

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
Centre ID:	OSV-0004638
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:	Gemma O'Flynn
Support inspector(s):	Mary Moore
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	7

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: 07 October 2014 09:30 To: 07 October 2014 18:50

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 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. This registration inspection took place over one day.

This centre is comprised of four new two bedroom apartments that can accommodate up to 7 residents and is situated on the outskirts of the town of Ennis in a well maintained complex.

As part of the inspection, inspectors met with the provider nominee, the regional

manager and the person in charge. As this is a new centre, there were no residents residing in the centre at the time of the inspection as it was awaiting registration. Therefore inspectors reviewed documentation such as policies, procedures, proposed personal plan templates, proposed medication administration templates and staff files.

The buildings have been finished to a high standard with the input of the prospective residents. Although the apartments are not fully furnished, inspectors were informed that residents will be making the final decorative finishes prior to their move as some of their furniture will be coming from their existing dwelling.

Staff have proposed moving residents into their apartments in this new centre on a phased, planned basis and a preliminary plan was seen. The person in charge plans to review and update this plan closer to the date of the residents moving in, to ensure it fully addresses and meet the residents' support needs.

Extensive preparation had been made by the provider and staff. This report identifies some areas of minor non compliance which include the statement of purpose, displaying of fire procedures and display of the complaints policy. These issues are discussed throughout the report and in the Action Plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The person in charge told the inspector of plans to ensure that residents were consulted in the running of the centre and of how the residents feedback will inform practice. The person in charge plans to hold two weekly advocacy meetings for which minutes will associated actions will be maintained. An advocacy meeting for the Ennis area services will also be held and one resident of the centre will represent the centre as whole. The person in charge told the inspector that were arrangements in place across the organisation to ensure that feedback at these meetings will then be communicated to the management team and subsequently to senior management.

The person in charge told the inspector of how residents had been involved in choosing decorative finishes such as wallpapered feature walls and in purchasing furniture such as new sitting and dining room furniture.

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. However, the complaints procedure was not displayed in the centre should residents or their visitors wish to make a complaints. 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. The person in charge showed the inspector induction packs which clearly outlined the complaints process.

Staff informed the inspector that residents will have input into the decoration, colour schemes and choosing of soft furnishings for their apartments.

Arrangements were in place to protect dignity and privacy. Each resident had their own shower, wash hand basin and toilet and their own bedroom. The sitting, dining and kitchen facilities were open plan and the person in charge stated that the advocacy meeting will determine house rules that will assist residents' receiving visitors in private should they wish to use the communal areas. All residents will be accommodated in individual apartments with their own separate facilities.

The inspector viewed a policy for the provision of intimate care and a template for the provision of intimate care guidelines for individual residents was available.

The centre's new developed assessment tool included 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 resident's personal plan.

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

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

Judgment:

Non Compliant - Minor

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 person in charge was informed as to the communication needs of prospective residents and these needs were seen to be integrated into their existing personal plans which were made available to inspectors on the day of inspection. As appropriate to those needs there was documentary evidence that residents were facilitated to access the required healthcare including speech and language therapy and audiology.

From the personal plans the inspector also saw and the person in charge confirmed that residents were supplied with assistive aids as necessary to promote their full capability. The inspector also saw that the system for giving warning of fires had been adapted to reflect individual communication requirements and enhance resident safety.

As discussed in Outcome 8 there were strategies and plans in place for supporting residents who at times used behaviours to communicate. There was documentary evidence that residents were supported to develop and maintain strong links with the

local community and this is discussed again in Outcome 3.

The inspector saw that televisions and radios were already in place in some apartments, some residents had personal mobile phones and plans were in place to secure internet access. The inspector saw that where possible relevant information such as the contract for the provision of services and the personal plan was presented to residents in an accessible format.

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 were supported to maintain and develop family and personal relationships and links with the wider community.

The existing support plans for prospective residents indicated that staff had collated information of residents' biographies and that residents were supported to maintain family and community links of significance to them including home visits and visits to friends in the community. The inspector saw documentary evidence that at times of loss including bereavement, the resident and family were supported to express their emotions and cope with their grief through supports such as enhanced family visits.

The inspector also saw that residents were supported to develop skills necessary to maintaining relationships such as respecting space, privacy and confidentiality. It was evident that in line with the nature of each resident's disability staff had supported residents to develop and maintain links with the local community through activities such as volunteering, membership of local groups and shopping for daily provisions from local retailers to whom they were well known.

The transition plans seen by the inspector indicated that the provider had actively engaged with residents and their families in relation to the development of the service and that feedback was provided including information on the registration inspection.

Other than any restrictions requested by a resident or any risks identified there was a policy of unrestricted visiting. Each apartment was to be shared and in the absence of a designated private space the person in charge confirmed that this had been discussed with the advocacy service and a plan was in place for the advocate in collaboration with residents to devise parameters for the management of visits to ensure that privacy if

required would be available and respected.

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 policy had been adapted locally to reflect further criteria as required by the statement of purpose such as tenancy agreements and social housing eligibility; the person in charge confirmed that designated persons were in place to support residents in progressing the aforementioned eligibility criteria.

It was proposed to supply each resident with a comprehensive admission pack that contained relevant information such as the statement of purpose, the residents guide, the contract for the provision of services and the complaints procedure; where feasible the information was provided in an accessible and meaningful format.

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

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' relocation to the new service. The inspector was satisfied that clear and comprehensive individualised plans that set out the arrangements to meet each residents needs were utilised. The plans while detailed were clearly presented and there was evidence of consultation with and the participation of residents and as appropriate family members.

There was a clear system of review and each review was fully documented, the review was holistic, clearly measured the progress made, identified goals, responsible persons and agreed timeframes; each review followed up on the actions agreed at the previous review. The plans seen had been signed by the respective resident and in addition each resident was supplied with an easy read DVD of their personal plan. Where necessary the plan was supported by individualised risk assessments that set out interventions required for the resident's safety such as staff supervision or prompts to turn off electrical equipment.

The inspector saw that the plan for the residents relocation to the new service was incorporated into the personal plan and included phased visits to the centre, introduction to and social time spent with proposed housemates, and shopping for furniture and personal items for the apartments so as to develop a sense of ownership; there was physical evidence of the latter on the day of inspection.

Staff maintained a clear chronological record of the healthcare supports and the multidisciplinary input into each residents plan; the person in charge confirmed that all supports would continue following relocation. From the records the inspector readily retrieved information on access to services such as timely GP review, dental care, chiropody, speech and language services, the acute hospital services and public health nursing. There was evidence of a health promoting ethos including regular blood profiling, dietary advice and intervention, and the detection and treatment of chronic conditions so as to maintain wellbeing.

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:

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

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

Findings:

The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose.

The centre comprises of four individual two bedroom apartments, three of which are interlinked. One bedroom in each apartment had its own ensuite shower, toilet and wash hand basin and there was a separate bathroom for the other resident. Neither bathroom had a bath as the person in charge told the inspector that each apartment had been adapted for specific individuals planning to move to the centre but should the need arise in the future, a bath would be made reinstated.

A bedroom in one of the apartments had been allocated to staff sleepovers and a main bathroom was designated for staff use.

The premises were free from significant hazards and the external grounds were well maintained. There was a large communal garden to the rear of the apartment block. The person in charge told the inspector that a contract was in place with a maintenance management company for the external premises. The person in charge said that the residents met with the coordinator of the housing association prior to moving in and all information was given in regards to how residents would highlight any issues in the apartments.

There was a kitchen with sufficient cooking facilities and equipment and an adequate number of toilets and showers to meet the needs of the residents. The apartments were finished to a high standard and were fitted with modern conveniences.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the provider had put safe systems in place to manage health and safety and risk management.

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

There was a newly implemented risk management policy and although it listed the specific risks identified in the Regulations, it did not outline the measures in place to control those risks nor the measures to ensure that controls were proportional to the risk identified as required by the Regulations. A range of risk assessments had been undertaken and the centre had arrangements in place for quarterly hazard checks to take place so as to identify any new hazards. 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 such as hand hygiene, respiratory etiquette, food safety, laundry management, management of sharps and outbreak of infection. A sample selection of files for staff who had been recruited were viewed and these showed that the 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.

A fire safety compliance certificate was submitted as part of the application for registration. A fire evacuation notice was prominently displayed in each apartment, however, it did not clearly state where the assembly point was and the inspector found that it did not adequately direct staff.

There were multiple fire evacuation notices in the fire folder but the inspector found that because of that it was difficult to retrieve the relevant information and therefore required streamlining. 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. Fire doors were in place and the person in charge told the inspector of additional alert devices that had been purchased for a potential resident with hearing impairment. 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

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspectors were 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 on 1 October 2014 implemented revised policy and procedures on safeguarding. The policy was detailed but clear, outlined a variety of potentially abusive situations other than staff/resident, was 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 2013. The inspector also saw that core training provided to staff 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 a critical situation.

The inspector reviewed an example of the implementation of procedures and protocols by staff and was satisfied that staff sought to identify, understand and manage antecedents to behaviour such as pain or anxiety. Where restrictions were necessary such as environmental modifications these were kept under review, managed so as not to impact on the residents right to autonomy and self-determination and were reduced and removed as soon as practicable.

The person in charge said that she was satisfied that further measures were in place to allow her to monitor the safety of care and services that would be provided to residents including suitably qualified designated persons with responsibility for supporting residents in and monitoring specific areas of service such as financial management and medication.

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 person in charge and management staff spoken with were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

An incident log book was available to record incidents. Systems were in place to forward a copy of the incident record to the person in charge, who told the inspector that health and safety was on the agenda for all staff meetings where these incidents were reviewed and learnings shared. Quarterly audits were carried out on incident reports to identify any trends and the regional manager told the inspector that the results of these were communicated to staff at the team meetings on a quarterly basis. This was confirmed by the provider.

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:

There was strong documentary evidence that staff supported residents to explore new experiences and learning, social engagement and participation, training and employment.

Staff spoken with confirmed that this was integral to the service and the resident's personal plan, would continue and be enhanced by their transition to semi-independent living. The inspector saw individualised weekly planners based on each residents choices and preferences and the range of activities enjoyed by residents ranged from knitting, yoga, baking, beauty treatments, attending the gym and shopping, to paid employment.

The personal plan and the learning goals set were seen to be respectful and mindful of the nature of each resident's disability. For example one goal seen was the development of enhanced social skills while another was to support the resident to access the workplace independently. Where a resident expressed a desire to experience greater independence and autonomy the inspector saw that staff completed a comprehensive risk assessment and plan to ensure that the resident was supported to achieve their goal in a planned and safe manner.

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 will be met and that they will have access to appropriate medical and allied health care services.

The person in charge told the inspector that all residents will have access to their own GP (General Practitioner) services and there will be an out-of-hours GP service available. Should a resident require the services of allied health professionals, the GP would arrange the referral. Residents were referred to a psychologist or psychiatrist within the service if so required.

The organisation had also recently developed a new assessment tool to ensure that health needs were clearly identified.

Each resident will have their own kitchen/cooking facilities and staff told the inspector that they will be supported to buy, prepare and cook the foods that they wish to eat. Residents will have access to their apartment at all times and will be able to choose a time that suits them to have their meals.

Staff told the inspector that residents with specialised dietary requirements will be supported and that recommendations and support needs will be documented in their personal plans.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector was satisfied that safe medication management systems were being put in place.

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.

The inspector reviewed a sample medication prescription/administration sheet that had recently been developed and found that the administration record did not match the prescription sheet to ensure adequate record keeping.

Systems were in place for recording the receipt of all medications from the pharmacist and for conducting weekly counts of medication kept in the centre. There were arrangements in place for the safe storage of 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.

Judgment:

Non Compliant - Minor

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 inspector reviewed the statement of purpose which was submitted in advance of the inspection. It required some updating in order to fully comply with the requirements of the Regulations. For example, the age range and gender of residents that the centre planned to accommodate was not included. It required further development to clearly outline the type of services and support that the centre planned to provide. The whole time equivalent of staff and a description of or a copy of the floor plans were not included in the statement of purpose as required by the Regulations. The arrangements for maintaining privacy and dignity, accessing education and training and maintaining contact with families and friends required updating to fully outline what the arrangements were. This was discussed in detail with the provider on the day of the

inspection who undertook to rectify same.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had established a clear management structure, and the roles and responsibilities were clearly set out. There were established regular management meeting between the regional managers, the provider, 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. There were arrangements in place for staff to contact the person in charge out of hours and the regional manager was nominated to be on call if staff were unable to contact the person in charge.

Arrangements were in place for the 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. The provider spoke of a national group that was being set up to monitor and review restrictive practices.

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She worked full-time and was also the person in charge of four other centres. She told the inspector that she had autonomy in her role, for example, if extra staff were required due to a resident being ill or requiring hospital treatment, she had the authority to engage the services of extra staff. The person in charge was knowledgeable of the needs of the residents who were due to into the centre and demonstrated knowledge of her responsibilities under the Regulations.

The person in charge told the inspector that she felt well supported in her role.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

The regional manager was identified as the person who would deputise for the person in charge should she be absent.

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:

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.

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:

At the time of inspection the centre was not operational. The inspector however was satisfied that the proposed 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 was 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, and were in line with the provider's recruitment procedures. The files reviewed were 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 the Regulations.

The inspector reviewed records confirming 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.

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 inspector was satisfied that records as required by the Regulations will be maintained in the centre.

All records as requested during the inspection were made readily available to the inspector.

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

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
Centre ID:	OSV-0004638
Date of Inspection:	07 October 2014
Date of response:	28 October 2014

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:

A copy of the complaints procedure was not displayed in a prominent location.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

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

Complaints procedures is now displayed in a prominent position in the designated centre.

Proposed Timescale: 28/10/2014**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 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:

Complaint Log has been updated to include a question to ascertain whether the complainant was satisfied and the date they were informed.

Proposed Timescale: 28/10/2014**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:

Evacuation procedures will be displayed in easy read format in the centre. Evacuation procedures will be developed specifically to guide staff in Hazel Grove and will display the assembly point clearly.

Proposed Timescale: 28/11/2014

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.

The administration record did not match the prescription sheet so as to ensure adequate records were maintained once medication was administered to residents.

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:

The medication policy will be reviewed. The administration record and prescription sheet will be reviewed.

Proposed Timescale: 28/11/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not meet the requirements of Schedule 1 and needed to be amended to fully specify the type of service the centre provided.

Action Required:

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

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

The statement of Purpose has been reviewed to meet the requirements in schedule 1 of the regulations.

Proposed Timescale: 28/11/2014