

**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-0004990
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:	10
Number of vacancies on the date of inspection:	0

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:
01 March 2016 09:50	01 March 2016 19:00
02 March 2016 10:15	02 March 2016 16:20

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 by the Health Information and Quality Authority (HIQA), the purpose of which was to inform a registration decision.

The centre comprised of two large houses in rural settings which provided suitable residential accommodation for ten male and female adults. The residents gave their consent for the inspector to enter their home, visit their bedrooms and review their documentation.

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as health and social care files, medication records, staff files and health and safety documentation. The inspector also read questionnaires completed by residents and family members which indicated a high level of satisfaction with the service.

During the inspection, the inspector found a high level of compliance with the regulations, with thirteen of the outcomes reviewed being assessed as compliant and three as substantially compliant. Two outcomes were judged as moderately non-compliant.

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

- health care
- family and personal relationships
- safe and suitable premises
- notification of incidents
- general welfare and development
- rights, dignity and consultation
- absence of the person in charge
- use of resources
- communication
- documentation
- health and safety
- social care needs
- governance and management.

Areas of substantial compliance, where some improvement was required included the statement of purpose, staff training and service contract.

Medication management and bed rail assessment were judged as moderately non-compliant.

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

The centre was comfortable, appropriately furnished and well maintained. Staff and residents knew each other well and 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 there were measures in place to ensure residents' active participation in how the centre was run. Staff established residents' views and preferences through observation and by responding to residents' response to choices offered to them. Staff were observant of residents' needs and advocated for them as required.

Although formal residents meetings had not taken place regularly in the past, the team leader and staff had recently introduced weekly meetings with residents and planned to continue with residents meetings throughout 2016. At recent meetings staff had discussed outings, visits home, advocacy and the forthcoming HIQA inspection with residents. Staff confirmed that most of their communication with residents takes place around the kitchen table when residents and staff gather together at mealtimes. Staff also liaised with residents' families who also advocated for them.

Details of the complaints process were clearly displayed. There was also a clear complaints and compliments booklet, which was available to residents to express if they were happy or not happy with any issues. There was 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 which could be used in the event of a complainant not being satisfied with the outcome of a complaint. There was a suitable system for recording and investigating complaints. One complaint had been received to date which had been clearly recorded and suitably resolved to the satisfaction of the complainant.

Residents also had access to an advocacy service and contact details for this service were readily available. Some of the residents were involved in an advocacy committee. In addition to holding frequent local meetings the advocacy committee met with the provider four times a year. The organisation also had a charter of rights which was displayed in the centre. Each resident had a copy of the organisations charter.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All doors were closed when personal care was being delivered. All residents had single bedrooms. An intimate personal plan had been developed for each resident to ensure that privacy was respected and to protect the resident from any risk during the delivery of intimate care.

Residents were involved in household activities such as shopping, laundry, recycling and food preparation as suited to their abilities with the required support from staff.

Each bedroom had been personalised with pictures, family photos and items of individual interest. There was specialised assistive equipment provided in bedrooms and bathrooms to enhance residents' autonomy and independence. Residents' belongings were respected and safeguarded. There was ample storage and wardrobe space in each bedroom, in which residents could store personal belongings.

Residents' civil and religious rights were respected. All residents who wished to were registered to vote although none had chosen to vote at the recent general election.

At the time of inspection, all residents were Roman Catholic and there were churches nearby which residents could visit and staff accompanied any residents who wished to go to Mass. A Eucharistic minister came to the centre every first Friday. The local priest often called to the centre to meet the residents and came to the centre to administer the Sacrament of the Sick if required. The person in charge also arranges to have Mass celebrated in the centre for some special occasions such as Christmas and birthdays.

The inspector found that residents' finances were managed in a clear and transparent manner. All money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed. Receipts were maintained for all purchases.

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, appropriate to residents' abilities, to assist and support residents to communicate.

Staff who spoke with the inspector were aware of the different individual communication needs of each resident. Each resident had a communication profile documented in their personal plan which detailed their specific communication needs. Objects of reference and pictures were in use to communicate with some residents. For example, a selection of colour picture cards and cues had been developed for one resident by which staff communicated everyday activities. Further, a picture book with a range of cues had been developed for a resident with a profound hearing impairment, to indicate things that the resident was interested in doing such as leisure activity, recycling and emptying the dishwasher. A folder had also been developed with clear colour pictures of a range of popular foods to assist residents in making food choices. The use of sign language had recently been considered and discussed at a staff meeting. Staff planned on exploring this form of communication to establish if it would be beneficial for residents.

The management team had taken a decision to minimise the amount of signage in the centre to create a more homely and domestic atmosphere. Signage displayed was limited to essential information and information which was beneficial to residents such as fire safety procedures, safeguarding information and guidance on the complaints process. There were picture boards in each house, which changed daily, with names and pictures of the staff on duty each day and night and daily meal choices with colour food pictures in the kitchen.

Most of the residents in this centre were non verbal and one had a profound hearing impairment. Sign language was not in use but staff indicated that this may be beneficial for some residents. The provider stated that this would be investigated. This is further discussed in outcome 17.

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

The person in charge and team leader had recently commenced a project to promote independent living skills for residents. This was currently focussed on encouraging residents to have an increased involvement in the laundry process. Small pictorial images had been attached to wardrobes and drawers in bedrooms to prompt residents as to where to place their clothing items after laundry. For example, there was a picture of a sock on the sock drawer.

All residents had access to televisions, radio, computers, magazines and music.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

Residents living in the centre were supported to maintain relationships with their families and all residents were encouraged and supported to interact in the local community.

There was an open visiting policy, family and friends could visit at any time and there was sufficient space for residents to meet visitors in private if they wished. Residents also kept contact with families through telephone calls and the postal system. Each resident had worked with staff to identify important people in their lives and each had details of how they could contact these people. Families were invited to attend social events such as birthday parties, celebratory meals and Masses in the centre.

Families were also invited to attend and participate in residents' annual planning meetings and the review of residents' personal plans.

Residents were supported to go on day trips, attend sporting and entertainment events, go shopping and dine out in local restaurants and coffee shops. Residents frequently visited the shops and facilities in the neighbourhood and the city centre.

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 were agreed with most residents and/or their families, although the agreement of one had not yet been finalised.

The inspector reviewed some contracts and found that they were informative and accurately reflected all aspects of the service provided, such as some additional costs that residents may incur.

There was a policy to guide the admission process although there had been no recent admissions to 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 each resident's social wellbeing was maintained by a high standard of care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre and in the community.

Each resident had a personal plan which contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals.

There was an annual meeting for each resident attended by the resident, his/her family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing. Throughout the year, progress on achieving goals was reviewed by staff. In a sample of files viewed, the inspector found that all the goals identified for the previous 12 months had been achieved. Some residents' goals had recently been identified and others were being developed for the coming year.

There were a range of activities taking place in a resource service and residents' involvement was supported by staff. Some residents attended this service while for the majority, services were held in the activity room at the centre. A range of activity took place in the activity room which is further discussed in Outcome 10.

Staff also supported residents' access to the facilities in the local community such as shopping, eating out, meeting their families, attending sporting events and leisure outings. There were suitable vehicles available to transport residents to day services or other activities they wished to participate in. Arrangements were also made for residents to take holidays, go for outings, attend concerts and musicals and visit families.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

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

Findings:

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

There was a variety of communal day space including sitting rooms, a sun room and a sensory relaxation room in one house and large kitchens with dining areas. There was also an activity room in a separate building on the grounds of the centre.

All bedrooms were for single occupancy. Bedrooms were bright, well furnished and personalised with residents' personal belongings, pictures and souvenirs. Residents had adequate personal storage space and wardrobes. Some bedrooms had en suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities, some of which were equipped with overhead hoisting equipment.

The inspector found the kitchens to be well equipped and clean. There were plentiful supplies of foods available, including fruit, vegetables and juices. There was a separate staff office in one house, while in another area a communal space had been assigned for office work.

There were well equipped utility rooms in each house with laundry facilities, where residents did their own laundry. Residents had access to washing machines, tumble driers and outdoor clothes lines.

There were suitable arrangements for the disposal of general waste. Residents segregated waste into recycling bins in the houses before removal to main bins which were stored externally. This was removed by contract with a private company. Residents also segregated glass to a separate bin which was brought to the bottle bank. There were also suitable arrangements in place for the secure storage and removal of clinical waste.

Residents had good access to the outdoors. There were safe, well maintained gardens and seating areas adjoining the houses.

The centre is situated in a rural area with access to amenities such as shops, restaurants and churches in nearby villages.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff.

There was a risk management policy and risk register which identified measures in place to control identified risks including the risks specifically mentioned in the regulations. In addition to environmental risks, personal risks specific to each resident were identified and control measures documented in residents' personal plans.

The inspector reviewed fire safety procedures. There were up to date servicing records for all fire fighting equipment and the fire alarm system. All staff had received formal fire safety training. Three fire evacuation drills, one of which was during night-time hours,

took place annually involving all residents and staff. Records of all fire drills were maintained which included the time taken and comments recorded for learning. Records indicated that all fire evacuation drills had been completed in a timely manner.

Systems were in place for weekly checking of fire alarms and escape routes and these checks were being recorded. The procedures to be followed in the event of fire were displayed. All staff who spoke with the inspector were clear on the evacuation procedure.

There were emergency plans which provided clear guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation. Individual evacuation plans had been developed for each resident. Missing person profiles containing identifying information for each resident had been developed.

All staff had received up to date training in moving and handling.

The centre was maintained in a clean and hygienic condition. There were hand sanitising units in each house and there was a colour coded cleaning system in place to reduce the risk of spread of infection. Staff had attended training in infection control. There was a precautionary pest control contract for the centre.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

The inspector found that there were systems in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse and there was a training schedule which ensured that each staff member attended training on prevention of abuse at three yearly intervals. Members of the management team, who spoke with the inspector, confirmed that they had received training in relation to adult protection. They were knowledgeable regarding their

responsibilities in this area and clearly outlined the measures which would be taken in response to an abuse allegation.

No incidents, allegations or suspicions of abuse had occurred in the centre.

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

While the person in charge promoted a restraint free environment, a small number of residents used bed rails while in bed for safety or a seat belt while in a wheelchair or specialised chair. There was no other form of physical or chemical restraint in use. While assessments had been undertaken, some of the assessments were not recorded in line with the requirements of the national policy. For example, some assessments had not sufficiently explored other alternatives before the introduction of bed rails. Staff clearly explained the rationale for the use of these restraints, the alternatives that had been considered and why they were successful, but this was not reflected in the assessments.

Judgment:

Non Compliant - Moderate

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 notified to the Chief Inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Residents were supported to participate in education and developmental opportunities and to develop further skills appropriate to their abilities.

Some residents in this centre attended resource services, while others availed of recreational and development services in the centre. The centre was fully staffed throughout the day to allow residents the option of staying at home or going out to other activities of their choice. There was an activity room in the grounds from which staff operated a home-based day service. Staff made a range of activities, such as art, games, music, exercise and reminiscence therapy available to residents. The inspector viewed some of the projects which residents had completed. Residents had made and painted dough-art decorations for the Christmas tree and had grown potted plants which they gift-wrapped as Christmas presents for their families.

In the activity room, staff had commenced a project of developing photo albums of important events for each resident. Several albums were being assembled for each person to focus on family, friends, outings and past life events.

There was transport available at the centre which residents could use to go out during the day for events such as appointments, walks and shopping. During the inspection, residents went out to a weekly music lesson, a trainer came to the centre to deliver one-to-one computer lessons to residents and a resident went out walking with staff.

Residents were supported by staff to participate in household activities, such as laundry, personal hygiene, bringing in the post and housekeeping tasks, at a level suited to their abilities.

Some residents chose to attend resource services on weekdays, where a range of opportunities were available to them, including art, cookery, photography, exercise, and going for walks. A selection of residents' artwork was framed and displayed throughout both houses in the centre.

Other activities, independent of the centre, also took place and residents went out with staff for meals, to the cinema, to the church, to sporting events and for shopping. One resident regularly went swimming in a leisure centre at a local hotel and for lunch afterwards. Another was a member of a weight loss club and was achieving successful results there.

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.

There was access to GP and health care professionals as required. All residents had access to medical services and had annual health care reviews carried out by their GP. The inspector reviewed a sample of files and found that the GP also reviewed residents at other times as required.

Residents had access to a range of health professionals including physiotherapy, psychology and psychiatry and referrals were made as required. Outcomes of these consultations were recorded and used to inform plans of care. Appointments for residents to be routinely reviewed and treated by dentists, opticians and chiropodists were also made.

The inspector noted that residents' nutritional needs were well monitored and staff stated that none of the residents were experiencing significant nutritional issues. There were plans in place to support any resident assessed as being overweight, which included care planning and support from staff to maintain a healthy eating and exercise routine. These plans were being successfully managed and the residents involved were achieving consistent weight loss.

There were no residents assessed as being at risk of malnutrition, although a care plan for nutritious meals had been developed for one resident of advanced years to maintain a healthy weight.

All residents were supported and encouraged by staff to eat healthy balanced diets and partake in regular exercise. The kitchens in the centre were well stocked with healthy foods, drinks and snacks. The inspector saw residents eating healthy, balanced meals at mealtimes which they appeared to enjoy. One resident had been supplied with modified crockery to enable him to eat meals independently.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found that overall there were systems in place for safe medication management, however, improvement was required in relation to administration of medication.

The inspector reviewed a sample of prescription/administration charts and noted that the information required to guide staff on safe medication administration was recorded. Names of medications, times and routes of administration, medication required to be administered crushed, and signatures of the staff members administering the medication were clearly recorded. There were photographs of each resident available to verify identity if required. Personal administration plans had been developed for each resident.

However, the medicines listed on the prescription sheets had not been individually verified by the GP, and consequently staff administered medication which had not been suitably prescribed.

There were appropriate systems in place for the ordering and storage of medication. Medication for each resident was supplied in individual monitored dosage sealed packs which were prepared and delivered weekly by the pharmacist. There were secure arrangements in place for storage of medication. At the time of inspection, no residents were prescribed a medication which required strict controls and there was no medication that required refrigerated storage. There was a secure system for the return of unused and out of date medication to the pharmacist.

There was a robust medication auditing system in place in the centre. Members of the organisational management team carried out medication audits every two years. In addition, the team leader carried out documented monthly medication audits in each house for which a high level of compliance was found. There was a system for recording medication errors although the occurrence of medication errors was very low.

Training records indicated that staff had received medication management training and there was a medication policy to guide staff. Training records indicated that staff had received medication management training and there was a medication policy to guide staff. It was the practice in this centre for medication to be administered either by nurses or staff who had been trained in safe administration of medication.

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 person in charge reviewed the statement of purpose annually.

The inspector found that the statement of purpose was informative, described the services provided in the designated centre and generally met the requirements of the regulations. However, some required information, such as specific therapeutic techniques was not included and staffing information required update to reflect current practice.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had established a clear management structure, suitable supports were available to staff and there were systems in place to review and improve the quality of service.

The person in charge had responsibility for the overall management of the service and for overseeing the quality of care delivered to residents. She worked closely with a team leader who had responsibility for supervision of staff and for the day to day management of the service. The person in charge delegated a range of responsibilities to the team leader. The person in charge generally communicated with the team leader daily and called to the centre at least once each week. The person in charge was responsible for the management of two designated centres, which were located adjacent to each other, but there was no evidence that this impacted on her role in the management of this centre.

Both the person in charge and the team leader knew the care needs of residents and demonstrated a clear commitment to improving the service offered to these residents.

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 training and experience. 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 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. All accidents, incidents and complaints were recorded on a computerised system and kept under 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 audit the quality of service and compliance with legislation. 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. The audits indicated a high level of compliance and any discrepancies found had been addressed by the team leader and person in charge. An annual internal audit was also undertaken in the centre by the person in charge, which formed the provider's annual review. The provider explained that the format of the annual review had been considered and was being revised to more comprehensively reflect the improvement in the service over the previous year.

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 arrangements in place to ensure that the service was suitably managed in absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

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 houses were adequately furnished and equipped and there were resources to facilitate residents' occupational and social requirements.

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 the numbers and skill mix of staff were appropriate to the assessed needs of the residents and that staff had been suitably recruited.

The inspector reviewed the staff rosters and found that staffing allocations were based on the needs of residents and were sufficient to support and enable residents in their daily routines. Staff who were present at the time of inspection interacted with residents in an informed and caring manner. Sufficient staff were present throughout the inspection to support residents' social and care needs. Due to the care needs there were normally two nurses rostered for duty in the centre. There was one staff on active duty at night time in each house, at least one of whom was always a nurse. Some nurses had received gerontology training and one nurse was also experienced in care of the elderly.

Separate staff supported the residents while in their resource centres.

The inspector reviewed a sample of staff files on a separate day and found that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. The files viewed contained 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, employment histories and photographic identification.

Records of staff training were maintained. The inspector reviewed these and found that staff had attended training in fire safety, client protection, behaviour that is challenging and personal outcomes/key workers all of which were mandatory in the organisation. In addition, there was a range of additional relevant training that staff had attended including medication administration, heart saver, infection control, food safety and management of peg feeding. As some of the residents were older persons, the provider had supported some staff to attend a gerontology course in 2015.

Although staff had availed of a wide range of training there were aspects of training that required some improvement. As mentioned in Outcome 6, a multisensory room had been developed in the centre. Although staff had received some training and guidance from a staff member with experience in this area, none of the staff had received any formal training in use of this facility to achieve maximum benefit and sensory stimulation

for residents. In addition, most of the residents in the centre were non verbal and as mentioned in outcome 2 there were systems in place to communicate with these residents. The use of sign language had recently been discussed at a staff meeting and it was agreed that this would be further explored. Staff were awaiting training in exploring or implementing this form of communication to establish if it would be beneficial for residents.

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.

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

All policies as required by Schedule 5 of the regulations were available and up to date.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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 Galway
Centre ID:	OSV-0004990
Date of Inspection:	1 March 2016
Date of response:	11 April 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

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

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

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

Currently in correspondence with the family of the resident. A meeting will be organised when all information that has been requested from the family has been collated.

Proposed Timescale: 01/09/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Assessment for the use of bed rails and seat belts were not undertaken in line with the national policy.

2. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Meeting with Best Practice Committee and Human Rights Committee arranged for April 13th 2016 to discuss re introducing the Bed Rail Assessment recommended by the inspector. All Bed Rail assessments will be completed in the recommended format.

Proposed Timescale: 31/05/2016

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:

The centre did not have appropriate and suitable practices relating to the prescribing and administration of medicines.

3. 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:

Managers are currently in contact with the GP who is actively seeking clarification from Pharmaceutical Society and the Medical Council in relation to the requirements of recording systems in care centres.

Proposed Timescale: 01/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff had not received sufficient training in some care techniques which may be beneficial to residents.

4. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Request will be made to the Training Department (QED) to source training in the developing, setting up and correct use of multi-sensory rooms so that each resident can get maximum benefit from their time spent there.

Staff team will follow up with LAMH training which they have already requested. Referrals will be completed and forwarded to Speech and Language Therapist for LAMH.

Proposed Timescale: 01/09/2016