outings and re-establishing contact with old friends had been achieved for residents. However, some identified goals of residents had not been achieved and there was no evidence that these goals had been progressed by staff.

There was a range of activities and educational opportunities taking place in a local resource services which residents attended each weekday supported by staff. Residents frequently went to the local town, visited relatives, went on outings, and they frequently went out together socially in the local community. Residents told the inspector about

concerts, musicals, discos and race meetings that they had attended and showed photographs taken at some of these events.

Judgment:

Non Compliant - Moderate

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 design and layout of the centre suited the needs of residents. The two houses in the centre were well maintained both internally and externally and were clean, warm, suitably furnished and comfortable.

There was a variety of communal day space including sitting rooms, dining rooms and large kitchens.

All bedrooms were for single occupancy. The bedrooms were bright, well furnished and decorated in colour schemes of residents' choice. Residents had adequate personal storage space and wardrobes. Most bedrooms had en suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities. There was separate bedroom accommodation for staff in each house.

The inspector found the kitchens to be well equipped, clean well stocked with food. There were well equipped utility rooms in each house with laundry facilities, where residents could participate in their own laundry if they wished. Residents had access to washing machines, tumble driers and outdoor clothes lines.

There were suitable arrangements for the disposal of general waste. Residents segregated waste into recycling bins in the houses before removal to main bins which were stored externally. This was removed by contract with a private company. There was no clinical waste being generated.

Residents had good access to outdoors areas. There were well maintained gardens adjoining the houses. Both houses were situated in central areas close to amenities such as shops, restaurants, swimming pools and churches.

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:

The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff, although some improvement to the emergency plan was required.

There was a health and safety policy, a risk management policy and a risk register available to guide staff. There were also a range of policies which were viewed in conjunction with the risk management system and which included policies on missing persons and behaviour that challenges. The risk management policy identified the procedures for the identification and management of risk in the centre, including risks specified in the Regulations such as accidental injury, violence and aggression. However, guidance on the management of self harm was not available when requested by the inspector during the inspection.

Individual personal risk management plans had been developed for all residents to identify risks specific to each person and their control measures.

The provider had measures in place to ensure that staff and residents knew what to do in the event of a fire. Training records showed that all staff had received formal fire safety training, which was mandatory in this organisation. Staff who spoke with the inspector confirmed that they had attended training in fire safety and were knowledgeable regarding the procedures to be followed.

Regular fire drills were carried out, including at least one annual fire drill during sleeping hours. Records of fire drills were maintained which included information such as the total time taken to evacuate the centre. Records indicated that all evacuations had been undertaken in a timely manner during fire drills.

Service records showed that all fire safety equipment had been suitably serviced. The fire alarm system and emergency lighting were serviced quarterly and fire extinguishers annually. In addition, there was a process for staff to carry out a range of internal safety reviews, including daily checks of fire exits and weekly inspections of the fire alarms.

Additional measures had been introduced to protect residents in the event of a fire. Some residents preferred to sleep with their bedrooms open. Automatic closing devices, activated by the fire alarm, had been fitted their bedroom doors. All fire exits were unobstructed at the time of inspection. The procedures to be followed in the event of fire were displayed in both houses.

There were separate emergency plans for each house which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The person in charge explained the arrangements for alternative accommodation for residents in the event of a total evacuation. However, these arrangements for alternative accommodation were not clearly outlined in the emergency plan for one of the houses.

Judgment:

Substantially 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 found that there were systems in place to protect residents from being harmed or abused.

There was a policy on client protection and there was a training schedule which ensured that each staff member attended training in prevention of abuse at three yearly intervals. Training records indicated that all staff had attended this training within the past three years as required. Members of the management team, who spoke with the inspector were knowledgeable regarding their responsibilities in this area and clearly outlined the measures which would be taken in response to an abuse allegation.

Some residents had attended 'Stay Safe' training which was also being delivered to staff. There was also a user friendly document for residents with information about abuse and how to respond to it.

There was a policy to guide staff on responding to behaviours that challenge. Positive behaviour support plans were in place for residents who displayed behaviours that

challenged. The plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies and staff were aware of this information. All staff had attended training on managing behaviours that are challenging. The inspector observed staff interacting with residents in a respectful and friendly manner.

The inspector found that residents' finances were managed in a clear and transparent manner. All money was securely stored in lockable safe storage, individual balance sheets were maintained for each resident and all transactions were clearly recorded.

There were no residents using bed rails or any other form of physical restraint.

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 was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. A review of the incidents indicated that all required incidents and quarterly returns had been notified to the Chief Inspector to date.

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:

Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.

Residents were involved in household chores, such as cooking, laundry, housekeeping and grocery shopping, as a form of skill building.

There were a range of developmental opportunities available to residents which mainly took place during the day at the resource centres that residents attended. For example, residents had participated in training in art, music, personal/oral hygiene, baking and swimming. Other activities, independent of the centre, also took place. One resident enjoyed gardening and was involved in watering plants in a community garden and at the centre while another resident attended a weight management group nearby. Residents also went frequently to local shops, coffee shops, hairdressers, barbers and the pharmacy.

There was transport available to residents to access activities and outings of their choice. As the houses were centrally located residents could also walk to some shops, local amenities and churches if they wished to.

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 found that residents' health care needs were met and they had access to appropriate medical and health care services. However, while residents' weights and nutrition were generally well managed some improvement to monitoring of residents' weights was required.

All residents had good access to General Practitioner (GP) services, which they could access in various locations and in the centre if they preferred. An inspector reviewed a sample of files and found that GPs reviewed residents as required. In addition, all residents had annual medical health checks undertaken by GPs.

Residents had access to a range of health care professionals including speech and

language therapy, psychology and psychiatry within the organisation and referrals were made as required. Appointments were also routinely made for residents to be reviewed by, for example, dentists, opticians and chiropodists. Referrals to other consultants were also made when necessary and records and recommendations were retained to inform the delivery of suitable care.

Each resident had a personal plan which outlined the services and supports to be provided to achieve good quality health care. Personal plans were in an accessible format and each resident's plan for health care was reviewed frequently and when there was a change in needs or circumstances.

The plans viewed contained detailed information around residents' health care needs, assessments, medical history and any treatment received and also health care support required from staff. Although the residents in the centre had a good level of general health, informative plans of care had been developed to guide care of identified health issues, such as epilepsy, constipation and skin care.

All residents were encouraged to eat healthy balanced diets and partake in exercise plans. The inspector found that residents' nutritional needs were being monitored. All residents were weighed monthly and staff stated that none of the residents were experiencing significant nutritional issues. At the time of inspection none of the residents required intervention of the dietician or speech and language therapist for nutritional issues.

However, the inspector found that the monitoring of residents' weights may not be sufficiently robust to identify a nutritional risk should it occur. While reviewing a sample of files the inspector noted that one resident's weight had increased significantly within one month and that this higher level remained in place. While the resident was within a healthy weight range at all times, this fluctuation had not been highlighted or investigated by staff. This presented a risk that a significant weight management problem could be overlooked.

In addition, weight monitoring records for one resident had not been signed by staff during 2015 as required by the centre's policy. The person in charge explained that the nutrition policy had recently been revised to include additional guidance on identification of nutritional risks. The new policy had not yet been introduced to staff, but this was scheduled for discussion with staff within the coming weeks.

Staff encouraged and supported residents to participate in regular light exercises such as walking, dancing and swimming.

Judgment:

Substantially 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 generally safe medication management practices in place. However, the auditing of medication errors required improvement and this is discussed in outcome 14 of this report.

At the time of inspection there was no resident prescribed medication requiring strict controls, no resident required medication to be crushed and there was no medication requiring temperature control, although the organisation had policies to guide on these processes if required. The maximum dosage of PRN (as required) medications was prescribed with clear guidance on administration. All medications were safely stored.

There was a medication management policy guiding practice. Training records indicated that all staff had received medication management training.

The inspector reviewed a sample of prescription/administration charts and found that they were well documented and contained the information required to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of staff administering the medication were clearly recorded. There were colour photographs of residents to verify identity if required. Prescribed medications had been suitably verified by the GP.

There was a process for recording and addressing medication errors. Several medication errors had occurred in the centre throughout 2015 and these had been identified and recorded in the computerised incident recording system. When errors were identified staff had taken suitable action to ensure the safety of the residents involved. However, management, assessment and learning from medication errors required improvement and this is further discussed in outcome 14.

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 found that the statement of purpose described the services provided in the designated centre and met the majority of the requirements of the Regulations. However, some required information, such as room sizes and specific therapeutic techniques and the arrangements for their supervision were absent.

The person in charge reviewed the statement of purpose annually.

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:

The provider had established a clear management structure, suitable staff support was available to deliver care and support to residents and there were systems in place to review the quality of service. However improvement was required to staff supervision and internal quality improvement reviews.

There were systems in place for monitoring the quality and safety of care. There was a system for recording accidents, incidents and complaints. However, the inspector found that this information was not consistently reviewed by the person in charge for the purpose of identifying trends and introducing corrective measures.

There was a system for recording medication errors. This system was not sufficiently effective to safeguard residents as an unusually high level of medication errors were recorded in the centre throughout 2015. There was no evidence that this level of medication error had been investigated or that measures had been introduced by the person in charge to address this trend. In addition, one medication error which had been identified through the complaints process had not been recorded as an error.

Members of the management team carried out unannounced visits to the centre every six months to audit various aspects of service and compliance with legislation. Findings from these audits were communicated to the person in charge for attention and were also reported to the provider nominee.

The inspector reviewed a sample of these audits and found that they were based on the requirements of the Regulations and were focussed on improving the quality of the service. Overall, the discrepancies found were identified and were addressed by the person in charge. An annual internal audit was also undertaken in the centre by the person in charge, which formed the provider's annual review.

The role of person in charge was full time and had overall responsibility for the management of this service. There was a team leader based in one house who was responsible for the management of care of residents and supervision of staff in that house. In the second house in the centre a social care worker was responsible for delivery of care and the person in charge was responsible for staff supervision and appraisal.

The person in charge was not based in the centre, but called approximately once a week to meet staff. Staff told the inspector that the person in charge was readily contactable at other times. The person in charge worked closely with the area manager who was his line manager and was present in the centre during the inspection. Both the person in charge and the area manager were known to the residents and were familiar with their care needs. The area manager also deputised for the person in charge in his absence.

Staff who met with the inspector during the inspection were very familiar with the needs of residents in the service and it was evident throughout the inspection that they knew the residents well. They demonstrated a clear commitment to improving the service offered to these residents.

The persons in charge met monthly with other persons in charge in the organisation and with a sector manager who represented and reported outcomes to the provider nominee.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised a schedule of relevant training for staff, including manual handling, management of behaviours that challenge, epilepsy awareness, first aid, safe administration of medication, record keeping, client protection and fire training.

Judgment:

Non Compliant - Moderate

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.

There were suitable arrangements in place to cover the absence of the person.

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:

There was evidence of adequate resources to ensure effective delivery of care and support. The centre was adequately furnished and equipped and there were resources to facilitate residents' occupational and social requirements.

The centre was suitably staffed and there was transport provided for residents.

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.

<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were present to support residents at all times both in the centre and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for walks or attending social events.</p> <p>Staff also slept in the centre at night time. Separate staff supported the residents while in their resource centres.</p> <p>The organisation had identified fire safety, client protection, behaviour that is challenging and personal outcomes/key workers as mandatory training which all staff had attended. In addition, training records indicated and staff confirmed that staff had attended a range of other training including medication administration, sign language, dementia care, epilepsy care and food safety.</p> <p>The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the Regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references, photographic identification and employment histories.</p>
<p>Judgment: Compliant</p>

<p>Outcome 18: Records and documentation <i>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.</i></p>
<p>Theme: Use of Information</p>

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

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

Findings:

The inspector found that records as required by the Regulations were maintained in the centre, although some improvement was required to the level of information required in some documents.

During the course of the inspections a range of documents, such as the residents guide, medical records, staff recruitment files, training records and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were neat, clear, orderly and suitably stored.

However, the recording of accidents and incidents required improvement. While there were records of all accidents and incidents maintained on a computerised system, the level of detail recorded was inadequate. In most of the incident records viewed there was limited or no information regarding the conclusions or outcomes of incidents and actions taken to address the incidents. Failure to record this information would impact on learning and introduction of improvements from these events.

The recording of the management of complaints also required improvement and this is further discussed in Outcome 1.

All policies as required by Schedule 5 of the Regulations were available.

Judgment:

Non Compliant - Moderate

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:

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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 Galway
Centre ID:	OSV-0004944
Date of Inspection:	09 February 2016 and 10 February 2016
Date of response:	10 March 2016

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 investigation of complaints was not recorded as required by the Regulations. The nominated person had not maintained records of the investigations into the complaints, outcomes of the complaints, any action taken on foot of the complaints and whether or not the complainant was satisfied.

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

1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The nominated person has recorded the relevant information pertaining to the complaints received to date.

There is now a log kept of all complaints received within the designated centre outlining:

- the nature of the complaint,
- the actions taken to resolve the issue,
- The outcome of all complaints.

Proposed Timescale: 01/03/2016

Theme: Individualised Supports and Care

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

The response to a complainant did not address all aspects of the complaint and did not include details of the appeals process.

2. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

All aspects of the complaint have been followed up on and dealt with.

If the complaint is not resolved to the complainant's satisfaction, the complainant will be informed of the Appeals process in line with our Policy.

Proposed Timescale: 01/03/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The terms on which the resident shall reside in the designated centre had not been agreed with one resident/representative.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

This individual's family met with the Person in Charge on two occasions regarding the Individual Service Agreement. The family representative of behalf of the resident has signed the agreement but wishes to discuss and obtain the signatures of her siblings with whom she shares responsibility for managing her relative's affairs. The signed agreement is be returned to the Person In Charge as agreed on 10th March 2016.

Proposed Timescale: 10/03/2016

Theme: Effective Services

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

The service contracts did not accurately reflect all aspects of the service provided, such as some additional costs that residents may incur.

4. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Individual Service Agreements have been updated, and now outlines all expenses and additional costs that may be incurred by individuals. The updated agreements have been agreed and signed by all families in one area of the designated centre. This process will be completed in the second area of the Designated Centre during the upcoming IP process, which will be completed by the 20th of April.

Proposed Timescale: 20/04/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was no evidence that the goals of some residents had been progressed by staff.

5. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

All keyworkers have been reminded of the importance of noting any and all actions relating to identified individual goals in the appropriate section of the Personal Profile and Personal Outcome Plans. This discussion has covered the importance of highlighting situations where progress has been made with goals identified. Also the importance of noting where progress has not been made with some goals, and outlining the reasons for this. Staff have also been instructed to complete a Barrier Form as per the Outcome process should a goal not be achievable within their local service and resources to inform management of the significant Barrier.

This will be an Agenda Item at regular Team Meetings and will be first discussed at the next Team Meeting of the Designated Centre on the 6th of April 2016.

Proposed Timescale: 06/04/2016

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:

Arrangements for alternative accommodation in the event of a total evacuation were not outlined in one emergency plan.

6. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The emergency plan has been amended to include additional information in the event of a total evacuation being required. It now includes the contact numbers of two local hotels where individuals can be accommodated if necessary.

Proposed Timescale: 01/03/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The system for monitoring of residents' weights was not sufficiently robust to identify a nutritional risk should it occur.

Weight monitoring records had not been consistently signed by staff during 2015 as required by the centre's policy.

7. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

At the Team Meeting on 17th of February staff were instructed to ensure accurate recording of all weight monitoring records and the absolute necessity to ensure that all weight monitoring entries are signed and dated in line with the Centre's policy

All staff have also been instructed that residents BMI's must be recorded at the time of weighing to give clear clinical information regarding the individuals weight. Clear instructions were also given to the staff team that in the event of any significant variance in weight being noted for any individual, they must inform the Person in Charge and arrange to carry out a MUST Assessment in line with the Centre's policy.

Proposed Timescale: 17/02/2016

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 meet some of the requirements of Schedule 1 of the Regulations.

8. 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:

The Statement of Purpose was amended in line with Regulations.

Proposed Timescale: 09/03/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Staff members were not sufficiently performance managed to exercise their professional responsibility for the quality and safety of the services that they are delivering, for example in the areas of incident/accident recording, weight monitoring records and identification and review of some residents' goals.

9. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

We are in the process of replacing the Team Leader in one of the houses in the designated centre and also in the position of recruiting to cover a maternity leave post for a Social Care Worker.

We have recently commenced and implementing staff support and supervision with this being carried out by the Person in Charge, this will help to improve staff performance in a formalised process for the team as a whole.

At Team Meetings in the designated centre the PIC will also allocate time for the function of having resident's reviews. This is in order to discuss and review any significant changes including any incident/accidents and the monitoring and review of resident's goals with the staff teams.

Proposed Timescale: 06/04/2016**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The system for monitoring the quality and safety of care was not suitably and consistently monitored in relation to medication errors.

10. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A – A Local Protocol for managing and reporting of Medication errors and incidents was implemented in this designated centre on 1st February 2016.

B - Six staff from the designated centre have just completed refresher training in the Safe Administration of Medication training (8th of March 2016).

The AIRS Committee have responsibility to oversee management and recording of accidents and incidents which includes medication errors and regularly receive feedback from staff to improve the system for monitoring the quality and safety of care in relation to medication errors.

The PIC will discuss some of the issues raised at this inspection with the AIRS

committee to establish the best method of including documentation errors, pharmacy errors, spillages, residents refusing medication, and medication errors made at home but recorded by staff in the Designated Centre , so that are clearly identifiable and noted.

All staff have been instructed to complete medication error forms for any type of medication errors in line with Centre Policy. All medication errors will be reviewed by the PIC with the Staff Team at Team Meetings to ensure learning which will support safe practice and enhance the quality and safety of care for residents.

Proposed Timescale: 08/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some records relating to accidents and incidents were not documented in sufficient detail.

11. 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:

At team meetings on the 17 of February 2016 and the 7th of March 2016 with the respective staff teams in the Designated Centre, staff were instructed in the importance of recording the duration and successful strategies employed during aggressive outbursts, in addition to the severity and frequency which they already record in line with Centre policy.

To enhance the system of gaining sufficient and factual details around incidents of challenging behaviour the PIC will raise with the AIRS Committee that changes to the Challenging Behaviour Incident Form are required to facilitate the recording of the duration of each incident as a specific requirement on the form.

Proposed Timescale: 07/03/2016

