| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Clare |
| Centre ID: | OSV-0004634 |
| Centre county: | Clare |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Services Ireland |
| Provider Nominee: | Eamon Loughrey |
| Lead inspector: | Mary Moore |
| Support inspector(s): | Gemma O'Flynn; |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 0 |
| Number of vacancies on the date of inspection: | 2 |
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 08 October 2014 09:30  To: 08 October 2014 16:30

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

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Summary of findings from this inspection
This inspection was the first inspection of this centre carried out by the Authority. The provider made an application for a new centre to be registered for the first time under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

The centre is a fully refurbished single storey domestic dwelling directly adjacent to local facilities and has been developed to provide respite services to a maximum of two residents. The centre is also used as a resource by the organisations local day care services.
At the time of inspection the centre was not operational. The inspector met with the nominated provider, the person in charge, the person who deputises for the person in charge (PPIM) and the training and development officer. The inspector reviewed the proposed suite of documentation such as policies, procedures, proposed personal plan templates, proposed medication administration templates, health and safety documentation including risk assessments and staff files.

It was evident to the inspectors that the provider and staff had invested significant time and effort both in the refurbishment of the premises and in preparation for the registration inspection. Preparation included consultation with the local parish and proposed service users and their families.

There was sufficient evidence to recommend registration of the centre and to ensure ongoing regulatory compliance once the centre is operational. The premises had been refurbished to a high standard with due regard to universal accessibility requirements and the provision of assistive equipment; management were knowledgeable and committed to the provision of safe, quality services and regulatory compliance. Of the 18 outcomes inspected the provider was judged to be compliant in 14 while minor non compliances were identified in three outcomes; medication management procedures, complaints management documentation, the completeness of the statement of purpose and procedures for the evacuation of the centre. The findings and the required improvements are discussed in detail 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 person in charge told the inspector of how they intended to ensure that residents were consulted in the running of the centre and how the residents’ feedback would inform practice. The person in charge confirmed that prospective residents' families had to date actively engaged with the development of the service including the refurbishment works.

The person in charge told the inspector that formal consultation sessions would take place appropriate to the residents’ needs and these would feedback into the team meetings so as to inform practice. He stated that family would be involved as required. The person in charge said that an advocacy group was held monthly in the local area and this was chaired by someone external to the centre. He discussed the arrangements in place across the organisation to ensure that feedback at these meetings was communicated to the management team and subsequently to senior management.

There was an in date complaints policy in place, which included details of the designated complaints officer and appeals process. The person in charge told the inspector that the complaints procedure was included in the resident's induction pack and a copy was sent to family members. The complaints procedure was also displayed in the centre's hallway should residents or their visitors wish to make a complaint. A complaint log template was shown to the inspector, however it required some further development to ensure that it fully met the requirements of the Regulations, for example, it did not include details of whether or not the complainant was satisfied with the outcome of the complaint investigation.
Arrangements were in place to protect dignity and privacy. Each resident had their own bedroom and a designated area was in place in one of the bedrooms to attend to personal needs if the resident in that room required greater levels of support. The sitting, dining and kitchen facilities were open plan and the person in charge stated that the gym space could also be used by residents to facilitate visits in private if so required.

The inspector viewed a policy for the provision of intimate care and was satisfied that an intimate care plan would be devised for any resident availing of the respite service.

The centre's newly developed assessment tool elicited information regarding religious wishes and the person in charge told the inspector that voting wishes were discussed with the resident and their family members and arrangements would be made clear in the residents’ personal plan.

A personal property policy was available for inspection to ensure safekeeping of residents' belongings.

Laundry facilities were accessible should residents wish to do or be supported in doing their own laundry.

**Judgment:**
Non Compliant - Minor

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**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 was satisfied that systems would be in place to assist and support residents to communicate.

The person in charge informed the inspector that communication needs would be assessed using the centre’s newly developed assessment tool and the information then incorporated into the personal plan to ensure staff were aware of communication needs. Examples of alternative communication systems were seen to be already in the centre such as pictorial aids.

The centre was equipped with TV and radio and the person in charge said that internet facilities were being installed the following week to facilitate access to online communication services which would facilitate residents’ contact with family or friends.
The person in charge stated that local newspapers/newsletters would be available and that residents would be updated at the weekly meetings regarding events taking place in the locality.

**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 inspector was satisfied that having spoken with staff and reviewed documentation including personal plans that residents would be supported to maintain and develop family and personal relationships and links with the wider community. Staff confirmed that in line with the nature of the resident’s disability family had a significant input into the planning and development of the service including the refurbishment of the facility and the selection and recruitment of staff. The inspector reviewed the personal plan template and saw that it would facilitate and incorporate ongoing consultation with residents and family. The provider confirmed that the service had been developed in consultation with and with the full support of the local parish and was very much seen as an extension of the services already provided to residents in the local community. This was evidenced on the day of inspection when the facility was used to provide training to both staff and service-users from the nearby day care service.

Other than any restrictions requested by a resident or any risks identified there was a policy of unrestricted visiting and a suitable space was available other than the residents bedroom if privacy was required.

**Judgment:**
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*
### Theme: Effective Services

#### Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

#### Findings:
There was an overarching organisational policy governing the admission, transfer and discharge of residents dated February 2014. The policy was comprehensive and outlined the provider’s requirement for explicit multidisciplinary assessments and decision making by a five member committee so as to ensure the transparency of the processes.

The inspector reviewed the proposed contract for the provision of services and found that it would satisfy regulatory requirements. The services, facilities, care and supports to be provided were clearly set out as were the funding arrangements and any charges for which the resident was to be personally liable. The contract was an accurate reflection of the statement of purpose.

#### Judgment:
Compliant

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#### 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 reviewed the systems that were in place to assess and meet each resident’s needs, interests and preferences and the person in charge confirmed that the format seen would be continued on the residents’ admission to the respite service and allowed for the inclusion of advice from allied health professionals to ensure that same was implemented whilst the resident availed of the respite service.

The organisation had recently developed a new assessment tool to ensure that residents’ needs were comprehensively assessed and were waiting to roll out same.
person in charge told the inspector that a full assessment would take place of any resident prior to admission to the centre and this would inform the development of the personal plan to ensure it was up to date and included clear details of supports needed, for example, the supports required to assist a resident with complex mobility needs.

The inspector was satisfied that clear and comprehensive individualised plans that set out the arrangements to meet each residents needs were utilised.

The proposed personal plan of a potential resident was reviewed on inspection. Information was clearly presented and there was evidence of consultation with residents and as appropriate family members.

There was a system in place for review of the personal plan.

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 centre was a recently refurbished two bedroom bungalow that had been adapted to meet the needs of potential residents. The design and layout was in line with the statement of purpose and promoted resident’s privacy, safety and wellbeing. The centre had been finished to a very high standard and had suitable heating, lighting and ventilation. One of the rooms in the centre was equipped with exercise equipment such as a rowing machine and exercise bike and further equipment as may be required for use by residents and staff such as lifting hoists and a profiling bed had been provided; service records were seen for same. There was space to store such equipment discreetly.

Each resident was to be provided with their own private accommodation and rooms were of a suitable size and layout.

The centre was free from significant hazards which could cause injury and the person in charge stated that he was awaiting additional fencing to secure the external space after a risk assessment deemed it necessary due to potential hazards on the perimeter of the
Access to and egress from the building had been altered to achieve and promote accessibility.

The kitchen, sitting and dining areas were open plan and spacious; the person in charge stated that additional private space could be utilised in the gym space should a resident require it. The kitchen facilities were equipped with sufficient cooking facilities.

There were sufficient bathroom facilities in place and the design and layout was suitable to meet the needs of residents.

Residents had access to a mature landscaped garden with a newly constructed hard surface area and recreational equipment.

**Judgment:**
Compliant

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**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:**
While minor improvements were necessary the inspector was satisfied that the provider had put safe systems in place to manage health and safety and to identify and manage risks.

There was an up to date health and safety statement in place.

There was a newly implemented risk management policy and a range of risk assessments had been undertaken; the centre had arrangements in place for quarterly hazard checks to be completed so as to identify any new hazards. However, while the register listed the specific risks identified in the Regulations, it did not outline the measures in place to control those risks or the measure to ensure that controls were proportional to the risk identified as required by the Regulations.

There was guidance in place for emergency situations such as loss of power and loss of heat.

There was a newly implemented infection control policy in place and this included guidance on hand hygiene, respiratory etiquette, food safety, laundry management,
management of sharps and any outbreak of infection. A sample selection of files for staff that had been recruited were viewed and these showed that staff had been trained in hand hygiene and food safety.

The selection of staff files viewed also showed that they had received training in moving and handling and suitable equipment was provided. The requirement for manual handling risk assessments and plans once the centre was operational was discussed with the person in charge.

A fire safety compliance certificate was submitted as part of the application for registration. Arrangements were in place for the quarterly service of the fire alarm and annual service of the fire equipment. The inspector saw systems that will be put in place for daily, weekly and monthly fire checks and fire drills. A fire evacuation notice was prominently displayed in the centre however, it did not clearly state where the assembly point was and the inspector concluded that it would not adequately direct staff. There were also multiple fire evacuation notices in the fire folder and the inspector found that it was therefore difficult to retrieve the relevant information.

The person in charge told the inspector that personal emergency evacuation plans would be developed upon admission, but there were no arrangements to include these in the formal evacuation plan.

**Judgment:**
Non Compliant - Minor

<table>
<thead>
<tr>
<th>Outcome 08: Safeguarding and Safety</th>
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<tr>
<td>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.</td>
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| Theme: |
| Safe Services |

| Outstanding requirement(s) from previous inspection(s): |
| This was the centre’s first inspection by the Authority. |

| Findings: |
| The inspector was satisfied that there were measures in place to ensure that prospective residents would be protected from harm and abuse. The inspector saw that the provider had implemented revised policy and procedures on safeguarding; these were detailed but clear, outlined a variety of potentially abusive situations other that staff/resident, were clear on reporting obligations including to statutory bodies and notification to the Chief Inspector. There was a suitably qualified designated liaison officer to initiate and |
put in place an investigation in relation to any incident, allegation or suspicion of abuse. The provider required that all staff attended education and training on safeguarding and protecting children and adults. Training was provided on a regular and frequent basis and records of completed training seen indicated that proposed staff had completed training in 2012 and 2014. The inspector also saw that core training provided to staff that would further contribute to the safety and protection of residents included the provision of intimate care, relationships and sexuality and responding to and managing behaviours that challenged. There were policies and procedures in place for responding to the latter; the policy promoted a supportive and therapeutic response but also addressed the use of restrictive practices for the safety of the resident or others in crisis or critical situations.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector saw that there was clear policy and procedure for the identification, recording, investigation and learning from accidents and incidents including the requirement of a six-monthly audit and feedback to staff of learning and any further actions required to prevent a reoccurrence. The inspector also observed and discussed with the staff clear, explicit step by step instructions for the management of incidents up to and including their notification 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:
The inspector discussed with the person in charge and reviewed the proposed personal plan template and was satisfied that there was a sound awareness of supporting residents to develop skills and explore new experiences in line with and with respect for the nature of each resident’s disability, their choices and preferences. The inspector saw that staff had already ascertained preferred activities such as swimming and music but were also aware of the risk of over stimulating or challenging residents. For example staff were aware that noise or large groups were identified stressors for some residents or that it was unreasonable and unrealistic to set goals of employment or learning skills such as financial management for others. The inspector was reassured that staff would and did support residents to access their preferred activities and the facilities offered in the local community while also recognising that the respite service to be offered may also be an opportunity for the residents to relax following a full week of day support activity or employment.

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 was satisfied that arrangements were in place to ensure that residents’ overall health care needs would be met.

The person in charge told the inspector that all residents would have access to their own GP (General Practitioner) services and there would be an out-of-hours GP service available. An assessment will be completed for residents prior to their respite admission and this information will guide the development of the resident’s person plan. Information from allied health professionals would be sought and the inspector was shown a proposed personal plan for a potential resident and was satisfied that it included information pertinent to that resident such as advice from the resident’s dentist.
Residents will have their own kitchen/cooking facilities and the proposed personal plan shown to the inspector, gave detail on how staff should support a resident in meeting their nutritional requirements and how to encourage and support the resident in the practical preparation of their own meals.

**Judgment:**
Compliant

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**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 was satisfied that safe medication management systems were being put in place; however areas for improvement were identified.

There was a comprehensive medication policy in place to guide practice; however, it required further information regarding the management of medications that were out of date or no longer required and guidance for the management of medication in a centre delivering respite services.

The prescription chart available for inspection was not in keeping with the organisation’s newly developed prescription record. An administration record sheet was not available in the centre for review on the day of inspection.

Systems were in place for the checking in and checking out of resident’s medication when they were arriving at and departing from the designated centre.

There were arrangements in place for the safe storage of medication; however, there were no arrangements in place for the safe storage of out of date or discontinued medication.

A template was seen for the assessment of residents who wished to self-administer their medication.

The person in charge told the inspector that staff would be trained in medication management every two years and a template for assessing competency was seen and would occur after training took place. The person in charge told the inspector that medication audits would take place annually.
**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:**
There was a written statement of purpose in place and available for inspection; however it did not contain all of the information as required in Schedule 1 of the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Missing information included the gender of residents to be accommodated, the procedure for emergency admissions, staffing whole-time equivalents and the centre specific organisational structure. The inspector also requested further detail as to the services to be provided including day care services.

**Judgment:**
Non Compliant - Minor

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**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 inspector was satisfied that adequate arrangements were in place to ensure that
the centre would be effectively managed. There was a clear management structure in place and already established working and reporting relationships between the nominated provider, the person in charge and the PPIM. The person in charge was employed fulltime, was suitably qualified and had established experience within the wider organisation of the management of staff and services. The substantive role of the person in charge was that of regional manager and in that role he had sound experience of preparation for regulation and inspection, quality assurance and the developments nationally within the wider organisation. There was documentary evidence that the person in charge had also participated in education and training relevant to the role such as medication management, fire safety, manual handling, protecting and safeguarding, supervising staff and risk management. The person in charge had a clear plan for the governance, operational management and administration of the centre. There was an on call out of hour’s manager (including the person in charge) available at all times within the wider organisation.

The inspector was satisfied that all persons involved in the administration of the service were experienced, knowledgeable, demonstrated accountability for the service and the residents and a commitment to regulatory compliance and ongoing improvement. There were established regular management meetings between the regional managers and the provider and the person in charge and the regional manager. The inspector saw minutes of these meetings. The provider also told the inspector that he met regularly with the chairperson and the chief executive officer.

Arrangements were in place for unannounced visits of designated centre as required by the Regulations and examples of these were seen by the inspector. A template was also seen for the required annual visit. The provider told the inspector of plans for future audits of the service and to date audits of incidents and medication errors had occurred in centres. The provider spoke of a national group that was being set up to monitor and review restrictive practices.

**Judgment:**
Compliant

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**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 inspector was satisfied that adequate arrangements were in place for the
management of the centre (once operational) in the absence of the person in charge. The inspector met with the nominated person participating in the management of the centre and was satisfied that they were suitably qualified and experienced for the role, was willing to undertake the role and had an established working relationship with the person in charge and the nominated provider.

Management were aware of the requirements in relation to notification of the absence of the person in charge to the Chief Inspector.

**Judgment:**
Compliant

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**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:**
Based on their observations, documents reviewed and conversations with the nominated provider and person in charge inspectors were satisfied that the service was adequately resourced and that resources were prioritised so as to ensure positive outcomes for residents. Inspectors saw that the standard of accommodation and equipment to be provided to residents was high and that resources were deployed in consultation with other statutory bodies, residents and their families. There was further transparency noted in records such as the contract for the provision of services where the provider committed to consultation in the event that it was required to review the services provided due to diminished resources. There was evidence of the commitment of resources to staff training and education to ensure the effective delivery of safe, quality care and support to residents. Notwithstanding constraints that may be beyond the provider's control staff spoken with were confident that adequate resources were available to ensure the delivery of care, supports and services in accordance with the statement of purpose.

**Judgment:**
Compliant

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**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:
At the time of inspection the centre was not operational. The inspector however was satisfied that the proposed planned staffing levels and staff rota, based on the stated purpose and function as submitted as part of the registration process, was adequate. The provider and person in charge were also clear that the allocated staffing resources were based on their assessment of prospective residents’ needs and at all times articulated the direct co-relation between residents’ changing needs and staffing resources and the provider’s responsibility to monitor and respond appropriately to those needs.

For the purposes of inspection a sample of staff files were made available and the provider confirmed that the files referred to staff that were to work in the centre; the proposed staff rota supported this. The inspector found the files to be well presented and maintained, attested to the provider’s robust recruitment procedures and they were fully compliant with regulatory requirements as specified in Schedule 2.

The wider organisation incorporated the input of volunteers in the provision of services. The inspector saw that the potential recruitment of volunteers was governed by a clear policy on selection, vetting, supervision and the provision of an explicit agreement as required by regulation 30.

The inspector reviewed records supporting that staff had access to a planned and rolling system of staff education and training throughout the working year; staff attendance at initial and refresher training was monitored and recorded. Training records were individualised and from the sample seen the inspector was satisfied that proposed staff had training in mandatory areas and areas deemed essential to the service by the provider including manual handling, fire safety, protecting and safeguarding children and adult service users, medication management, the management of behaviours that challenged, hand hygiene, first aid and food safety.

Records of employment to date and qualifications seen included social care, psychology and healthcare support indicating that staff were suitably qualified and experienced for the work that they were to perform.

There was documentary evidence that all staff including management grades were supervised and assessed while on probation and annually thereafter. However, the person in charge confirmed that the provider had identified a best practice need for, and had issued a recent policy on two additional supervisory meetings annually and this
would be implemented with all staff in the centre.

**Judgment:**
Compliant

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<thead>
<tr>
<th><strong>Outcome 18: Records and documentation</strong></th>
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<tr>
<td>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.</td>
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| **Theme:** |
| Use of Information |

<table>
<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This was the centre’s first inspection by the Authority.</td>
</tr>
</tbody>
</table>

**Findings:**
Overall the inspector found that records were well maintained, clear, readily retrieved by staff and information was extracted with ease by inspectors. All of the policies required by Schedule 5 were in place and the inspector was satisfied that the provider had revised, amended and improved upon the policies so as to guide and inform best practice. Staff spoken with welcomed the revised policies and the clarity and guidance they afforded to staff. A resident’s guide that satisfied regulatory requirements and that was presented in an accessible format was in place. There was documentary evidence that the provider was insured against injury to residents and other risks such as loss and damage to property; the inspector saw that residents were advised in the contract for services that such insurance was in place. Because the centre was not operational it was not possible for all of the documents pertaining to residents to be in place but inspectors were satisfied that systems and procedures were in place to ensure that records such as the directory of residents, accidents and incidents and financial records would be maintained.

**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:

Mary Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Clare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004634</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>08 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 October 2014</td>
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</table>

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 complaints log template did not address all of the requirements of the Regulations, for example whether or not the complainant was satisfied.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
Amend complaints log template to ensure compliance with regulation 34(2) (f), ensuring form demonstrates whether complainant was satisfied or not with the outcome.

Proposed Timescale: 31/10/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The evacuation notice whilst prominently displayed, did not fully direct staff, nor did it make it clear where the assembly point was located.

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

Please state the actions you have taken or are planning to take:
Amend evacuation notice displayed to better direct staff and indicate where assembly point is located.

Proposed Timescale: 31/10/2014

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's policy required further guidance regarding the disposal of medication and for the management of medication in a centre delivering respite services.

The prescription chart available for inspection was not in keeping with the organisation's newly developed prescription record and an administration record was not available for review.

There were no arrangements in place for the safe storage of out of date or discontinued medication.
**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:**
Develop medication policy to give clear guidance for disposal of medication and management of medication in respite services. Update prescription chart and ensure administration record is in place. Have arrangements in place for safe storage of out of date or discontinued medication.

**Proposed Timescale:** 30/11/2014

<table>
<thead>
<tr>
<th>Outcome 13: Statement of Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The statement of purpose did not contain all of the information as required by Schedule 1.</td>
</tr>
</tbody>
</table>

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Submit Statement of Purpose and Function with all information to ensure compliance with Schedule 1

**Proposed Timescale:** 23/10/2014