

**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 Ireland
Centre ID:	OSV-0005058
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 August 2015 09:30	05 August 2015 18:00
06 August 2015 09:30	06 August 2015 16:00

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 the centre by the Authority. As it was not registered to do so, the centre was not actively providing residential services at the time of inspection and there were no residents living in the centre.

The inspection findings were positive. The provider had planned for and had taken sufficient measures to ensure that evidence was in place to demonstrate to the inspector that the provider was and should be in compliance with regulatory requirements once the centre was operational. Further evidence was available to the inspector given that day care services were currently provided to residents in the

centre.

Staff had been identified and recruited and those spoken with articulated a positive attitude to the process of regulation and had a sound understanding of regulatory requirements and their particular responsibilities. Upgrading works to the premises including fire safety precautions had been completed. Prospective residents and their families had been introduced to both the service and the staff; arrangements based on multi-disciplinary assessment to ensure that the provider would meet the needs and requirements of residents once resident in the centre were at an advanced stage.

The provider was issued with two action plans, one in relation to the completion of outstanding fire safety precautions and one in relation to medication management policy and procedure.

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:

There were no residents living in the centre at the time of inspection but staff spoken with, policies and procedures reviewed and records that were in place in preparation for the admission of residents to the centre demonstrated a commitment to and an ethos of respect for the rights, dignity and privacy of residents. This was evident to the inspector in the assessments and personal plans completed to date and the efforts made by staff to consult with all other relevant stakeholders including family and other healthcare professionals.

Residents established routines and preferences including exercising their religious and civil rights were ascertained. Residents would have access to structured advocacy services and records seen indicated that steps had been taken to familiarise residents with these prior to admission. Proposed support plans also outlined interventions to allow residents opportunities to further develop knowledge of their rights and how to exercise same. Significant work had been completed by staff and was ongoing in relation to understanding, interpreting and responding to behaviours that had the potential to challenge in a manner that protected and promoted residents rights and dignity and social integration.

The complaints policy and procedure had undergone regular review and amendment based on inspection findings to date. It was clear how persons could make a complaint, there were clearly identified complaints officers, a person had been identified to ensure that all complaints were appropriately responded to and that all required records were maintained. There was an internal and external appeals process and all complaints received were analysed six-monthly to identify trends and any required learning.

The complaints procedure was available in the main reception area and it was presented in a user friendly format; how this could be enhanced further was discussed at verbal feedback by way of recommendation as was the reference to consent in the overarching policy.

In preparation for the operation of a designated centre staff maintained a log of complaints. Any issues of concern raised to date (two), were recorded and indicated that staff were open to receiving complaints, followed procedure and ascertained that complainants were satisfied that the matters complained of were resolved to their satisfaction. There was evidence that action was taken to prevent a reoccurrence.

There was a policy in place for safeguarding resident's personal possessions and assets. An assessment was completed to establish each resident's capacity to manage their affairs and any supports required to enable them to function as independently as possible. A system was in place to ensure transparency and accountability where a resident required staff support; further records seen by the inspector indicated that oversight was kept of this system by the person in charge.

Arrangements in the form of structured "house meetings" had been put in place to facilitate consultation with residents. Regular meetings had already been held with proposed residents and the records of same reflected the support plan and residents identified goals, the resident's transition into residential services and the organisation of the service in line with resident's requirements and requests.

Judgment:
Compliant

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:

There were policies in place on communicating with residents and providing information to residents.

Staff had assessed and was fully aware of the communication needs of residents and comprehensive plans were in place outlining the supports required to facilitate effective and meaningful communication with proposed residents. Plans were supported by other health professionals as required including speech and language therapy and behaviour

support. There was evidence of the implementation of interventions including Lamh signage and visual schedules. Training records indicated and staff spoken with confirmed that staff had completed specific communication training that reflected residents' specific communication requirements.

Residents, as appropriate to their needs were provided with assistive technology that utilised other skills and abilities to enhance their ability to communicate with staff and others.

Personal plans, pertinent policies such as those pertaining to safety and safeguarding, daily routines and information on the Authority and the inspection process were available to residents in an easy read format supported by visual cues.

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:

There was clear evidence that planning for the provision of residential services was completed in close partnership with residents and their families. The assessment process and the provision of supports were collaborative; residents existing relationships and social supports were clearly identified and staff facilitated residents to maintain these during the process of transition into residential care; this included membership of community groups and facilitating visits to friends in other centres. Staff maintained a record of all family contact and these records indicated that staff were open to and engaged positively with families on a regular and consistent basis.

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 were organisational policies in place governing admission, discharge and transfer to and from services; all referrals were reviewed by a multi-disciplinary forum.

A contract for the provision of services was in place that clearly and succinctly set out the terms on which residents would reside in the centre, the services and supports to be provided on an individual basis, the fees to be charged and the services not included in the basic fee and for which the resident would be personally liable.

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 was satisfied that the provider had satisfactory procedures in place for assessing each resident's skills, abilities and needs, their requirement for support and for ensuring that these supports were in place for them.

The provider confirmed that the assessment process continued to evolve based on learning from inspections completed to date and further training was provided to staff. Assessments seen by the inspector were holistic, informed, comprehensive, evidence based, inclusive of the resident's biography and existing supports, supported by input from the multi-disciplinary team as necessary and family as appropriate.

From the assessment findings a personal support plan was devised that set out agreed short-term and long-term goals, the interventions/supports required to maintain wellbeing and achieve the identified goals, responsible persons and timeframes. The

plan reflected an ethos of both maintaining well-being and supporting further personal development. The inspector could see that the support plan was an active document with identified interventions reflected in other records seen such as the daily progress notes, the minutes of the residents meetings and the daily staff communication tool. The personal support plan was made available in a format including graphics and photographs that enhanced its accessibility to the resident. The inspector saw that the personal support plan was revised and amended in line with the residents changing needs or any multi-disciplinary recommendations.

The inspector was satisfied that notwithstanding any challenges or risks posed, the purpose of the support plan was to develop and enhance personal and quality of life outcomes for residents.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The location, design and layout of the premises were suited to the proposed statement of purpose and function; there was evidence of improvements made by the provider to enhance its suitability.

The premises was a domestic style two storey premises located in a residential area.

On visual inspection the premises was in a good state of repair as were furnishings and fittings and it was in good decorative order. Arrangements were in place for the ongoing maintenance of the premises and a record of maintenance completed was seen by the inspector.

Adequate communal space was provided for the maximum number of residents to be accommodated, two; the space was comfortable and homely. A separate area was provided and equipped for the provision of recreational and therapeutic activities.

Each resident was to be provided with their own bedroom; bedrooms offered sufficient space, sufficient personal storage space and privacy. A staff sleepover room was

provided in close proximity to residents bedrooms.

Adequate sanitary facilities were available. One bedroom had an en suite shower, toilet and wash-hand basin, there was a main bathroom with toilet, wash-hand basin and bath and a further toilet and wash-hand basin was available on the ground floor.

The person in charge confirmed that an occupational therapy assessment of the physical environment had been completed to evaluate its suitability to known resident requirements. Some minor modifications were recommended including the insertion of grab-rails and adaptations to the shower enclosure; the inspector saw that the person in charge was in the process of arranging for these works to be completed.

Kitchen and dining facilities were combined; again these were sufficient to meet the needs of the number of residents to be accommodated. The kitchen was equipped with suitable and sufficient cooking facilities; there was no dishwasher in place but the provider gave a commitment to provide one.

While cognisant that the centre was not operational access to suitable and sufficient storage was not seen to be problematic and staff also had access to an external storage area.

Adequate facilities were available for residents to launder their own clothes if they so wished; a new washing machine was provided on the second day of inspection to replace the existing one which was in a relatively poor state of repair.

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:

Measures were in place to protect and promote the health and safety of residents, staff and visitors to the centre.

The provider had a health and safety statement dated July 2014.

The risk management policy outlined the process for identifying, assessing and managing resident specific and centre specific risks including the risks as specified in regulation 26 (1) (c) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations

2013. The inspector saw a comprehensive range of completed risk assessments both centre and resident specific. On discussion with staff the inspector was satisfied that required risk control measures were reasonable and proportionate to the risk identified. Records seen indicated that the process of risk assessment was ongoing and that both the risk and measures required to reduce risk were the subject of ongoing review; any adverse impact on the rights and quality of life of the resident was integral to the risk management process and discussions.

Procedures were in place for the recording, management, review and learning from any adverse events, accidents or incidents. There was evidence of learning and improvements made to reduce the likelihood of reoccurrence including the provision of an alternative transport vehicle, occupational therapy review and the development of behaviour support plans.

All staff had training in manual handling that was within mandatory timeframes.

There was a comprehensive centre specific emergency plan available to staff; the plan outlined the arrangements for the alternative placement of residents if necessary.

Staff had access to personal protective equipment.

In preparation for the operation of residential services and registration of the centre the provider had commissioned a fire safety survey of the premises. Based on the recommendations of this survey the inspector saw that a fire detection system had been installed as had emergency lighting and break glass units; installation and commissioning certificates dated July 2015 were available for inspection. Staff had completed fire safety training and records seen indicated that fire drills had been completed by staff with prospective residents. Fire action and fire evacuation notices were prominently displayed; personal emergency evacuation plans for residents had been devised. Again based on the recommendations of the fire safety survey internal doors had been replaced with thirty minute fire doors and the main entrance was indicated as the fire escape route from the centre by illuminated signage.

However, the diagrammatic fire evacuation plan indicated that there were three main escape routes; this concurred with the independent fire survey report but as reported above only one escape route was clearly indicated. A fire door recommended for the high risk utility area which contained the internal oil boiler and electrical equipment had not been installed.

The oil boiler was serviced in March 2015 and a carbon monoxide monitor was in place.

Staff had introduced procedures for the daily, weekly and monthly inspection of the newly installed fire safety measures.

Judgment:

Non Compliant - Moderate

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:

Measures were in place to protect residents from harm or abuse.

The inspector saw a suite of policies with a protective component including safeguarding vulnerable persons, the provision of intimate care, the management of behaviours that had the potential to challenge and the use of restrictive practices. All policies were signed as having been read by staff and staff spoken with articulated a good working knowledge of policy and procedure.

Training records indicated and staff spoken with confirmed that they had received recent training on safeguarding and the management of behaviours including de-escalation and intervention techniques.

Staff spoken with were clear on the procedure for reporting any alleged, suspected or reported abuse including referral to the designated person. There was an objective assessment completed by staff to establish each resident's knowledge of and capacity for safeguarding self.

Where behaviours that challenged or posed risks to the resident or others had been identified the inspector saw comprehensive records informed by input from the behaviour support team. Practice sought to identify, understand and alleviate the cause of the behaviour or where necessary and as a last resort implement interventions to manage the behaviour for the safety of the resident and others. The records seen by the inspector reflected evidence based practice and sought to achieve a reasonable balance between the resident's right to autonomy, the freedom to communicate and safety. It was clear from speaking with staff and the records seen that restrictive practices that were in use in defined situations, were the subject of ongoing multi-disciplinary review, alternative measures were considered and implemented and, clear protocols were in place for their use.

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:

Staff spoken with were fully aware of the events prescribed by Regulation 31 and their obligation to submit such notifications going forward following registration of the centre as a designated centre.

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:

Having reviewed assessments, multi-disciplinary reviews and proposed support plans, and having discussed these with staff, the inspector was satisfied that the provider did and would have in place supports that facilitated ongoing learning and development for each resident.

Supports were developed and agreed in the context of respecting each resident's biography, their established routines and preferences and the nature and extent of their disability. The latter however informed rather than restricted short and long-term goals and staff implemented positive risk management strategies that ensured that each resident was safely exposed to new skills and experiences. It was clear that staff identified and sought to support residents to navigate periods of change and transition including moving into adulthood and adult services, transitioning to residential services, maintaining and developing relationships and general social integration. The inspector saw that interventions were built into daily routines and included education in social skills and etiquette, facilitating visits to friends and social groups and integration into the

local community.

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 person in charge confirmed that residents would be facilitated in so far as was reasonably practicable to retain the services of their preferred General Practitioner.

Resident healthcare needs and requirements were assessed as part of their basic comprehensive assessment. Records seen indicated that as appropriate to their needs residents had access to other healthcare services including physiotherapy, occupational therapy, speech and language, psychiatry, behaviour therapy and dental review and care. Personal plans reflected an evidence base and multi-disciplinary approach to care, outlined the interventions required to maintain and promote health and wellbeing and there was evidence of the integration of interventions into the daily routines such as menu choices, activities and exercise.

Staff maintained records of all referrals, reviews and recommendations and there was evidence of collaborative working relationships between the various disciplines.

Records indicated that staff and family adopted a collaborative approach to ensure that residents were supported to access services and enjoy the best possible health and there was evidence of good communication between staff and family to ensure continuity of care.

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:

There were policies and procedures in place dated January 2015 relating to the cycle of medication management, however, the inspector was not satisfied that these supported appropriate, suitable and good medication management practices.

While the overarching ethos of the policy was that staff could only administer medications "covered by a current prescription", further elements of the policy authorised staff to make available and administer to residents as necessary non-prescribed or over the counter medications. Policy further advised staff that medications required for a short duration of time could be administered by staff without the requirement for the medication to be prescribed on the medication kardex by the relevant prescriber. The inspector was not satisfied that these practices supported good, safe medication management practice that protected both residents and staff. Such practice would require of staff to have a strong knowledge base to decide why and when an over the counter medication was required and sound knowledge of potential side effects, contraindications, adverse reactions and medication interactions. In relation to medications required on a short term basis the existing policy required staff to administer medications solely based on the instructions of an affixed label with no reassurance that this was an accurate reflection of what was intended by the prescriber. This was of further concern to the inspector given that the strength and maximum daily dosage of one medication prescribed on a PRN basis (medication administered when necessary but not on a regular or scheduled basis) was not accurately stated on the prescription kardex. The medication supplied was not the medication prescribed. Staff facilitated the correction of this particular error once brought to their attention.

Arrangements were in place to ensure that medications were stored securely including the segregated storage of unwanted or discontinued medications.

Records seen indicated that prescribed medication including medication used as part of the therapeutic behaviour support plan was the subject of regular monitoring and review.

All staff had completed recent medication management education and training.

Judgment:

Non Compliant - Moderate

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
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There was a statement of purpose in place that accurately described the service to be provided. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The provider had identified and put in place a clear and agreed management structure. Staff spoken with were clear on their roles, responsibilities and reporting relationships.</p> <p>The person in charge worked full-time and was suitably qualified and experienced. The person in charge articulated a clear understanding of her role and regulatory responsibilities and facilitated the inspection process with ease. The person in charge was also person in charge for three other designated centres and there was no evidence available to the inspector that this arrangement was not sufficient; the person in charge maintained a record of her visits to each centre and her engagement in their governance, operational management and administration. The person in charge confirmed that she had ready access as required to her manager and formal management meetings were convened on a monthly basis.</p> <p>On a day to day basis the person in charge was supported by a team leader who was also one of the nominated persons participating in the management of the centre (PPIM). The PPIM was actively involved in the setting up of the service, had a sound</p>

understanding of the daily operation of the service and the requirements and responsibilities of the PPIM role.

Both the person in charge and the PPIM had/were undertaking further relevant studies to master's level.

The provider understood the requirement to have systems in place to ensure that the quality and safety of care and services to residents were monitored and developed on an ongoing basis. Arrangements were in place for the completion of the annual review and for the unannounced visit by the provider to the centre at least every six months. The inspector was informed that these visits were already provisionally scheduled.

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:

There were two nominated PPIM available for the management of the centre in the absence of the person in charge. The provider was aware of its obligation to notify the Chief Inspector of any proposed or unexpected 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 and staff spoken with confirmed that adequate resources were available to ensure the delivery of effective care, support and services in line with residents assessed needs. This was evident in the recruitment of staff, the investment in the premises and the provision of supports such as transport vehicles to ensure that residents achieved the goals and interventions identified in their personal plans.

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:

The provider had adopted a planned approach to the provision of suitable and sufficient staffing and skill-mix.

Staff were identified and recruited and arrangements were in place through the existing respite and day care services to familiarise residents and staff with each other prior to the operation of residential services.

Recruitment was centralised and based on the sample of staff files presented for inspection the inspector was satisfied that the provider exercised good recruitment practice. The staff files contained all of the information required by schedule 2 of the regulations.

Staff spoken with said and records seen confirmed that there were established processes for the supervision and development of staff following recruitment and on a twice yearly basis thereafter.

There was a planned staff roster in place based on the provider's assessment of residents needs. There was no evidence available to the inspector to suggest that the proposed staffing levels would not be sufficient.

There was a planned programme of staff training and training records seen by the inspector indicated that mandatory training for staff was within the stipulated

timeframes. Further training reflective of residents' needs and requirements had also been completed by staff and included medication management training, first aid, hand hygiene, food safety, risk management, communication techniques and supporting residents to live individualised lifestyles.

Staff spoken with articulated responsibility and accountability for the provision of safe, quality services to residents and had a sound understanding of the practical implementation of regulatory requirements.

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:

While the centre was not operational the records listed as required in Schedules 1 to 5 were in place and in use by staff. Records were well maintained and the inspector retrieved any required information with ease.

All of the required policies and procedures were in place; a sample seen by the inspector were reviewed and amended on a regular basis by the provider. Staff had signed as having read and understood the policies and procedures and the practice reviewed by the inspector such as the management of complaints was in line with policy.

With the application for registration of the centre the provider had supplied evidence that adequate insurance was in place against accidents to residents, staff and visitors to the centre.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0005058
Date of Inspection:	05 August 2015
Date of response:	27 August 2015

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 07: Health and Safety and Risk Management

Theme: Effective Services

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

While three escape routes were indicated on the evacuation plan only one was clearly indicated in practice.

One fire door had not been installed as recommended.

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

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

As per Regulation 28 (2) (b)(i) appropriate exit signage will be installed to indicate other escape routes and fire door will be installed as per fire plan in place.

Proposed Timescale: 30/10/2015

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:

Failing to ensure that there were adequate policies and procedures relating to the cycle of medication management in place that supported appropriate, suitable, safe and good medication management practices.

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:

Medication management procedure will be reviewed and amended in line with Regulation 29 (4) (b) as outlined in the inspection report.

Proposed Timescale: 30/10/2015