

**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-0004955
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:	3
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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
17 November 2015 10:00	17 November 2015 16:25
18 November 2015 09:45	18 November 2015 17:45

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

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

Summary of findings from this inspection

This was the centre's first inspection the purpose of which was to inform a registration decision. As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, policies and procedures, the complaints process, medical records and accident logs.

During the inspection the inspector found a high level of compliance with the Regulations, with eight of the outcomes reviewed being assessed as compliant, four substantially compliant and five as moderately non compliant. One unit comprising the centre was not suitably equipped to meet the needs of residents; therefore the outcome of safe and suitable premises was found to be in major noncompliance.

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

- rights, dignity and consultation
- links with family and the local community
- social care
- health care
- safeguarding
- fire safety
- general welfare and development
- governance and absence of the person in charge
- use of resources.

Areas of substantial compliance, where some improvement was required, included the statement of purpose, service contract, staff recruitment documentation and the directory of residents.

The management of nutritional risk, medication management, communication, identification of risk and achievement of residents' identified goals were judged as moderately non-compliant.

While the accommodation was comfortable, had recently been refurbished and was of a high standard, some areas the premises were judged as a major non-compliance. These related to absence of suitable catering and laundry facilities in part of the service.

Evidence of good practice was found throughout the service. Residents' health and social care needs were well met and there was an emphasis on ensuring that residents lived full lives to their maximum potentials and were involved in the local community. Residents had good access to the local community to participate in social, developmental and sporting events and this was supported by staff.

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' rights and dignity were promoted, residents were consulted about the operation of the centre, and there was an effective complaints process in place.

A resident explained to the inspector that residents had weekly meetings during which they devised the weekly menu plan and shopping list. The meals choices were displayed in a picture chart which was kept in the kitchen. Monthly advocacy meetings also took place when residents could also discuss issues of importance to them and staff also used these meetings to share information with residents. Minutes recorded that staff and residents had recently planned a Halloween party and discussed fire safety, complaints and home improvement.

Residents told the inspector that they were offered choice in their daily routine and they decided how they liked to spend their free time in the centre. Each resident was supported to pursue different interests and hobbies and staff were provided to support this as required. Residents were involved in household activities such as shopping, laundry and food preparation as appropriate to their abilities.

Details of the complaints process were clearly displayed for residents and had been discussed at advocacy meetings. The complaints procedure for residents was in the format of a user friendly booklet, which was designed to be clear and accessible. The process was also outlined in a DVD which was often shown to residents. In addition, there was a clear complaints and compliments form for residents, which they could use to express if they were happy or not happy with any issues. Residents who spoke with the inspector were clear about the complaints process.

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 independent appeals process. There had been one complaint made regarding the service which had been suitably recorded and investigated.

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 and could lock their bedroom doors if they wished to. There was ample wardrobe and storage space in bedrooms, in which residents could store personal belongings. An intimate personal plan had been developed for each resident to ensure privacy was respected.

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.

Residents' civil and religious rights were respected. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. Staff brought residents to Mass, to visit the church or to attend funerals whenever they wanted to go. All residents were registered to vote and were accompanied by staff to go to the polling station. Information sessions on voting was provided at the day service prior to elections and referenda.

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.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

There were systems in place to assist and support residents to communicate although some improvement was required in relation to the documentation of communication plans and use of suitable language for some residents.

Communication passports, which identified the most appropriate communication techniques for each resident, had been developed. While communication passports provided individual guidance on communicating with each resident some of the information was not sufficiently detailed to reflect the communication techniques explained by staff.

Communications interventions set out in residents' personal plans were not being consistently implemented. The inspector also found that communication with some residents was hindered due to some staff not being sufficiently fluent in the language of the resident.

A hospital profile had also 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 variety of information displayed in clear format on notice boards, including complaints procedure, information on local community and entertainment events and staff on duty.

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

Judgment:

Non Compliant - Moderate

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 were supported to develop and maintain positive personal relationships with their family members and links with the wider community.

Residents stated that their families were welcome in the centre and they were free to visit their families at home. Staff and residents confirmed that residents received visits from friends and family. One resident was visiting family during the inspection. 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.

Relatives and residents who supplied completed questionnaires to the Authority were satisfied with the service provided and were complimentary of the care delivered by staff.

Some residents attended day services where they had the opportunities to meet and socialise with their peers and friends. All residents interacted with the wider community when they participated in social events, sport and leisure activities.

There was evidence that residents were supported to go on day trips, attend sporting events, dine out in local restaurants and bars, visited local shops and amenities and participate in sport.

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:

Contracts for the provision of services had been developed. The person in charge said that a contract had been supplied to each resident or their representative although one had not yet been agreed. The inspector reviewed some contracts and found that they did not accurately reflect all aspects of the service provided, such as additional costs that residents may incur.

The management team explained that an appendix to the service contract, clearly explaining what services were not included in the fee, was at an advanced stage of development and would be included in all contracts in the near future.

There had been no recent admissions to the centre. There was a policy to guide the admissions process and the person in charge explained how the admission process would be managed. The person in charge was fully aware of the need to manage any admissions having regard to the needs and safety of the individual and the needs of the other residents in the centre.

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 residents' social care needs were generally well met and they had opportunities to participate in activities appropriate to their individual interests and abilities, although some improvement was required in the identification and follow through of residents' personal goals.

Residents and their families were involved in the development of their personal plans which set out their individualised personal goals, including social goals. Personal plans also contained personal profiles of each resident, information about residents' interests and weekly activity records. There was evidence that significant important goals were being achieved for some residents. However, there had been no plans developed to achieve some of the goals which residents had identified for the current year and some goals had not been met. In addition, some goals did not reflect any additional aspirations or plans other than those already in normal activity of daily living.

There were a range of activities taking place in the local area and in resource services and residents' involvement was supported by staff. The dependency level of residents necessitated that staff supported residents in participating in social activity and review of documentation and discussions with residents confirmed that this was being achieved.

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

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 generally suited the needs of residents, but there was improvement required to laundry and kitchen facilities in one unit.

The centre comprised of two adjoining self-contained units and was well maintained both internally and externally. The dwellings were clean, warm, well furnished and comfortable. Each unit had a separate main entrance and each had its own communal space, sanitary facilities, kitchen and dining area. The centre had recently been refurbished and residents had been involved in the planning of this work. The centre was located in a scenic area with sea views.

The bedrooms were well furnished and decorated in colour schemes of residents' choice. Some bedrooms had en suite toilet and shower facilities and there were sufficient additional toilets and showers for resident's use. All showers and toilets were spacious and accessible with safe and readily cleanable surfaces. There were office, bedroom, toilet and shower facilities for staff in each unit.

The inspector found the kitchen in one unit to be well equipped and hygienic with plentiful storage space. However, while there was a kitchenette/dining area in the other unit it was not fitted with cooking equipment. The resident, therefore, had no opportunity to participate in food preparation.

The residents in one house had suitable facilities to launder their own clothes and there was a washing machine, drier and external clothes line available to them. Staff supported these residents to participate in their own laundry in accordance with their levels of independence. However, in the other dwelling there were no laundry facilities available. The resident, therefore, had no opportunity to carry out laundering of clothes.

The inspector viewed the maintenance and servicing records which confirmed that equipment had been serviced regularly and was in good working order.

Residents had good access to the outdoors. There were separate gardens adjacent to each of the units. Extensive renovation work was being carried out in one garden to meet the needs and enhance the life of a resident.

There were suitable arrangements for the disposal of general waste. Residents segregated refuse for recycling before it was transferred to secure bins outside. This was removed by contract with a private company. There was no clinical waste being generated.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were robust systems in place to promote and protect the health and safety of residents, visitors and staff. However, some improvement to the identification of risk was required and fire management procedures were not followed in line with the centres policy guidelines.

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 all the risks specified in the Regulations such as self harm, violence and aggression.

A range of personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures. However, some parts of the risk register were generic and included a wide range of risks some of which were not relevant risks to this centre. Due to the volume of the document it was more difficult to identify the risks specific to the centre. In addition, one risk specific to the centre had not been assessed or control measures introduced.

There were measures in place to reduce the spread of infection in the centre. Residents and staff did household chores together and there was a colour coded cleaning system in place to reduce the risk of cross-infection. Most staff had attended food safety training and this training was being arranged for any new staff who had not yet attended it.

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 every two years in this organisation. Staff who spoke with the inspector confirmed that they had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed. Some residents told the inspector that they had also attended the fire training.

Regular fire drills were carried out, including fire drills when residents were asleep.

Records of fire drills were maintained which included information such as the total time taken to evacuate the centre. All residents who spoke with the inspector were clear on how to evacuate the building and confirmed that they could always hear the fire alarm even if they were asleep at night.

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 were serviced annually. In addition, there was a process for staff to carry out a range of internal safety reviews, including daily checks of fire exits, weekly inspections of the fire panel and monthly checks of fire extinguishers. However, these checks had not been consistently implemented throughout 2015. While these checks were in progress and up to date at time of inspection there had been a period of several months when most of the checks had been discontinued.

All fire exits were unobstructed at the time of inspection.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents had been sourced and was available if a total evacuation was necessary. The procedures to be followed in the event of fire were displayed in both houses.

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:

There were measures in place to protect residents from being harmed or abused.

There was a policy on the safeguarding residents from abuse. 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.

The person in charge stated that all staff had received up to date training in abuse protection and this was confirmed by training records. Staff who spoke with the inspector were clear on what actions they would take in the event of suspected or alleged abuse and confirmed that they had received training in this topic. There was also a range of information available to residents to advise them of what constitutes abuse and bullying and how they should respond to it. This was also regularly discussed at residents meetings.

There was a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included identification of triggers, ongoing support strategies and reactive strategies. Staff who spoke with the inspector had attended training on managing behaviours that are challenging. The inspector observed staff interacting with residents in a respectful and friendly manner.

There were no residents who used bed rails, lap belts or any other form of physical restraint.

The inspector found that residents' finances were managed in a clear and transparent manner. This money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance records were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all purchases. The system was regularly audited by the person in charge and no discrepancies had been noted.

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. All required incidents and quarterly returns had been suitably notified to the Chief Inspector.

The inspector reviewed the incident recording system and noted that comprehensive details of all incidents were recorded.

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 basic household activities, such as cooking, meal planning shopping and housekeeping.

There were a range of development opportunities available to resident. Some took place at the day centre that residents attended but residents also had good access to opportunities in the local community. For example, residents enjoyed going swimming in a local hotel, out for coffee, for walks and baking. Some residents had gone to the city to attend a disco which they had enjoyed.

One resident who enjoyed baking was planning to make a Christmas cake as gift for a family member. Another enjoyed woodwork and had made a birdhouse. Two residents go to an equestrian centre fortnightly to either horse ride or help out with grooming and stable duties. Other activities, independent of the service included bocce and some residents were training for the Community Games. Some were also part of a drama group in the community and were rehearsing a play. An artist came to the centre to give art classes to residents who had requested this.

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 well met and they had access to appropriate GP and other health care services as required. However, there was some improvement required to the management of an identified nutritional risk.

All residents had access to GP services as required and there were out of hours services available. Residents had retained their own GPs when moving to live in the centre. The inspector found evidence that residents went for consultation with GPs as required to maintain their health and there were annual medical reviews organised for all residents. At the time of inspection there were no residents requiring specialised diets, with wounds or pressure ulcers or who had been identified as being at a risk of falls.

Residents also had access to a range of health professionals including physiotherapy, speech and language therapy, psychology and psychiatry and referrals were made if required. Appointments were also routinely made for residents to be reviewed by, for example, dentists, opticians and chiropodists. All residents also received the 'flu vaccine' annually.

Each resident had a personal plan which outlined the services and supports to be provided to achieve a good quality of 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.

Residents' nutritional needs and weights were kept under review. Residents were weighed monthly and were supported and encouraged to eat healthy balanced diets and partake in exercise. The inspector viewed a weight loss plan for one resident who was identified as being overweight and found that it contained a range of guidance on healthy eating. However, while there was a system in place for monitoring food intake, records of weight monitoring indicated that the interventions in place were not effective and that this resident's weight had increased consistently throughout 2015, which presented health risks.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

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

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

Findings:

The inspector found that there were safe medication management practices in place although the management of medication errors required improvement.

There was a comprehensive medication management policy guiding practice. Training records indicated that all staff had received medication management training. There were appropriate systems in place for the ordering, storage and return of medications. Medication for each resident was supplied in individual monitored dosage sealed packs which were prepared and delivered by the pharmacist.

The inspector reviewed a sample of prescription/administration charts and noted that they contained the information required to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. The maximum dosage of PRN (as required) medications was prescribed with clear guidance on administration. Personal administration plans had been developed for each resident.

At the time of inspection there were no residents prescribed medication requiring strict controls, no residents required their medication crushed, no residents self-administered their medication and there was no medication which required refrigerated storage. All other medication was securely stored in the centre.

During the inspection, however, the inspector found that there had been a medication error relating to inaccurate recording of the administration of medication. This error had not been identified or investigated by the management team. It was therefore not possible to establish if the medication was administered as prescribed.

Judgment:

Non Compliant - Moderate

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 of the information in the statement of purpose required review. For example, the statement did not clearly include description of the rooms in the centre including their size and primary function and procedures for emergency admissions.

Copies of the statement of purpose were available in the centre to residents and their relatives. The statement was reviewed 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 organisational structure of the service was clearly laid out in the statement of purpose and the inspector found that this structure adequately supported staff in the delivery of the service.

The role of person in charge was full time and the person who filled the post was suitably qualified and experienced. The person in charge had relevant health care and health service management qualifications and had extensive experience working in services for people with disabilities. The person in charge had overall responsibility for the management of this service but worked closely with a sector manager who was her line manager. She also worked in close liaison with team leaders and staff who were based in each house.

The person in charge was very familiar with the needs of residents in the service and was well known to the residents and staff in the houses visited during the inspection. She demonstrated a clear commitment to improving the service offered to these residents. There were arrangements in place to cover the absence of the person in

charge and there was an on call out of hours rota system in place to support staff.

The person in charge held formal meetings with care leaders every six to eight weeks. Service managers met monthly with a sector manager who represented and reported outcomes to the provider nominee.

There were systems in place for monitoring the quality and safety of care. The person in charge kept all accidents, incidents and complaints under formal review within the centre for the purpose of identifying trends.

Members of a service management team carried out unannounced visits to the centre every six months to review the quality of service and compliance with legislation and a health and safety manager carried out annual health and safety audits. The management team also carried out annual internal audits of all of the houses in the service. Findings from all audits and reviews 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 focussed on improving the quality of the service. Any discrepancies found were addressed by the person in charge.

Although falls did not present a significant risk in this centre, the provider nominee explained that the organisation had been working further systems to reduce the risk of injury arising from falls within the organisation. Multidisciplinary falls prevention and bone health groups were being developed with a view to analysing trends and implementing improved preventive structures.

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:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

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

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.

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that there were appropriate staff numbers and skill mix to meet the

assessed needs of residents at the time of inspection. The inspector also found that all staff had been recruited, selected and vetted in accordance with the requirements of the Regulations although improvement was required to the records relating to staff training.

The inspector reviewed a sample of staff files on a separate day and noted that they contained most of the required information 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 and photographic identification. However, gaps in staff employment history were not explained in one of a sample of files viewed.

Staff were present in the centre to support residents as required during the day and night. Separate staffing was allocated to each of the units. All residents who spoke to the inspector stated that staff were readily available to them at all times. Separate staff supported the residents while in their resource centres. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate.

A range of staff training had been provided and training records indicated that staff had received training in fire safety, medication management, client protection, behaviour management and manual handling, all of which were mandatory in the organisation. Staff had also received other training such as infection control, epilepsy care and positive behaviour support. Staff who spoke with the inspector were knowledgeable of their roles and responsibilities and knew the social and care needs of the residents very well.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector found that records as required by the Regulations were maintained in the

centre. However, some minor improvement to the accessibility of the directory of residents was required.

During the inspection, the inspector viewed a range of documents, such as the residents guide, operational policies, medical records, accident and incident records, directory of residents and health care documentation and found them to be generally satisfactory. On reviewing residents' personal folders the inspector found that they were well laid-out and informative. All records requested during the inspection were promptly made available to the inspector.

However, the inspector found that while the required records were maintained, some information in the directory of residents was not easily retrievable. Some of this information was recorded in different locations and was not readily accessible.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jackie Warren
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-0004955
Date of Inspection:	17 and 18 November 2015
Date of response:	08 January 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 02: Communication

Theme: Individualised Supports and Care

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

Communication techniques were not sufficiently clear in some communication plans.

Communications interventions set out in residents' personal plans were not being consistently implemented as some staff were not sufficiently fluent in the language of the resident.

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 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

1. Where possible to allocate staff with suitable language to work with individuals and a commitment sought from staff to use the language as a natural course of their work.
2. Team Leader who is fluent in the language to promote using the language in the work place.
3. Encourage individuals who are fluent to promote the use of the language with staff.
4. Communication passports to be reviewed, individualised, and updated.

Proposed Timescale: 31/03/2016

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

2. 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:

Amend the Adult Individual Service Agreement to reflect examples of items which can be purchased from the individual personal funds, including health care services that are not covered by GMS Scheme. Also to include costs of holidays and outings and reflect that the individual will contribute to the cost of staff/expenses while supporting them.

Proposed Timescale: 01/02/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

There were no plans developed to achieve some of the goals which residents had identified and goals which had been not been met. Some goals did not include plans other than those already included in normal activity of daily living.

3. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Personal outcomes updated annually, to include meaningful goals. Reviewed quarterly by staff.

Proposed Timescale: 29/02/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The kitchen in one unit in the centre was not fitted with cooking equipment.

There were no laundry facilities available in one unit in the centre.

4. Action Required:

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

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

Laundry and kitchen equipment purchased and will be put into use following a review of the particular resident's Independent Living Skills programme to include laundry and cooking skills.

Proposed Timescale: 02/02/2016

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:

One risk specific to the centre had not been assessed or control measures introduced. Some parts of the risk register included some risks which were not relevant to the centre.

5. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

1. The risk identified is now been assessed and addressed.
2. Amend and review the local and individual Risk registers, to ensure that they are more concise and to include only specific legitimate risks for the individual and buildings.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

The agreed organisational fire safety checks had not been consistently implemented throughout 2015 and had been discontinued for a period of several months .

6. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

- (1) Organisational fire safety checks will be consistently carried out monthly
- (2) Service coordinator and Team leader to check monthly audits to ensure that all fire safety checks have been consistently being implemented.

Proposed Timescale: 31/01/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The system in place for the management of nutritional risk was not fully effective.

7. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

1. Review of nutritional records and these to be updated and monitored daily.
2. The individuals with weight related issues are supported to attend dietician and physiotherapist to review current diet and exercise plan.
3. All staff to support individuals to increase physical activities when possible and record and review.

Proposed Timescale: 22/02/2016

Outcome 12. Medication Management

Theme: Health and Development

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

A medication error around where the administration of medication had not been identified or investigated. It was therefore not possible to establish if the medication was administered as prescribed.

8. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Team leader and Service coordinator to carry out monthly audits of medication errors and follow up on the learning from these audits with the team.
SAMS refresher training carried out on the 8TH December 2015.

Proposed Timescale: 02/02/2016

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.

9. 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:

Statement of purpose amended and updated.

Proposed Timescale: 31/01/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Gaps in staff employment history were not explained in one of a sample of files viewed.

10. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

1. Gaps in staff employment provided.
2. At interviews all gaps in employment are thoroughly checked and confirmed.

Proposed Timescale: 02/02/2016

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 of the information in the directory of residents was recorded in different locations and was not clearly accessible.

11. Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

The directory of residents was amended and updated.

Proposed Timescale: 08/01/2016