

**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-0005010
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:	Lorraine Egan
Support inspector(s):	Rachel McCarthy
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	2

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:
20 January 2016 10:00	20 January 2016 18:30
21 January 2016 10:00	21 January 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 which comprised of one house and provided a respite service for a maximum of six adults at any one time. Respite users availing of a service in this centre had been assessed as having a severe to profound intellectual disability and required full time support. In addition to an intellectual disability some residents had sensory, mobility, health and dietary support needs.

At the time of inspection 12 people were availing of the respite service in this centre. Frequency of stays varied depending on the needs of the respite users with a maximum of six persons accommodated at any one time.

There were plans in place to increase the number of respite users. Inspectors were told that respite users availing of the children's respite centre would transfer to this respite service when they reached the age of 18.

The centre was a detached single storey house located on a campus based setting. It was within walking distance of amenities and had been purpose built as a centre for adults with disabilities. The house was wheelchair accessible throughout with adequate private and communal space to meet the needs of the respite users.

As part of this inspection inspectors met with respite users, staff, the person covering for the person in charge and a person participating in management. Inspectors reviewed a variety of documents including respite users' personal plans, medication documentation, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

Prior to and following the inspection the lead inspector reviewed a number of questionnaires submitted by family members. The questionnaires outlined family members' satisfaction with the service provided. Family members were complimentary of the staff, the service provided, the support for their family member to reach their potential and the increase in communication skills by their family member since they started availing of the service. Some questionnaires outlined the positive reaction of respite users to being told they were going to stay in the centre.

Inspectors met with respite users who indicated their satisfaction with the centre and the service provided. In line with their communication needs inspectors were facilitated by staff when speaking with them. In addition, inspectors ascertained respite users' experience of staying in the centre by speaking with the person in charge and staff members and by reviewing documentation which had been completed by staff working for the service providing organisation and by professionals working for external service providers.

Overall inspectors found that respite users were safe, were receiving a good service and were supported by staff and management who respected, liked and provided appropriate care and support for respite users in line with their assessed needs.

10 of the 18 outcomes inspected were found to be in compliance with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the Regulations) with 5 outcomes in substantial compliance and 3 outcomes judged as moderate non compliant.

Areas judged as substantially compliant were:

- measures in place to ensure all respite users privacy and dignity was maintained in line with their preferences (in Outcome 1: Residents' Rights Dignity and Consultation)
- fees outlined in respite users' individual service agreements (in Outcome 4: Admissions and Contract for the Provision of Services)

- Statement of Purpose (Outcome 13)
- oversight of some incidents (in Outcome 14: Governance and Management)
- policy on medication management and the policy on manual handling (in Outcome 18: Records and Documentation)

Areas judged as moderate non compliant were:

- Social Care Needs (Outcome 5)
- Health and Safety and Risk Management (Outcome 7)
- Notification of Incidents (Outcome 9)

The findings are outlined in the body of the report and the areas which required improvement and the provider's response are outlined in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

There were systems in place to ensure respite users were consulted about the running of the centre, had access to advocacy, were supported to make a complaint and received support which was delivered in a dignified and respectful way in line with their assessed needs and choices. Improvement was required to the measures in place to ensure respite users' privacy was respected in relation to his or her living space and personal belongings.

Respite users were consulted about the running of the centre in regard to their daily routine, access to activities and community involvement. Respite users consultation meetings had commenced in October 2015 and the team leader outlined the intention for these to take place regularly to ensure all respite users were consulted about the running of the centre.

There was adequate space for respite users to meet with visitors in private. There were two sitting rooms in the centre and respite users could avail of the second sitting room to meet visitors in private or to spend some time alone.

Support provided and language used by staff was respectful and in line with respite users' assessed needs and wishes. It was evident staff and the respite users knew each other well. An inspector observed friendly interaction and the respite users appeared relaxed and happy in the presence of staff.

Respite users were encouraged to maintain their own dignity and privacy. There were intimate care plans in place to identify the support they required in areas such as

personal hygiene. Some improvement was required to these plans to ensure all aspects of the respite users' preferences was documented. For example, a plan stated a respite user did not like to spend 'too long' in the bath, however the length of time the respite user preferred or the way in which the respite user would indicate they wanted the bath to end was not documented.

A tracking hoist was in place throughout the centre. An inspector was told that the hoisting of respite users from room to room had been identified as not meeting respite users' needs in regard to dignity one and a half years ago and had subsequently ceased. The inspector viewed documentation which outlined the requirement to hoist only in the individual bedrooms and bathrooms.

There was a policy on respite users' personal property, personal finances and possessions. Respite users retained control over their own possessions and were supported do their own laundry if they wished.

An inspector reviewed the arrangements for supporting respite users to manage their money when in the centre and found adequate arrangements in place.

There was enough space for each respite user to store and maintain his/her clothes and other possessions. Each respite user had an individual bedroom when they stayed in the centre.

There were no locks on the bathroom and bedroom doors in the centre. There was no documented reason why respite users were not afforded this privacy. In addition, respite users did not have the option to lock their bedroom doors while attending their day service or taking part in an activity external to the centre. There was no lockable storage should respite users wish to store personal valuable belongings while staying in the centre.

There was an organisation advocacy for people using the organisations services and external advocacy was sourced from the national advocacy service. It was evident staff perceived their role as one of advocating for respite users when required.

There were policies and procedures for the management of complaints. The complaints process was user-friendly, accessible to all respite users and displayed in the centre.

There was a nominated person to deal with all complaints and all complaints were recorded and fully and promptly investigated. There was an appeals process and respite users were made aware promptly of the outcome of any complaint.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

There was a policy on communication with residents.

Staff were aware of the different communication needs of respite users and inspectors observed staff communicating with respite users in line with their assessed needs and wishes.

Respite users who required assistance had a communication profile outlining their preferred way of communicating. The profiles were comprehensive and clearly outlined the preferred style of communication and how the respite user communicated when he/she was happy, sad, angry or experiencing pain.

A person participating in management outlined training which was being provided for staff to ensure that respite users were supported to expand their communication methods. Two staff had received training in communication and independent living skills and an inspector was told that all staff would receive this training in 2016.

Personal plans contained detailed hospital passports for each person which outlined their support needs and communication style and preference.

Information in the centre was available in a format which was assessed as suitable for respite users' needs.

Each person had access to radio, television, internet and information on local events.

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:

There was evidence that respite users were supported to develop and maintain relationships with family and friends when staying in the centre.

Families were invited to attend and participate in meetings to discuss and identify goals for respite users and in multi disciplinary meetings. There was evidence that families were kept informed and updated of relevant issues where the respite users wished for their family to be involved.

A number of questionnaires were reviewed by an inspector. These outlined respite users' and family members' satisfaction with the service provided. Questionnaires outlined the positive impact the respite service had on respite users which included an increase in communication by respite users, access to activities and the support to increase independent living skills.

The only negative comment made by family members in the questionnaires received was the availability of the service for some respite users. Some respite users enjoyed the respite house so much they wished to avail of the service on a more frequent basis. Family members said they would love to see the service expanded.

Staff spoken with outlined the ways respite users were supported to spend time and participate in community events and access local amenities. This included utilising public transport, attending religious services in the local community and utilising local services and amenities such as the pharmacy and cinema.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

An inspector reviewed the procedure for admitting respite users to the centre. This took place when respite users transferred from a respite service for children to this respite service for adults.

There was a clear procedure in place which included multi disciplinary meetings, respite user and family visits to the centre and evening visits for a period of time prior to the respite user's first overnight stay in the centre. The evening visits were facilitated by staff working in the respite service for children which ensured continuity for the respite user in the transition period.

Each person had a written agreement which outlined the service provided and the fees being charged. The provider had identified a required review of the written agreements as they did not adequately outline the fee in regard to transport costs and did not provide specific information regarding the fee charged.

An inspector was informed the new written agreement would be discussed with all respite users and their families as part of the support meetings which would be taking place in the coming months.

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:

Respite users had individual personal plans which outlined their assessed health, personal and social care and support needs. Plans were reviewed on an annual basis and more frequently where required. Improvement was required to the system in place to ensure respite users were supported to achieve all identified goals.

Plans outlined the supports required and included an outline of the input of multi-disciplinary professionals where relevant. For example, respite users had been supported to attend physiotherapy and psychology.

Multi disciplinary meetings took place as required and these meetings were attended by all relevant people with clearly documented minutes of discussions and actions agreed

as contained in respite users' personal files.

Some respite users were not being supported to achieve identified goals. An inspector was told that staff working in the day centres attended by respite users' held responsibility for supporting respite users to achieve the identified goals. A lack of funding for staff in the respite users' day centres was identified as the reason for these goals not being achieved.

This was discussed with a senior manager at the feedback meeting. The senior manager said they did not know this was an issue and said there was an organisational system for these issues to be highlighted and come to their attention for review if a barrier to a resident or respite user achieving a goal was identified. The senior manager told inspectors this would be reviewed and respite users would be supported to achieve goals as outlined in their personal plans.

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 centre was bright, clean, suitably decorated and furnished. It had been designed around the assessed needs of respite users and was accessible for wheelchair users.

There was adequate space in the centre to meet the needs of respite users. The centre comprised of six bedrooms, kitchen and dining room, two living rooms, bathrooms and office space. The centre was decorated with photographs of respite users and was 'homely'.

The centre had a garden which was enclosed and was accessible to respite users. Staff told an inspector that respite users liked to sit in the garden in warm weather.

Appropriate assistive equipment was available, for example grab rails in the bathrooms, a tracking hoist, wheelchair accessible shower facilities and adjustable height beds. Assistive equipment had been serviced on a regular basis.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were systems in place to promote and protect the health and safety of respite users, visitors and staff. Improvement was required to the documented management of risks in the centre, the arrangements to ensure fire doors were effective, the identification of compartmentalised areas in the centre and the measures to ensure all respite users and staff had taken part in a fire drill in the centre.

Risk Management

There was a safety statement and risk register which set out the risks in the centre and the associated control measures. The risk management policy identified the procedures for the identification and management of risk in the centre. The identification of the person responsible for controlling risks required review. All risks were identified as being the responsibility of a person participating in management. This was not reflective of the arrangements in place.

There were thermostatic controls in place to regulate the temperature of the water to ensure respite users were protected from risk of scalding.

There were individual risk assessments which outlined the risks individual to each respite user and the measures in place to control the risks.

Individual plans were in place which outlined respite users' support needs in regard to moving and handling.

There were arrangements in place for investigating and learning from accidents and incidents. An inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

Systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by a person participating in management and staff.

There was a plan in place to address a concern regarding the flow of traffic outside the centre. There was a narrow road in front of the centre which was used by vehicles to drive to other buildings on the campus. Inspectors were told a project group was being set up to identify alternatives to ensure that respite users could exit the building safely at all times.

Fire Safety

A new fire alarm system had been put in place following the finding at an inspection in another centre on the campus grounds that all fire alarm systems were connected and it was therefore not easily evident which centre the alarm referred to when it was activated. The team leader activated the alarm in the centre and an inspector viewed the new system and found it clearly showed the fire zone which had been activated in the centre.

The inspector was told new alarm bells had been ordered which would ring 'loudly' when the fire was in the centre and would ring more 'softly' when the alarm pertained to another centre on the campus.

An inspector reviewed the maintenance and servicing records for the fire alarm, emergency lighting and fire equipment and found that they had been serviced.

Fire doors in the centre had intumescent strips in place. There was no system to ensure the intumescent strips were in place on the fire doors. An inspector found parts of the intumescent strips missing from the door separating one part of the corridor from the other (a door which was identified as compartmentalising the centre) and a sitting room door. This was highlighted to the person covering for the person in charge who arranged for these to be put in place on the day of inspection.

There was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency. However, the emergency evacuation plan did not include detail of the removal of the oxygen cylinder from the centre as outlined by the team leader. In addition, storage of the oxygen tank had not been risk assessed and the removal of the oxygen tank from the centre in the event of a fire was not included as part of fire drills.

Improvement was required to the system in place to ensure the centre could be evacuated in an emergency. One respite user and four staff members had not taken part in a fire drill in the centre. In addition, the route of evacuation was not documented on fire drill records and it was therefore not evident that all respite users could evacuate via all emergency escape routes.

This was particularly relevant for respite users with mobility support needs as one escape route was via a path which was impacted by a plant which was partially blocking the path. This was highlighted to the person covering for the person in charge and the plant was trimmed on the day of inspection.

The compartmentalisation of the centre was not included on the floor plan and it was

therefore not clearly evident or easily identifiable where staff could support respite users to move to in line with the emergency plan.

Staff had received training in fire safety and staff spoken with were knowledgeable of the evacuation needs of respite users. There was one staff working at night in the centre and there was a staff member available to assist should the respite users require a second member of staff to assist them.

Individual personal evacuation plans outlined the support respite users required in the event an evacuation of the centre was necessary. A sample of these were viewed and provided adequate guidance for staff in regard to supporting respite users to evacuate the centre if necessary.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The centre had implemented measures to protect respite users being harmed or suffering abuse. There was a policy and procedures in place for responding to allegations of abuse. Staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person covering for the person in charge were aware of this person and knew how and when to contact them.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

There were policies and procedures in place on the use of restrictive procedures and

physical, chemical and environmental restraint. There were no physical or chemical restrictive practices used in the centre. Some respite users were prescribed environmental restrictive measures. Where these were in place it was evident this was to promote the safety of the respite user.

Respite users who required support with behaviours that challenge had support plans in place. Inspectors viewed a sample of behaviour support plans and found the plans included a clear outline of the factors which may contribute to the behaviour, proactive strategies and reactive strategies. The support plans were signed by the clinical nurse specialist in behaviours that challenge and the team leader (person participating in management) of the centre.

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:

A written report outlining any injury to a resident (respite user when in the centre) had not been notified to the Authority at the end of each quarter as required. The person covering for the person in charge and persons participating in management outlined the centre and organisation system and reason for these injuries not being notified to the Authority.

This included an organisational agreement that any incident rated on the system below a specific level would not be notified. However, inspectors found that injuries sustained by respite users which required notifying had not been notified as these injuries were rated below the required level on the organisation's system.

The senior manager who attended the feedback meeting told inspectors this would be reviewed to ensure all injuries were notified to the Authority as required.

Judgment:

Non Compliant - Moderate

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:

Respite users were supported to access education and training programmes and all respite users were accessing day supports. The centre supported respite users to access the day programme they attended when living at home by providing transport.

A sample of respite users day programme timetables were viewed by inspectors. From speaking with respite users and staff and reviewing respite users' personal plans and assessed needs it was evident the timetables were appropriate to the needs of respite users and in line with their wishes.

Respite users were supported to access activities in the evenings and at weekends in line with their wishes. Respite users and staff spoken with on the days of inspection outlined the importance of this to the respite users as the stay in the centre was a holiday for respite users and a break from their usual routine.

Respite users went out for dinner and went to the cinema on the evenings of the inspection.

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:

Respite users were supported to achieve and enjoy the best possible health. The inspector viewed a sample of respite users' personal plans which showed that respite users' health needs were being identified and responded to.

As respite users lived with family members and attended the centre for respite breaks their healthcare needs were supported by their families and the centre had relevant information such as the results of appointments and any supports the respite users required.

Respite users were supported to access their general practitioner (GP), dentist and allied health professionals such as speech and language therapists, occupational therapists and physiotherapists as required.

Food was available in adequate quantities and respite users were supported to make healthy food choices. Respite users who required assistance with modified diets received appropriate support.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Staff outlined the process in place for the handling of medicines, these were safe and in line current guidelines and legislation.

Individual medication plans were appropriately reviewed and put in place. A sample of these were viewed by the inspector.

Audits were carried out on and corrective action was implemented where required.

There were appropriate procedures for handling and disposing of unused and out-of-date medicines.

The inspector viewed a sample of prescription sheets and found they contained all required information.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose set out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were to be provided for the respite users.

It contained the information required by Schedule 1 of the Regulations.

Minor amendments were required to the statement of purpose to ensure all information was clear and consistent:

- the frequency of review of the statement of purpose was identified as a two year period on the front page and as yearly intervals on page 2 of the document
- the number of respite users availing of the service was not clear
- the person in charge's job title was not detailed

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 centre had a clearly defined management system in place with clearly defined roles of authority and accountability. Improvement was required to the oversight of some incidents in the centre.

The person covering for the person in charge and the team leader (person participating in management) were present on both days of inspection and both told the inspector that there was good communication across all levels of the organisation.

The person covering for the person in charge and the team leader demonstrated responsiveness throughout the inspection and addressed areas of non-compliance highlighted to them by inspectors.

An inspector interviewed the person covering for the person in charge and found she was knowledgeable of the legislation and her statutory responsibility. She held the role of person in charge for one of the service provider's other designated centres.

The team leader was knowledgeable of the respite users, her role, responsibilities, the centre, the legislation and her statutory responsibility. She was responsible for the day to day operational governance of the centre. It was evident respite users knew the team leader.

Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering. Staff were supported by the team leader who worked in the centre and had commenced carrying out individual supervision meetings.

Audits had been carried out in relation to areas such as financial management and medication.

There was an emergency on call system in place. The responsibility for providing this support was rotated between managers working in the organisation.

Persons nominated by the provider had carried out unannounced visits and had prepared a report on the findings. An action plan had been put in place following these visits and it was evident the actions had been addressed.

An annual review of the quality and safety of care in the centre had been compiled in September 2015. Areas identified as requiring improvement had been addressed or were in the process of being addressed.

Improvement was required to the oversight of incidents in the centre. An inspector found that a manager had signed off on an incident that they had been involved in. This had not been escalated to their line manager as the risk rating did not automatically escalate this incident. This required review to ensure that all incidents were subject to appropriate oversight.

Judgment:

Substantially 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 was on planned leave at the time of the inspection. On reviewing the notification received the lead inspector was not clear in regard to the person who was fulfilling the role of person in charge. The inspector contacted the sector manager with responsibility for the centre and was told this would be reviewed.

On the day of inspection the inspector was informed of the person covering the role of person in charge of the centre. This person was present on both days of inspection and was interviewed as part of the inspection. She was clear of her role as acting person in charge and was providing appropriate oversight at the time of inspection.

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:

Inspectors found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre's Statement of Purpose.

Inspectors noted appropriate staff numbers available and all respite users were

supported throughout the two day inspection.

The premises had been maintained to an adequate standard.

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 staff rota was arranged around the assessed needs of respite users. Formal supervision and support meetings had commenced and minutes of meetings and actions agreed was maintained. The team leader worked alongside staff providing informal support and supervision on an ongoing basis.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, moving and handling and the safe administration of medication.

Inspectors found staff were committed to enhancing the lives of the respite users and it was evident staff, team leaders and the person covering for the person in charge viewed their role as one of supporting the respite users to have the best possible life.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors. Improvement was required to the medication and manual handling policies and to the guide for respite users.

There was a directory of respite users which contained the information required by the Regulations.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

The policy on medication management required improvement as it did not provide adequate guidance for staff in regard to the required response to a medication error, for example an omission in administering medicines to respite users or the response required if an overdose of medicine was administered to a respite user.

The centre's policy on manual handling was dated 2004 and required review to ensure it provided guidance in line with current best practice.

There was a guide to the centre available to respite users. It outlined the services provided at the centre, the terms relating to residency, the arrangements for respite users involvement in the running of the centre, the procedure for respecting complaints and the arrangements for visits. However, it did not include how to access any inspection reports on the centre.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0005010
Date of Inspection:	20 January 2016 and 21 January 2016
Date of response:	24 February 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:

It was not evident each respite user's privacy was respected in relation to his or her living space and personal belongings as there were no locks on bedroom and bathroom doors and no lockable storage available for respite users to use.

Some respite users' intimate care plans did not detail the respite user's preference in

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

regard to all aspects of their intimate care and support.

1. Action Required:

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

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

- A. Thumb turn locks are now in place on the bathroom and toilet doors.
- B. Thumb turn locks will be put on all bedroom doors by the end of February.
- C. There will be a locked press in each room to enable individuals to lock away any items if they so wish when attending Day Services.
- D. Intimate care plans have been reviewed by the team leader and senior staff nurse and they now have more detail of the individuals' preferences. The team leader and senior staff nurse will review intimate care plans on an annual basis in line with the review of the individual's personal profile or more frequently if necessary.

Proposed Timescale: A- 5/2/16, B-29/2/16, C-31/3/16, D-23/1/16 and at least annually thereafter

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:

Respite users' contracts for the provision of services did not adequately outline the services provided for the fee charged and the extra transport costs.

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:

The Team Leader and the PIC have arranged to meet with the service users and their families to discuss the new written agreement and give more detailed information with regard to fees and personal expenditure such as transport.

Proposed Timescale: 30/04/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Adequate arrangements were not in place to meet the needs of each respite user as assessed in their social care plans.

3. 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:

- A. All personal outcome plans are being reviewed by the Team Leader and the staff team.
- B. Any outstanding goals will be discussed and plans updated towards achieving same.
- C. If achieving the goals requires additional resources a plan will be developed to seek the resources and if required submitted to senior management.
- D. If individual outcomes are still not being achieved Barrier Forms will be completed and brought to the attention of the senior management team.

Proposed Timescale: 30/04/2016

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:

The system in place for the assessment and management of some risks was not reflective of the arrangements in place for managing risk in the centre.

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- A. The Centre's Risk Assessment has been reviewed and the persons responsible for monitoring and control of individual risks is identified.
- B. The Centre's Risk Assessment and health and safety issues will be discussed on Team Meeting Agenda and a full review will occur on a quarterly basis.

Proposed Timescale: A-24/2/16, B-29/2/16 and ongoing

Proposed Timescale: 29/02/2016

Theme: Effective Services

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

There were inadequate arrangements in place to ensure intumescent strips were in place on all fire doors.

5. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

Intumescent strips are now in place on all fire doors and a monthly check is now carried out and recorded as part of the centre's health and safety checklist.

Proposed Timescale: 21/02/2016

Theme: Effective Services

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

Some staff and one respite user had not taken part in a fire drill in the centre.

The route of evacuation was not detailed on fire drill records and it was therefore not evident that all respite users could evacuate via all exits in the centre.

The removal of the oxygen cylinder from the centre was not included as part of the evacuation plan or fire drills.

6. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A. The storage of Oxygen and the removal of same is now documented in the centre's risk assessment and in the centre's evacuation plan.

B. Fire drills have now been carried out with all service users and are recorded.

C. All staff members including locum workers will have participated in a fire drill by 26/2/16. The team leader will plan fire drills to ensure that all staff and service users participate in them. The fire drill record will record the initials of the service users who have participated, the exit doors used and any equipment used.

D. The Building and Facilities Manager will identify the fire doors on the centre map which will then be displayed at exit doors.

Proposed Timescale: A.18/2/16, B-2/2/16, C-26/2/16 and ongoing, D-24/2/16

Proposed Timescale: 26/02/2016

Theme: Effective Services

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

The procedure to be followed in the event of a fire did not identify the areas of compartmentalisation in the centre in line with the plan to be followed.

7. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The Building and Facilities Manager will identify the fire doors on the centre map which will then be displayed at exit doors

Proposed Timescale: 24/02/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

A written report outlining any injury to a resident had not been notified to the Authority.

8. Action Required:

Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

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

Serious injuries to residents are reported in accordance with regulations on NF03. Injuries other than those reported on the NF03 will be returned on the Quarterly Reports.

Proposed Timescale: 31/03/2016

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 was not clear and consistent in regard to all information provided and it was not clear it would be reviewed at the required yearly intervals.

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:

The PIC and PPIM reviewed and amended the Statement of Purpose and submitted same to the Authority on 26/1/16.

Proposed Timescale: 26/01/2016

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:

The oversight of an incident in the centre was not appropriate and the system in place had the potential to compromise the safety of care provided to respite users.

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:

The Team Leader will not authorise/sign off on any accidents or incidents that she is personally involved in. She will inform the PIC who will examine and authorise/sign off on these.

Proposed Timescale: 26/01/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on the management of medication required review as it did not provide specific guidance for staff in regard to the response to be taken if a respite user received a medicine overdose or a missed medicine.

The policy on manual handling was dated 2004 and required review to ensure it provided guidance in line with current best practice.

11. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

- A. The PIC has drafted a local procedure to be followed in relation to medication errors.
- B. This was discussed with the Team Leader at a meeting on the 24/2/16 and circulated to the team in the Designated Centre. It is on the Agenda for discussion at the next team meeting.
- C. The Manual Handling Policy was updated and issued and signed by staff members on 29/1/16

Proposed Timescale: A. 8/2/16-Completed; B. 24/2/16 completed; C- Completed 29/1/16

Proposed Timescale:

Theme: Use of Information

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

The guide for respite users did not include how to access any inspection reports on the centre.

12. Action Required:

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

The respite guide was reviewed by the PIC and PPIMs and will include a sentence on how service users can be supported to access HIQA inspection reports.

Proposed Timescale: 24/02/2016

