| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Clare |
| Centre ID: | OSV-0004869 |
| 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 Costelloe |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 2 |
| Number of vacancies on the date of inspection: | 1 |
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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 July 2015 09:00</td>
<td>01 July 2015 16:00</td>
</tr>
<tr>
<td>02 July 2015 09:00</td>
<td>02 July 2015 13:00</td>
</tr>
</tbody>
</table>

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

Summary of findings from this inspection

This was the second inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered 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 was announced and took place over two days.

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, procedures and staff training records.
This centre provides community based residential respite support to a core group of eight adult residents with an intellectual disability on a planned basis; the length of stay varies from one to several nights. The house can provide respite support to a maximum of three residents at any one time. Many of the users also attend day care services with the organisation and all are well known to staff in the service. Residents spoken with confirmed that they liked using the respite service and looked forward to their stays in the house.

Overall, the inspector found that residents received a good quality service in the centre. Staff supported residents in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to attend day services and part time work.

The centre was comfortable, homely, appropriately furnished and well maintained.

Staff and residents knew each other well, residents were observed to be relaxed and comfortable in the company of staff.

Areas of non compliance related to updating the contract for the provision of services. This is 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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that residents were consulted in how the centre was planned and run. Residents were consulted each day about what they would like to do and where they would like to go and what activities they would like to partake in. They discussed and documented their preferred evening activities each day. Staff confirmed that they spoke with all residents on a daily basis to seek their views regarding all daily activities. The inspector observed staff consulting with residents throughout the inspection.

Residents had access to advocacy services. Residents and their families had recently been given a copy of the complaints procedure. An easy read version of the complaints process was displayed in the centre. The details of the national advocacy service for people with disabilities and the contact details of the local advocate were displayed. A number of staff were currently attending a self advocacy training course for support workers and self advocates. Some residents were members of an advocacy group and attended regular local and regional meetings.

The inspector found that the management team had a positive attitude to receiving complaints and considered 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 been updated to include details of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records were maintained.

There was a complaints log book available to record complaints, comments or
suggestions. There were no open complaints and no complaints had been received in 2015.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a respectful manner. All residents had single bedrooms. Residents could have a key to their bedroom if they so wished and some residents had their own key to the main door of the house. There was a visiting policy in place and residents could receive visitors at any time. Residents spoken with confirmed that family, friends, neighbours and service users from other houses often visited. An intimate personal plan was developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. The inspector observed that residents were relaxed and happy in the company of staff.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>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.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspector was satisfied that systems were in place to assist and support residents to communicate.

There was a policy on the communication needs of residents in place. Residents had no significant communication needs.

Residents had access to information. Televisions, radio, music systems, telephone and the internet were available in the house. Residents had access to and visited the local library. Some residents used I-Pads, pictorial images and visual schedules to enhance communication.

There were easy read versions of many policies, the residents guide, and statement of purpose and complaints procedure available to residents.

Residents had many links with the local community and were kept well informed regarding 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):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that residents were supported to maintain positive relationships with their families and the local community.

Most residents lived at home with their family and availed of the respite service on a regular planned basis.

The inspector noted evidence in residents files that family members were kept up to date regarding their relatives well being and attended regular reviews/personal plan meetings. Relatives indicated in the returned questionnaires that they were satisfied with communication and were always kept up to date regarding their relatives well being. Staff confirmed that they were also in regular contact with family members by telephone.

Some residents had part time jobs and some attended various day services which provided training and educational programmes. Residents were well known by neighbours and the local community. Residents were supported to go on day trips in the local area, go on shopping trips and dine out in local restaurants. Residents told the inspector that they visited the local shops, post office, hairdressers, credit union, pharmacy and shopping centres. Residents also went swimming, to the gym and attended drama groups in a local community hall. Residents spoken with stated that they had a good and varied social life.

**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):**
No actions were required from the previous inspection.

**Findings:**
The admissions policy clearly set out the criteria for admissions, the inspector found this to be in line with the statement of purpose.

There was a signed service agreement in place for each resident. The inspector noted that the agreement set out the services to be provided and the fees to be charged. However, details of additional charges such as the weekly transport charge were not included.

**Judgment:**
Substantially 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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests while on respite. Arrangements were in place to meet each resident’s assessed needs and these were set out in individualised personal plans. Residents were involved in the development of their personal plans and staff provided a good quality of social support to residents.

The inspector reviewed a sample of personal plans. The plans set out each resident’s individual assessed needs, aspirations and choices. Detailed support plans were in place as required including health, nutrition, work, finance, respect and rights, mobility, communication, autonomy, safeguarding, community inclusion, transport, spirituality, relationships, breakaways and life transitions. They were individualised, person centred and up to date. There was evidence of participation of residents in the development of their plans. Some residents had outlined their own specific support needs and documented them in their own handwriting. The files also contained details of the key people responsible for supporting residents and annual review dates were included. There was evidence of regular review and participation of residents/relatives in the development of and reviewing of plans.

The files included details of the individual things that each resident liked to do when on a break at respite house. Files contained timetables for regular activities such as going to the gym, physiotherapy and work experience.
Money management competency assessments were completed to ensure that residents had access to and could manage their own money.

Many of the residents who availed of the respite service also attended the day care services, arrangements were in place and some residents were also supported to attend part time employment.

Residents spoken with told the inspector that they also enjoyed going shopping, dining out and going on day trips and holidays.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that the design and layout of the house fitted with the statement of purpose and met the needs of residents.

The house which was two storeys and detached was found to be well maintained both internally and externally. The house was found to be clean, bright, homely, suitably decorated and comfortable. The layout promoted residents independence, privacy and safety.

There was a large sitting room and a large bright kitchen cum dining room. The rooms were comfortably and appropriately furnished.

All bedrooms were for single occupancy; they were bright, well furnished and decorated in varying colour schemes. Two bedrooms had en suite toilet and shower facilities. There was a separate bathroom also available.

The inspector found the kitchen to be well equipped and maintained in a clean condition.

There was a separate well equipped utility/laundry room. There were adequate arrangements in place for the storage and removal of domestic waste.

There was a separate office and bedroom for staff.
Residents had access to a large garden and patio area at the rear of the building. The garden could be accessed directly from the dining area. The garden had been landscaped and suitable garden furniture was provided for residents use.

Adequate assistive equipment for provided for residents including a hoist, stair lift, specialised beds, and wheelchair. The inspector reviewed the service records and noted that all equipment had been regularly serviced.

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

**Findings:**
The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected. Issues identified at the last inspection had been addressed.

There was an up to date health and safety statement available. There was a recently updated risk management policy and risk register which included the risks specifically mentioned in the Regulations. The person in charge carried out and recorded monthly health and safety checks.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2015 and a new fire alarm system had recently been installed and commissioned. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. 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 and emergency evacuation practices took place involving all residents and staff. New fire doors had been fitted throughout the house since the last inspection.

A personal emergency evacuation plan had been documented for each resident. 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 emergency plan had been updated and included clear guidance for staff as to what their roles might be in the event of range of other types of emergencies.

The house was found to be maintained in a clean and hygienic condition throughout. There was infection prevention and control policy dated September 2014 in place and
guiding practice in areas such as hand hygiene, laundry, cleaning, food safety, waste management and management of outbreaks of infection. Staff stated that they had received training in infection control and food hygiene. Training records reviewed confirmed that training had taken place.

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 found that measures were in place to protect residents from being harmed or abused.

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. Staff spoken to confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area.

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 there were no residents who displayed significant behaviours that challenged. Residents who had displayed some recent incidents of behaviour that challenged had been referred to the psychologist. The person in charge told the inspector that they planned to develop a positive support plan in consultation with the psychologist who was due to attend the centre on 7 July. All staff had received training on managing actual potential aggression (MAPA).
Bed rails were in use for one resident at the residents request. A risk assessment had been completed and a bed rail management plan had been documented in line with the restrictive procedures policy.

Residents spoken with told the inspector that they felt safe in the centre. The inspector observed staff interacting with residents in a respectful and friendly manner.

The person in charge told the inspector that the finances of residents were not managed in the centre.

**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):**
No actions were required from the previous inspection.

**Findings:**
The person in charge and management staff spoken with was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All incidents to date had been notified as required.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that residents had opportunities for new experiences, social participation, training and employment while availing of respite services. There was a policy on access to education, training and development and one of the domains that featured in the personal plan related to learning, growth and new experiences.
Residents were supported to attend their regular day services and employment during their respite stays in the centre.

Residents spoken with confirmed that they were supported to engage in a range of social activities both internal and external to the centre.

Staff discussed ways in how life skills were being developed to support residents to live as independently as possible such as shopping, cooking, laundry, cleaning, collecting medications from the pharmacy and going to the post office.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to GP services of their choice. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals. Records of referrals and appointments were observed in residents' files and recommendations were reflected in residents' personal plans.

The inspector was satisfied that residents' were supported to buy, prepare and cook the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Residents had access to drinks and snacks throughout the day. The needs of residents with special dietary needs were met. A food intake diary was maintained for each resident to ensure that they were receiving a nutritious well balanced diet. Fresh fruit was readily available. Residents spoken to told the inspector that they enjoyed their meals and were supported to have foods that they liked. The daily menu was planned in consultation with each resident and the inspector observed this taking place. Residents stated that they enjoyed eating out usually at weekends and also had occasional takeaways.

**Judgment:**
**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):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector was satisfied that safe medication practices were in place.

There was a comprehensive medication policy dated January 2015 in place and staff spoken with were knowledgeable regarding medication management policies and practices.

The inspector reviewed the prescription/administration charts and noted that all medications were individually prescribed prior to the resident being admitted for respite. Systems were in place for recording/checking all medications when a respite resident was admitted to and leaving the centre. Staff told the inspector that on admission all residents’ medications were checked against the prescription and that only prescribed medications were administered. Some residents were supported to collect their medications from the local pharmacy.

The inspector reviewed a sample of prescription/administration charts and noted that they contained all the information required to enable staff to safely administer medications. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN (as required) medications was prescribed and all medications were regularly reviewed by the GP.

There were no residents prescribed controlled medications at the time of inspection.

Systems were in place for the safe storage of medications and safe return of medications to the pharmacist.

Systems were in place to record medication errors and staff were familiar with them. All staff had attended medication management training which included a clinical competency assessment.

Medication management audits were carried out regularly. The inspector reviewed the results of the last audit which was carried out in March 2015. All issues identified had been addressed.

**Judgment:**

Compliant
Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector reviewed the updated statement of purpose and noted that it complied with the requirements of the Regulations. It accurately described the services provided and was demonstrated in practice. The person in charge submitted the updated version following the inspection.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector was satisfied that the person in charge had the appropriate experience for the role. She was a qualified nurse and she worked full-time. She was also the person in charge in two other respite service centres. She had been working in the organisation since 1992 and in her current role since February 2015. She was knowledgeable regarding the requirements of the Regulations and Standards and had very clear knowledge about the support needs and personal plans of each resident. She was in daily contact with staff and visited the centre most days. The inspector observed that she was well known to staff and residents. The regional manager deputised in the absence of the person in charge.
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. The designated person to act on behalf of the provider visited the centre annually and was knowledgeable about the service. 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.

An annual review of the quality and safety of care in the centre had been carried out in February 2015. The audit clearly set out the findings and identified areas for improvement. The action plan included the issues to be addressed, the name of the person responsible and the timeframes for completion of actions. The inspector noted that actions highlighted had been addressed. Audits had also been completed on medication management, incidents and accidents.

### 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):
No actions were required from the previous inspection.

### Findings:
The person in charge and management staff was aware of the requirement to notify the Chief Inspector of the absence of the person in charge. To date this had not been necessary.

### 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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that there was sufficient resources to support residents achieve their individual personal plans.

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

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

Findings:
The inspector was satisfied that the centre had a sufficient number and skill mix of staff to meet the needs of the residents in the centre. There was normally one staff member on duty from 17.00 who slept over and finished at 10.00 the following morning. The inspector noted that there had been a low turnover of staff in the centre. The staffing roster reviewed included the times that staff were on duty. Staff confirmed that staffing levels were flexible and determined by the number and needs of residents. They stated that there was normally an extra staff member on duty on Friday evenings to support residents who wished to attend social outings and that additional staff would be rostered if there was a specific social occasion/event that a resident wished to attend.

The person in charge maintained a training matrix which monitored staff training needs. All staff had undertaken up to date mandatory training.

The inspector reviewed a number of staff files; they contained all the information as required by the Regulations.
There were no volunteers attending the centre.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended on going training and records of training were maintained in staff files. Recent training included epilepsy awareness and rescue medication, peg feeding training, hand hygiene, wheelchair clamping and lift equipment, food safety, mediation management, managing actual and potential aggression, suctioning and nebuliser training.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that records as required by the Regulations were 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. Systems were in place to review and update policies. The person in charge had put systems in place to ensure that staff read and understood policies.

**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**

<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-0004869</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>01 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20 July 2015</td>
</tr>
</tbody>
</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 04: Admissions and Contract for the Provision of Services**

**Theme: Effective Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Details of additional charges such as the weekly transport charge were not included in the contract for the provision of services.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
Document weekly transport charges in Service Agreement

Proposed Timescale: 20/07/2015