**Health Information and Quality Authority**

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Galway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011434</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Galway</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:hughodonnell@galway.brothersofcharity.ie">hughodonnell@galway.brothersofcharity.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Galway</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Anne Geraghty</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Hugh O'Donnell</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>22</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
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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 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>28 April 2014 15:00</td>
<td>28 April 2014 20:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
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<tbody>
<tr>
<td>Outcome 14: Governance and Management</td>
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</table>

Summary of findings from this inspection

This was the first inspection of this centre. The purpose of the inspection was to review governance arrangements and to establish if the four resident units constituted a suitable and manageable designated centre. The inspector visited the units and met with residents, staff and the person in charge.

The inspector found that there were strong governance arrangements in place and that the residences were comfortable, well furnished and well maintained. Residents who lived there were supported by staff to live independently. The inspector was satisfied that the four residential units could be managed as one designated centre.
**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

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The centre consists of four separate housing units. There are three detached houses, each of which can accommodate up to six residents and an apartment block with five individual, self-contained dwellings for residents. As part of the inspection, the inspector visited the three houses and two of the apartments and met with residents and staff. The inspector was satisfied that these units constituted a suitable designated centre which could be appropriately managed within the existing organisational structure.

The three houses were spacious, comfortable, clean and well furnished, with ample private and communal space. Each resident had his/her own bedroom and there was an additional bedroom for use of staff who sleep over in the houses to support the residents. The majority of the residents had en suite bathroom facilities, with 11 of the 18 bedrooms in the three houses having en suite showers, toilets and wash hand basins. Additional bathrooms were also available. Some of the residents invited the inspector to see their bedrooms, which were comfortable, well decorated and personalised with photographs, books, paintings and personal belongings. All the houses had adequate sitting rooms, dining rooms, spacious well equipped kitchens and access to laundry facilities.

The fourth residential unit comprised of six self-contained apartments in the same complex. Five of the apartments were occupied by residents and the sixth was used by staff who supported the residents. Each apartment had a combined sitting room and kitchen, a separate bedroom, a bathroom and a storage area. All apartments had an intercom link and also mobile phone access to the staff in the building for support if required.

The houses and apartments were centrally located and were close to the public transport system. All of the residences had well maintained secure gardens.
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

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The organisational structure of the service was clearly laid out in the statement of purpose and the inspector was satisfied that this structure adequately supported staff in the delivery of the service.

The centre comprises of three detached houses and an apartment block occupied by people with an intellectual disability, who live independently with the support of staff. There is one respite place in the centre. The person in charge of the service is the area manager, who has overall responsibility for the management of this service. The person in charge works in close liaison with the service co-ordinator who works more closely with the team leaders and staff who are based in each house. The person in charge explained that the service co-ordinator normally met with him daily and visited each unit in the centre at least twice each week to review files and oversee areas such as personal outcomes, risk management and finances. At the time of inspection the role of service co-ordinator was temporarily vacant, but the person in charge explained that recruitment for the role was at an advanced stage and that he expected an appointment to be made shortly.

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 was qualified in occupational therapy and had a masters degree in management of health services. He had extensive experience working in services for people with disabilities, including 25 years management experience. The person in charge was very familiar with the needs of residents in the service and was well known to the residents and staff in the houses visited during the inspection.

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. The management team had developed a service plan for 2014 in which aims and targets were identified. For example, one aim was to develop end of life plans for all the residents in this service. The inspector viewed some of the work which had been undertaken to date and found that it was completed to a high standard and was person centred and informative.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority