

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0005317
<b>Centre county:</b>	Clare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Eamon Loughrey
<b>Lead inspector:</b>	Louisa Power
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	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:
22 March 2016 09:20	22 March 2016 17:20
23 March 2016 09:30	23 March 2016 13:00

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 an 18 outcome inspection carried out to monitor compliance with the Regulations and Standards and to inform a registration decision. As the centre was not yet registered, the centre was not actively providing residential services at the time of inspection and there were no residents living at the centre.

As part of the inspection, the inspector met with one prospective resident. The inspector reviewed documentation such as policies and procedures, risk assessment and templates. Interviews were carried out with the person in charge and the instructor/supervisor.

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre was a bungalow located in a rural location close to a market town. The service is available to adult men and women who have intellectual disabilities.

Overall, the inspector was satisfied that the provider had put systems in place to ensure that the Regulations were being met.

Good practice was identified in the following areas:

- admissions were in line with the statement of purpose (outcome 4)
- safe fire safety systems were in place (outcome 7)
- effective management systems were in place (outcome 14).

Improvements were required in the following areas:

- review of the assessment process to meet residents' needs (outcome 5)
- review of risk assessments (outcome 7).

The reasons for these findings are explained under each outcome in the report and the Regulations that are not being met are included in the Action Plan at the end.

**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 person in charge and senior staff outlined that the centre aimed to respect residents' dignity and maximise their independence, while also being respectful when providing assistance.

Arrangements were in place to ensure that residents and their representatives were actively involved in the centre. The person in charge outlined regular house meetings were planned to ensure that residents were consulted about, and participated in, decisions about their care and the organisation of the centre. A representative of the centre would attend the organisation's local self-advocacy meetings. The meetings took place at least six times per year and issues such as social events and development of information in easy read format were discussed. Representatives from the local advocacy group attended the regional advocacy group who meet the local management teams at least three times per year.

Measures were in place to ensure that residents were enabled to exercise control and choice over his/her life in accordance with his/her preferences. There was evidence that residents had been encouraged to choose and personalise their own bedrooms.

The person in charge confirmed that arrangements were in place to ensure that support was provided in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted. For example, the inspector noted that the intimate care protocol template included the identification of residents' ability to perform tasks in relation to personal hygiene and dressing.

Systems were in place for residents to maintain their own privacy and dignity. A double bedroom was provided for each resident. Shared sanitary facilities were provided and the person in charge outlined the measures to protect residents' privacy and dignity. However, the lock provided on the door to the sanitary facilities was not suitable. At the time of the inspection, a sliding lock was fitted but the plate had been removed and therefore the door could not be locked to provide privacy and dignity.

There was a complaints policy which was also available in an accessible format and had been reviewed in March 2016. The policy was displayed prominently at the front entrance to the centre. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation.

The complaints log recorded the investigation, responses and outcome of any complaints. The complaints log also included whether the complainant was satisfied. The person in charge demonstrated a proactive approach to complaints and confirmed that she would respond to any complaints promptly.

Adequate built-in storage was provided for personal possessions. The policy in relation to residents' personal possessions outlined that records in relation to residents' valuables were maintained and updated regularly. Adequate facilities were available for residents to do their own laundry, if they wished.

A protocol had been developed by the person in charge in relation to the proposed management of residents' finances. The protocol ensured that residents had easy access to personal monies and, where possible, control over their own financial affairs in accordance with their wishes. Money competency assessments were to be completed annually for each resident which outlined the supports and training needs, if any, required. A transparent and robust system was in place for the management of residents' finances who required support in this area. An itemised record of the all transactions with the accompanying receipts was to be kept.

Easy read information was provided to residents in relation to their rights. The person in charge the measures in place to support residents in exercising their civil, political and religious rights. Residents were to be afforded the opportunity to vote. Residents were to be supported to access religious services in line with their wishes.

**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:**

The inspector noted that policies were in place in relation to communication with residents which outlined that the resident's right to communicate was facilitated and promoted. The policies stated that residents were assisted and supported to communicate at all times in line with their wishes and needs. The communication domain of the personal plans allowed for the recording of residents' individual communication requirements. The person in charge confirmed that a process was in place to access specialist speech and language service where necessary.

The centre was part of the local community and the inspector observed that radio, television and internet were provided for residents.

**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:**

The statement of purpose outlined that one of the objectives of the centre was 'to establish a culture, whereby the family and friends of each person feel welcome to call'. The prospective resident lived in the locality with family and had visited the centre. A telephone and wireless internet were available for residents to keep in regular contact with family. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

The inspector reviewed the policy in relation to visitors, which had been reviewed in March 2014. The policy outlined that a warm welcome was extended to all visitors except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk.

The centre was located close to a large market town. A day service was provided in the town which was attended by prospective residents. There was a wide range of shops, restaurants and cafés in the town. Services such as a bank, post office and a library were available. A beach was located in a nearby coastal town. A vehicle was available to provide residents with transport required for socialising.

**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:**

The policy on admissions, transfers and discharge of residents, which had been reviewed in February 2014, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers.

The provider had applied to register a new centre and, at the time of the inspection, no residents were living in centre. A prospective resident had been identified to move into the centre. The transition plan was made available to the inspector. The transition plan was comprehensive and reflected the resident's needs, wishes and preferences. The inspector spoke with the resident who confirmed she had visited the centre with her family. The resident outlined that she had been encouraged to choose her bedroom and to have input into the décor of the centre.

A sample of the written contract was made available which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. The fees and additional charges were included. The contract was also available in an accessible format.

**Judgment:**  
Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

A discovery document was used to assess the health, personal, social care and support needs of the resident prior to admission and annually thereafter. The discovery document formed the basis of an individual personal plan (IPP).

The inspector reviewed a template of the discovery document and noted that it covered a number of domains including relationships, home, nutrition, respect, rights, finance, leisure, spirituality, life transitions, healthcare, education, lifelong learning and employment support services, social links, personal support network, transport and mobility. A comprehensive functional and environmental assessment had been undertaken by an occupational therapist and the recommendations had been integrated into the discovery document. The discovery document was in a 'question and answer' format and provided prompts to aid the assessment process. However, the person in charge confirmed that an alternative means of objective assessment was not available if the resident was unable to answer the questions, some of which were complex. The prospective resident was reported to be at risk of falls but an evidence based tool had not been used to assess the level of risk.

The template for the IPP was made available to the inspector. A robust process was in place to ensure that the IPP was developed for each resident no later than 28 days after admission to the centre, in consultation with the resident and their family. The template for the IPP allowed for the inclusion of a comprehensive life story, family support network and important background information. A wide range of domains were included in the IPP template which reflected the areas covered in the discovery document. The template for the IPP included a system to outline goals and objectives, in consultation with the resident. The template for the IPP allowed for the documentation of a timeframe and a person responsible for supporting the resident to pursue these goals. The person in charge confirmed that a system was in place to provide each resident with the IPP in an accessible format.

The inspector noted that, following the assessment by the occupational therapist, a number of adaptations had been made to the centre including the installation of a grab-rail at the entrance and a complete renovation of the sanitary facilities. These adaptations were made to ensure that the centre is suitable for meeting the needs of each resident.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The inspector reviewed a template for the booklet and saw that the template recorded comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The design and layout of the centre was in line with the centre's statement of purpose. Recent adaptations had been made to ensure that the centre met each resident's needs. The centre was decorated in a homely and comfortable way. The centre was a domestic three bedroom detached bungalow located in a rural location close to a main town. There was a large garden to the front and rear of the bungalow. Ample parking was provided.

There was adequate private and communal space for residents. A bedroom was provided for each resident and the prospective resident reported that she had been encouraged to personalise her bedroom with her choice of soft furnishings, photographs of family and friends and personal memorabilia. Ample built-in storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal areas available including a large sitting room and an open plan living space comprising dining and sitting areas. All rooms were of a ample size and suitable layout.

There were adequate sanitary facilities provided. A large shower room which contained a toilet, sink and shower was located conveniently to bedrooms and communal areas. The shower rooms had been renovated in accordance with the recommendations by an occupational therapist. Suitable adaptations such as a shower chair and grab rails were provided in line with these recommendations.

The centre was clean, suitably decorated and well maintained. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings.

The centre had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided for residents to launder their own clothes if they so wish. A contract was in place for the disposal of waste.

**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:**

Overall, the provider was committed to protecting and promoting the health and safety of the all in the centre. A proactive approach had been implemented in relation to risk management. However, some improvement was required in relation to risk assessments and the infection prevention and control policy.

There was a health and safety statement in place which outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

The inspector reviewed the risk register and saw that there was a system to identify and review hazards on an ongoing basis. The risks identified specifically in the Regulations were included in the risk register. However, improvements were required in relation to the implementation, review and documentation of control measures. It was not clear from the risk assessments completed before and after the implementation of controls, whether the controls were adequate as the documented level of risk had not reduced.

A comprehensive emergency plan was in place which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

Arrangements were in place for the identification, reporting, investigating and learning from accidents and incidents. The person in charge demonstrated a proactive approach to risk management. An online system for incident reporting had recently been introduced across the organisation which allowed for the timely investigation of all incidents, identification of any trends and review of the effectiveness of preventative actions. The system allowed for the information to be collated into a report which was to be reviewed quarterly by the regional manager and every six months by the provider nominee.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment had been installed in November 2015 and a contract was in place for the annual servicing of this equipment. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. The fire panel and emergency lighting were serviced on a quarterly basis, most recently in February 2016. A template of the daily and monthly fire checks were made available to the inspector. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure.

The training matrix template confirmed that annual fire training was mandatory for all staff within the organisation. A template for fire drill records was made available to the inspector which allowed for a detailed description of the fire drill, duration, participants and any issues identified to be maintained. The fire procedures, reviewed November 2015, outlined that fire drills were to be undertaken at least every six months.

The template for the personal emergency evacuation plan (PEEP) was made available to the inspector which outlined the method of assistance required, equipment required, egress procedure and safe route. The fire procedures outlined that a PEEP was developed for each resident prior to admission and was updated regularly in line with the resident's changing needs. The transition plan outlined that a fire drill was to take place within two weeks of the resident's admission and the PEEP would be reviewed following the fire drill.

Procedures were also in place for the prevention and control of infection. The infection prevention and control policy contained comprehensive information in relation to the management and disposal of sharps, hand hygiene, waste disposal, food safety and the management of an outbreak of norovirus. The centre was visibly clean and there were adequate hand sanitising and washing facilities for residents, staff and visitors. The inspector saw that personal protective equipment such as gloves and aprons were available. The training matrix confirmed that infection prevention and control training was mandatory for all staff. However, the infection prevention and control policy did not include the management of other outbreaks of common infections in the community such as influenza, scabies, rotavirus and chickenpox/shingles to effectively guide staff.

The training matrix confirmed that moving and handling training was mandatory for all staff.

A template for vehicle checks was made available to the inspector which included checks of roadworthiness, servicing, insurance and safety equipment.

**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:**

Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in February 2015. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team. The policy was also available in an accessible format.

The intimate care policy, reviewed in May 2015, outlined how residents and staff were protected. The policy outlined that a personal care plan was developed for each resident and was reviewed on a regular basis. The inspector saw a template for the personal care plan which outlined the supports required, resident's preference in relation to the gender of staff delivering personal care and tasks with which the resident required support..

The training matrix confirmed that training in relation to responding to incidents, suspicions or allegations of abuse was mandatory for all staff.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was in place, ongoing training in understanding abuse was mandatory for staff and an open culture of reporting was promoted within the organisation.

The person in charge confirmed that staff would work alone in the centre and robust measures were in place to safeguard residents including unannounced visits from the person in charge, an open visiting policy and mandatory staff training. The contact details for the designated safeguarding officer and the confidential recipient were

displayed in the centre. Measures were in place to assist and support residents to develop the knowledge, self-awareness, understanding and skills needed for self care and protection. However, these measures were not outlined in the lone working risk assessment. This was brought to the attention of the person in charge who arranged for the lone working risk assessment to be updated.

The person in charge demonstrated comprehensive knowledge in relation to the recording and appropriate investigation of incidents, allegations and suspicions of abuse in line with national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, reviewed in October 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. The training matrix confirmed that training in the management of behaviour that is challenging including de-escalation and intervention techniques was mandatory for all staff. Staff were aware of the process to access specialist input in relation to behaviour support.

The policy in relation to restrictive practices was made available to the inspector. The policy had been reviewed in October 2014, was comprehensive and was in line with evidence-based practice. The policy stated that a restraint free environment was promoted.

**Judgment:**  
Substantially Compliant

#### **Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**  
Safe Services

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

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

#### **Findings:**

The inspector noted that a system was in place to ensure that a comprehensive record of all incidents was maintained. The person in charge and provider nominee demonstrated an awareness of the requirements of the Regulations to make notifications to the Authority.

**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:**

Systems were in place to ensure that residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported.

The national and local policies on access to education, training and development were made available to the inspector. The policies outlined that the organisation was committed to supporting residents in lifelong learning and to ensure the benefits of inclusion in education, training and development. Information was gathered in the discovery document to establish each resident's education, training and employment goals. The prospective resident attended a day service in the nearby town. Examples of supported education, training and development activities were outlined in the statement of purpose including swimming, music, arts and crafts, cinema, gardening, life skills, cooking, meals out and music. There were public transport links to the nearby village and a vehicle was also provided.

**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:**

Arrangements were in place to meet residents' healthcare needs through timely access to health care services and appropriate treatment and therapies. The person in charge confirmed that residents would be supported to access a medical practitioner of their choice and an "out of hours" service was available if required. The person in charge confirmed that, where treatment was recommended and agreed by residents, this

treatment would be facilitated. Residents' right to refuse medical treatment would be respected. The statement of purpose outlined that, in line with their needs, access to allied healthcare professionals including psychiatry, psychology, physiotherapy, occupational therapy and chiropody was facilitated.

A bereavement and end of life policy, reviewed in October 2014, was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death. The policy outlined that a proactive approach was to be taken in order to ascertain residents' views in relation to loss, death, dying and end of life.

Easy read information was made available to residents in relation to healthy living choices. The statement of purpose stated that the healthy eating and healthy living choices were promoted. Social activities, hobbies and leisure interests outlined in the statement of purpose included walking, swimming, gardening, cycling and dancing.

Suitable facilities were provided for residents to be involved in the preparation and cooking of meals. The food and nutrition policy, reviewed in December 2014, stated that a choice would be provided to residents for all meals. The policy gave guidance for staff in relation to menu planning to ensure that meals were nutritious and varied. There was adequate provision for residents to store food in hygienic conditions.

**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 was a medicines management policy that had been reviewed in January 2016. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. The policy outlined that residents were facilitated to access a pharmacist of their choice and that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

The person in charge and senior staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Measures were in place for the secure storage of medicines.

The template for medication prescription and administration records was reviewed. Medication administration records identified the medicines on the prescription and allowed space to record comments on withholding or refusing medications.

The medicines management policy outlined that residents were encouraged to take responsibility for their medicines, in line with their wishes and preferences. A comprehensive and individualised risk assessment was available which took into account cognition, communication, reception and dexterity. Appropriate controls were outlined in the policy to ensure that the practice was safe.

The manner in which medications which are out of date or dispensed to a resident but are no longer needed was managed was outlined in the medicines management policy. These medicines were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A template of the returns form was available which allowed for an itemised, verifiable audit trail.

The inspector reviewed the templates which recorded the checking process to confirm that the medicines received from the pharmacy correspond with the medication prescription records. The medicines management policy outlined that stock levels were checked and reconciled on a weekly basis to identify any errors or discrepancies. A system was in place for reviewing and monitoring safe medicines management practices through regular audit.

**Judgment:**  
Compliant

### **Outcome 13: Statement of Purpose**

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

**Theme:**  
Leadership, Governance and Management

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

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

### **Findings:**

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available to residents and their representatives.

The statement of purpose accurately described the services to be provided in the centre. However, the statement of purpose did not contain some of the information as required by Schedule 1 of the Regulations, including the details of any specific interventions used in

the designated centre and arrangements made for their supervision. The inspector brought this to the attention of the person in charge who reviewed the statement of purpose and included this information before the end of the inspection.

**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:**

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The person in charge was also appointed as the person in charge in one other centre. Two persons participating in management (the regional manager and instructor/supervisor) were appointed in the centre to ensure the effective governance, operational management and administration of the centre. The inspector spoke with the instructor/supervisor who confirmed that the person in charge was accessible at all times. The inspector observed a good and supportive working relationship between the person in charge and the persons participating in management. There were established regular management meetings and the inspector saw minutes of these meetings.

The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge had worked with the organisation since 2003 in a management role and she had attained a qualification in social care supervision in 2010. The person in charge was employed full time by the organisation.

Arrangements were in place for the provider to undertake an unannounced visit to the centre every six months to assess quality and safety of the care and support in the centre. The provider nominee was aware of the requirement to complete an annual review of the quality and safety of care in the centre and to make this review available to residents.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The provider nominee was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.

There were adequate arrangements in place for the management of the centre when the person in charge is absent. Two senior staff members were identified to deputise for the person in charge in her absence and both demonstrated a good understanding of the responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the 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:**

The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. The inspector observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the

designated centre reflected the Statement of Purpose.

**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:**

A sample proposed staff roster was made available to the inspector which showed the staff on duty during the day and the waking and sleepover staff on duty at night. The person in charge outlined the measures in place to ensure that a regular team supported residents to provide continuity of care and support.

The recruitment, selection and vetting of staff policy outlined effective procedures. A robust induction was in place which included job shadowing including sleepover shifts, policies and procedures, residents' personal plans, safeguarding, incident reporting, complaints management, notifications and documentation.

A system of formal and informal staff supervision was in place which included regular staff meetings, formal supervision meetings and appraisals.

A programme of ongoing training demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. Further education and training to be completed by staff included mandatory training and training in first aid, food safety and medicines management.

The inspector saw that copies of both the Regulations and the Standards had been made available to staff.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the Regulations were in place and reflected the centre's practice. These policies were stored in the centre and were easily accessible for staff. A process was in place to ensure that policies and procedures were reviewed and updated to reflect best practice and at intervals not exceeding three years.

Records were kept securely, were easily accessible and were kept for the required period of time. A system was in place to store residents' records were stored securely. The inspector found that the system in place for maintaining files and records was very well organised.

Residents' records as required under Schedule 3 of the Regulations were maintained.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspector.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

**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:***

Louisa Power  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0005317
<b>Date of Inspection:</b>	22 March 2016
<b>Date of response:</b>	18 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The lock provided on the door to the sanitary facilities was not suitable.

#### 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

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

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:**

An indicator lock has been fitted to the Bathroom door.

**Proposed Timescale:** 08/04/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Evidence based tools were not used to assess the needs of residents, for example in relation to falls risk.

An alternative means of objective assessment was not available if the resident was unable to answer the questions, some of which were complex

**2. Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

The Individual Planning Procedure will be reviewed to provide guidance to staff on the use of evidence based tools to assess the needs of individuals including the Risk of Falls.

The Discovery Document as part of the Individual Planning Procedure will be reviewed and updated to provide guidance to staff when completing with individuals with difficulty understanding or communicating needs.

**Proposed Timescale:** 30/05/2016

**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:**

It was not clear from the risk assessments completed before and after the implementation of controls, whether the controls were adequate as the documented level of risk had not reduced.

**3. Action Required:**

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

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

The Risk Register has been reviewed to include the initial risk and the residual risk after controls had been introduced

**Proposed Timescale:** 15/04/2016

**Theme:** Effective Services

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

Improvements were required to prevent and control infection in line with the standards for the prevention and control of healthcare associated infections published by the Authority:

- the infection prevention and control policy did not include the management of outbreaks of common infections in the community (criterion 10.1)

**4. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Infection Prevention & Control Procedure will be reviewed and updated to provide guidance to staff in the management of outbreaks of common infections in the community.

**Proposed Timescale:** 30/05/2016