<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Ireland</th>
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<td>OSV-0004966</td>
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<tr>
<td>Provider Nominee:</td>
<td>Eamon Loughrey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
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About monitoring of compliance

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

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

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

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

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

<table>
<thead>
<tr>
<th>From</th>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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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. This registration inspection took place over one day.

This proposed centre is a single storey house located in a rural setting and is to accommodate one resident. This resident has an intellectual disability and autism. The resident has been receiving services from the organisation for the past 18 years. The resident currently attends day services five days a week, avails of respite
services three nights a week and home share care one night per week. The resident currently resides at home with her family three nights a week.

As part of the inspection, the inspector met and spoke with the person in charge, regional manager and staff, all who have known this resident over several years in both the day and respite services. The inspector reviewed documentation such as policies and procedures, personal plan, transitional plan and proposed staffing rosters.

The house was spacious, bright, well maintained and comfortable. The house was not fully furnished, the inspector was informed that the resident will be given the support needs required to choose soft furnishings and personalise the house as she wishes.

A comprehensive transition plan had been drawn up in consultation with the psychologist as to how best to support the resident move to her new house on a phased basis.

Areas of non compliance related to updating the complaints policy and statement of purpose, these are discussed further in the report and included in the Action Plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that the management team had a positive attitude to receiving complaints and will consider them a means of learning and improving the service.

There was a complaints policy in place, which included details of the designated complaints officer and appeals process. The policy required updating to include the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records maintained. The complaints procedure was clearly displayed in the centre and included the name and contact details of the designated complaints officer. The person in charge told the inspector that a copy of the complaints procedure had already been sent to the family and was also included in the induction pack which will be sent to the family.

There was a complaints log book available to record any complaints that may be received.

The person in charge stated that it was proposed to hold weekly meetings with the resident in order to afford them the opportunity to have an active role in relation to decisions in the house.

Staff informed the inspector that the resident will have input into the choosing of furniture and choosing of soft furnishings for the house.

The person in charge stated that the resident will have access to independent advocacy services, details of which were provided in the easy read version of the residents guide.
Staff spoke about the importance that will be placed on ensuring privacy and dignity for the resident. The resident will be accommodated in her own house. Staff had developed an intimate care plan to ensure privacy was protected and to protect the resident from any risk during the delivery of intimate care.

**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 inspector was satisfied that systems will be place to assist and support the resident to communicate.

There was a policy on the communication needs of residents in place.

Staff spoken to told the inspector that the communication needs of the resident moving to this house were well known to exiting staff as this resident had been attending day and respite services in the organisation for the past 18 years. As part of the transitional plan staff who were well known to the resident from the respite service will be supporting the resident when she moves into this house.

The person in charge showed the inspector the risk assessment on communication which had recently been carried out. Safeguards put in place to support the resident with communication needs were clearly documented. The residents communication needs were also documented in the residents personal plan and in the behavioural support plan. These included clear guidance for staff and outlined very specific examples as to how best to support communication with the resident.

The house was equipped with a TV, radio, telephone and internet access. Staff told the inspector that the resident had an I-Pad and that it was planned to set up a Skype account to support the resident maintaining contact with family members.

Staff stated that the resident will be supported to obtain the local newspapers as the resident likes to look at photographs and keep up to date with local events.

**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 the resident will be supported to maintain positive relationships with family and the local community.

There was an open visiting policy in place. The resident will have her own house and will be able to have family and friends to visit. There was a guest bedroom should the resident wish to have family of friends stay overnight.

Staff stated that the family will be kept informed of the resident’s wellbeing and will be invited to attend and participate in development and review of the resident’s personal plans. The inspector reviewed the personal planning templates which facilitated the recording of family involvement and review meetings.

Staff outlined how the resident will continue to be supported to maintain links with the local community such as going on shopping trips, dining out in local restaurants, visiting the hair dresser, going to the swimming pool and going on day trips to local areas for walks on the beach or in the woods. The resident will continue to be supported to attend day services in the local town.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
The statement of purpose clearly set out the admissions criteria and process.
The person in charge stated that a contract for the provision of services will be agreed with the resident. The inspector noted that the proposed agreement set out the services to be provided and included details of the weekly fees and transport costs.

**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 person in charge told the inspector that the resident will be given the opportunity to participate in activities, appropriate to individual interests. She stated that arrangements will be put in place to meet the resident’s assessed needs and they will be set out in an individualised personal care plan.

The person in charge had developed a personal plan based on information gathered from the residents general practitioner (GP), day service and respite service staff and family members. The plan was person centred and included areas such as nutrition, health, mobility, finance, autonomy, learning, growth and new experiences, leisure, communication and life transitions. She stated that the personal plans will be continuously reviewed following moving into the house and at a minimum of every 12 months or more often if there is a change in residents support needs.

A detailed transitional plan had been developed to support the resident moving to her own house. The inspector reviewed this plan which included strategies of introducing her to the new house through conversation about the house, pictures and brief visits to the house to drop off new purchases and flower boxes. Advice had been sought from the psychologist as to how best to support the resident with this transition.

The person in charge told the inspector that it was planned to support the resident to move into the her new house on a phased basis. The plan was for the same staff currently supporting the resident in the respite service to move with the resident to support her needs in her new house. The person in charge confirmed that additional support staff will be available as needed during the transitional period. New staff will shadow existing staff until such time as the resident is comfortable with them. All staff
will complete a competency assessment prior to working on their own.

**Judgment:**
Compliant

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**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 inspector was satisfied that the design and layout of the house fitted with the statement of purpose and met the needs of the resident.

The house was single storey and found to be well maintained both internally and externally. It was located in a rural setting.

The house was found to be clean, bright, homely and comfortable. The layout promoted the residents independence, privacy and safety.

The house had a large bright kitchen/dining room, separate large sitting room, bathroom and three bedrooms. The residents bedroom had en suite shower facilities. There was a separate visitors and staff bedroom.

There was adequate storage facilities provided to safely, discreetly and securely store equipment. There were adequate arrangements in place for the storage and removal of domestic waste.

There was a separate office and bedroom for staff.

The resident had access to a large garden area at the rear and front of the house.

**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:
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 available. There was a risk management policy and risk register which identified measures in place to control identified risks including the risks specifically mentioned in the Regulations. Systems were in place for the regular review of risk. The person in charge had carried out a full risk assessment of the house and risks identified had been addressed. There was a plan in place to carry out quarterly health and safety checks.

The inspector reviewed the fire policies and procedures. New fire fighting equipment had recently been installed. All staff had received up to date formal fire safety training. The procedures to be followed in the event of fire were displayed. Regular fire drills were planned with the resident and staff. A fire safety compliance certificate was submitted as part of the application for registration.

A personal emergency evacuation plan had been documented for the resident. The person in charge told the inspector that this would be fully reviewed following a planned fire safety and evacuation drill during the first week of moving in to the house. There was a fire and emergency plan in place which outlined clear guidance for staff in the event of a fire and evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation.

The house was found to be maintained in a clean and hygienic condition throughout. There was an infection prevention and control policy in place and guiding practice in areas such as hand hygiene, laundry, cleaning, food hygiene, waste management and management of outbreaks of infection. Training records indicated that staff had completed training in hand hygiene and food safety. All staff had received up to date training in moving and handling.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that systems were being put in place to protect the resident from abuse.

The inspector reviewed the comprehensive policy on the safeguarding of vulnerable adults at risk of abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations of abuse including conducting an investigation. It also included the name and contact details of the designated contact person. The person in charge told the inspector that all staff had received training in relation to adult protection, training records reviewed confirmed training had taken place.

The inspector reviewed the comprehensive policies on restraint and responding to behaviours that challenge. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. The person in charge stated that the aim was not to have restrictive practices in use and that all staff had received training on managing actual potential aggression (MAPA). The person in charge had developed an individualised, detailed behaviour support plan outlining clear strategies for staff in how best to positively support the resident. The support plan had been developed following consultation with the psychologist, day service and respite service staff.

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 ensure that all incidents were reviewed by the person in charge and that follow up action...
required and learning outcomes were discussed.

**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 was satisfied the resident will be afforded the opportunity for new experiences, social participation, education, training and employment.

The person in charge told the inspector that the resident will be supported to attend a variety of social events, education/training in line with her own personal interests. The resident currently attends a variety of classes with the rehabilitation training groups including baking, gardening and arts and crafts. The transitional plan outlined that the same day routine including attending training groups will be maintained for the resident.

Staff told the inspector that they planned to explore further activities with the resident including herb planting/outdoor gardening in the new house and also the possibility of getting a pet cat or dog as they know that the resident likes animals.

Staff spoken with stated that the resident had recently obtained an I-Pad and was enjoying using it. They stated that they planned exploring the use of Skype to support the resident keep in touch with family members.

**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 the 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 the resident will have access to their own General Practitioner (GP) services and there will be an out-of-hours GP service available. The resident will have access to a multidisciplinary team of allied health professionals. The person in charge showed the inspector this residents health care plan, there was evidence of regular review by the GP, dentist and psychologist.

There was a well equipped kitchen in the house and staff told the inspector that the resident will be supported to buy, prepare and cook the foods that they wish to eat. The resident will be able to choose a time that suits to have meals. Staff spoken with stated that they will support the resident to maintain a balanced diet and healthy lifestyle. They stated that the resident liked to go for walks on the beach, in the woods and also liked cycling and these activities were included in the residents weekly activity schedule.

Staff confirmed that the resident will be free to have family or friends join them at meal times if they wish.

**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.

The person in charge told the inspector that all staff had attended medication management training which included a clinical competency assessment. Training records reviewed indicated that this training had taken place. She stated that all new staff will receive the training as part of their induction.

The person in charge told the inspector that the resident was not prescribed any medications except for paracetamol as required.
The person in charge stated that regular medication management audits were planned.

**Judgment:**
Compliant

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**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 was generally found to be in compliance but required some updating in order to fully comply with the requirements of schedule 1 of the Regulations. The person in charge undertook to update and resubmit the statement of purpose.

**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 the post of the person in charge was full time. The person in charge had the appropriate experience for the role. She was on call out of hours and at weekends. The person in charge was in the post since January 2015 and had been working in the organisation for the past twenty years. She also had responsibility for coordinating day services in the West Clare area. She was
knowledgeable regarding the requirements of the Regulations and Standards. She had a clear knowledge about the support needs and personal plans of the resident. She stated that she will be in daily contact with staff and plans to visit the house initially on a daily basis and thereafter on a regular weekly basis.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a regional manager, human resource manager, training officer, social worker and psychologist. There were established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The person in charge outlined how she regularly met with the regional manager and other service coordinators. The regional manager in turn attended senior management meetings when issues relating to centres could be discussed. The person in charge told inspectors that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

The person in charge told the inspector that an annual review of the quality and safety of care in the centre was planned and would be carried our by another manager in the organisation.

**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.

**Judgment:**
Compliant

**Outcome 16: Use of Resources**
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.
**Theme:**
Use of Resources

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

**Findings:**
The inspector was satisfied that there will be sufficient resources to support the resident achieve their individual personal plans.

The organisation had an approved service level agreement with Health Service Executive in place.

**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

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

**Findings:**
The inspector was satisfied that the centre will have a sufficient number and skill mix of staff to meet the support needs of the resident in the centre. The inspector reviewed the planned staff roster which indicated that there will be one staff member on duty at all times, seven days a week. The person in charge told the inspector that existing staff known to the resident from the respite services within the organisation would be transferring to this new centre with the resident. The person in charge advised that recruitment for additional staff was currently taking place. She outlined that all new staff will receive comprehensive induction training which will include shadowing of existing staff until such time as the resident is comfortable with them and they have completed a competency assessment.

The person in charge had maintained a training matrix which monitored staff training needs. All existing staff had undertaken up to date mandatory training. Recent training also included diabetes, hand hygiene, epilepsy awareness and rescue medication, food safety and relationships and sexuality staff awareness training.

The inspector did not review staff files on this inspection as the files were kept in the
main administration office. The inspector had very recently reviewed several staff files of
staff working in two other local designated centres and had found that they all fully
complied with the requirements of the Regulations.

**Judgment:**
Compliant

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<th>Outcome 18: Records and documentation</th>
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<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

**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. Records were neat, clear and orderly.

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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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<th>A designated centre for people with disabilities operated by Brothers of Charity Services Ireland</th>
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<tr>
<td>Date of Inspection:</td>
<td>27 May 2015</td>
</tr>
<tr>
<td>Date of response:</td>
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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:

Update the complaints policy to include the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints are responded to and all records maintained.

Action Required:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**
The Complaints Policy will be reviewed and amended to include a named person other than the PIC and Complaints Officers to ensure that all complaints are responded to and all records are maintained.

**Proposed Timescale:** 19/06/2015

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### 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:**
Update the statement of purpose to fully comply with the requirements of schedule 1 of the Regulations.

**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:**
A revised Statement of Purpose has been submitted by email on June 4th 2015, addressing all areas as outlined in Schedule 1.

**Proposed Timescale:** 04/06/2015