Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by An Breacadh Nua</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005239</td>
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<tr>
<td>Centre county:</td>
<td>Wexford</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>An Breacadh Nua</td>
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<tr>
<td>Provider Nominee:</td>
<td>Gerard Heaney</td>
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<tr>
<td>Lead inspector:</td>
<td>Ide Batan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Shane Grogan</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>11</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 2 day(s).

The inspection took place over the following dates and times
From: 02 September 2015 10:30  To: 02 September 2015 19:30
From: 03 September 2015 09:00  To: 03 September 2015 15:00

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

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Summary of findings from this inspection
This was an announced registration inspection following application to the Health Information and Quality Authority (the Authority) by Ard Aoibhinn services to register the centre as a new service for adults with an intellectual disability. The centre was not operational at the time of inspection as it is awaiting registration with the Authority. Ard Aoibhinn services is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE.

This designated centre consists of two separate purpose built new houses which will provide accommodation for up to eleven residents with an intellectual disability with
low physical and/or medical support needs. All residents are over the age of 18yrs and are a combination of male and female residents. Inspectors met with residents and staff in their current accommodation. As residents living in the centre are out during the day, part of the inspection took place in the early evening, when residents had returned from their day activities.

As part of the inspection, inspectors observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. The inspectors found that residents received a good standard of care and support. The provider and management team had also taken measures to protect the safety of residents. Residents’ communication support needs were met. Staff supported residents to participate in the running of the house and in making decisions and choices about their lives.

The views of residents and staff members of the centre were also sought throughout the inspection. Inspectors also reviewed questionnaire feedback submitted by residents and relatives. The majority of feedback provided was very positive and complementary of the service provided and dedication of the provider, person in charge and staff. In the main, the residents were aware of the inspection process and this had been communicated by staff at the centre. Residents expressed their satisfaction in respect of living at the centre and were delighted with the new accommodation and the routine day to day life of the centre.

In summary, the person in charge and provider work full time in the service and were seen to be very involved in the day-to-day running of the centre and staff and residents reported them to be easily accessible to residents, relatives and staff. There was evidence of individual residents’ needs being met and the staff supported and encouraged residents to maintain their independence where possible. Community and family involvement was evident and greatly encouraged as observed by inspectors.

The Action Plan at the end of the report identifies an aspect of governance and management where improvement is needed to fully comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.
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 inspectors were satisfied that the rights, privacy and dignity of residents was promoted and residents' choice encouraged at all times. The inspector saw that the centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. Resident and staff interactions were seen to be friendly and respectful and where decisions were to be made about daily activities of living, the resident's preference was always sought and respect for the individual's choice was apparent. Residents were involved in the development of their own personal plans and care practices respected residents privacy and dignity, for example, staff knocking before entering a room and asking for consent before proceeding with care. There was also provision made in the staff roster for residents who did not wish to attend the day services and preferred to stay at home for a day.

There was a complaints policy in place and it was accessible in a format readable to residents. The complaints policy met the requirements of Regulation 34. There was access to advocacy service for residents through their key worker and an easy read version of the complaints procedure was on display in the centre and this version contained the information required. Inspectors viewed the complaints process and found that complaints were investigated promptly and that changes in how the centre was run arose as a consequence of the complaints process.

Residents were consulted in how the centre was operated and there was clear evidence that daily happenings in the centre were focused around the resident's needs and expressed wishes. The inspector noted examples of how residents were involved in the running of the centre for example, deciding on their own meals and assisting to keep
their bedrooms clean. There were regular residents’ meetings which enabled residents to make plans and discuss matters important to them. Staff recorded minutes of the meetings, which showed that residents had given feedback on specific items that concerned them and discussed menu planning, activities and goals. There was also evidence that residents were involved in future decision making such as choosing their bedrooms in the new houses, colour schemes and soft furnishings.

Residents’ capacity to exercise choice in their daily lives and routines was respected and facilitated. Each resident will have their own spacious bedroom in the new houses and residents told the inspectors that they were currently choosing their colour schemes. Residents’ religious rights were respected. If they wished to go to Mass this could be facilitated by the staff. Residents were supported to ensure involvement with their local community. This included the use of local amenities such as the cinema, pubs, cafés, shopping, restaurants and hairdressing facilities. Staff told an inspector that residents were facilitated to vote if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. These included jobs within the centre itself, attending activation therapies such as baking, art and computer work. Residents also engaged in activities in the community such as attending the hairdresser, beautician and bowling. One resident went to the local pub one evening per week. All residents attended day services during the week. Some residents also wished to have a day off during the week and this was facilitated by staff.

Inspectors saw that there were transparent systems in place to safeguard residents’ finances. Each resident had their own bank account and had control over their money when going out. It was all documented in a book which detailed money signed in and out balances checked and receipts were maintained for all purchases where possible. Bank statements regarding finances were issued directly to residents. Inspectors saw residents’ finances were subject to frequent checks by staff and audit by the person in charge. Inspectors saw that residents had easy access to personal money and generally could spend it in accordance with their wishes.

There was a property list in the sample of each resident’s personal plan viewed by inspectors. There was adequate space in the new houses for clothes and personal possessions. The laundry and facilities were appropriately set up for residents to manage their own laundry if they wished.

Prior to admission residents and their families were encouraged to visit the new residential centre and meet with the relevant managers and staff.

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):
No actions were required from the previous inspection.

Findings:
In the sample care plan reviewed there was evidence that residents will be assisted and supported to communicate. There was a policy on the provision of information to residents which included communication strategies for residents with vision and hearing impairments. A number of other policies were available in easy to read format including the statement of purpose, abuse, complaints, finance and education.

There were a number of communication forums for residents including weekly house meetings and access to advocacy services. Staff were aware of the communication needs of the residents, for example, staff were aware that one resident could understand Lámh but chose not to use it. One resident liked to use her tablet device to watch YouTube. Individual communication requirements are highlighted in residents’ personal plans and reflected in practice. These requirements form part of the annual review of the residents care plans.

Visual aids were displayed throughout the centre to support communication to relay information regarding daily activities, new houses, colour schemes, menu choice and staff on duty. The Residents’ Guide and statement of purpose was available in each resident’s bedroom and it was in an accessible format for residents.

Staff knew residents well and were observed communicating with them in a kind, calm and patient manner. Residents had easy access to television, radio and internet.

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:
From the information available the inspector was satisfied that families and friends will
be encouraged to get involved in the lives of the residents. Residents had access to phone facilities, transport home if needed and family invitations to events in the centre. Regular frequent contact will also be maintained between the staff and the relatives if residents so wish. Residents who wished to were facilitated to travel home at weekends to stay with family.

The inspector received a number of completed resident and some relative questionnaires which were highly complementary of the service provided. Residents told the inspectors that they felt safe and questionnaires returned by residents indicated that residents felt safe in the centre as they were supported by staff. The inspector saw in residents’ personal plans that families were involved in meetings and had signed off on their plans of care.

Residents have links with the local community. Some residents attended courses being run by the local national school and staff rosters were amended to facilitate residents attending shows at a local hotel. Inspectors spoke with one resident who attends social events on a weekly basis with family.

There was a policy on visitors available and there was a sign in book for visitors in the house.

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

Findings:
The inspectors saw that there was a system in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process. Written agreements were in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged.

The criteria for admission was clearly stipulated in the statement of purpose and the person in charge informed the inspectors that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors also reviewed the admission policy dated January 2013 which detailed referrals to the service,
preadmission arrangements and the admissions process and was found to be comprehensive.

There was evidence that residents were supported in transition between services and in relocating to the new accommodation. The inspectors observed detailed transition plans for residents including the supports that will be available during the transition period. There was a phased introduction for the residents to the new accommodation with day trips being organised, residents choosing their own furniture and residents being shown their new bedrooms.

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

**Findings:**

All of the residents lived in the community in two different houses. All residents were encouraged to attend day service/activities outside of the residential centre on a daily basis subject to their own needs and abilities. A number of the residents attended the activation day centre but some attended other day services particularly in their own areas. A range of social and therapeutic activities took place in the activation centre which included computers, arts and crafts, exercises, games and dancing. Inspectors saw a number of activity groups taking place in the centre throughout the inspection with active participation from the residents.

Support plans had been completed for each resident and included other specific plans, including risk assessments, communication, health plans and intimate care plans. Each resident had a written personal plan, in an accessible format. There was evidence of multi-disciplinary input sought as required. The personal plan named the person responsible for pursuing objectives in the plan within specific timeframes.

The inspectors noted that there was a list of people residents would like to attend their
planning meetings identified in each resident’s person-centred plan. This identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. There was evidence that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings.

Inspectors were informed by staff that there were a number of options available for all residents in relation to social activities. Many of the residents enjoyed bowling, cinema outings, concerts, line dancing, shows, picnics, meals out, shopping trips, swimming, library visits, attending mass and any festivals or events locally. Apart from the activities provided in the centre the rest are community based, are age appropriate and reflect the goals chosen as part of their person-centred plan. Residents to whom inspectors spoke described the many and varied activities they enjoyed and spoke of the day trips out and attending social night on Monday nights. Staff told inspectors that residents are encouraged and supported to participate in family events and gatherings as they arise. A resident told an inspector that she would go abroad with her parent to visit her sibling.

Each resident has a personal care plan from which regular activities are planned for. In addition each resident was supported to participate in activities on an ad hoc basis if such are identified by the resident. Residents’ interest in social activities is facilitated in as far as possible, including transport and staff support where required. All residents have a weekly timetable which has been devised from their person-centred plan. Resident meetings provide an opportunity for plans to be discussed for the coming week and inspectors viewed minutes of these meetings. Inspectors saw that a resident had recently gone to a show in Dublin.

There were planned supports in place where a resident had to be admitted to hospital either for a day-case procedure or a longer stay. Staff told inspectors that if a resident was in hospital that a staff member would stay with the resident for the length of hospitalisation. Inspectors saw that emergency information sheets were available for all residents. Similarly if a resident had to attend an out-patient appointment in a hospital a staff member would accompany the resident.

Visitors were welcome to the centre and facilities were in place for residents to meet with visitors in private. The inspectors received a warm and welcoming reception from residents in all houses and in the day centre and residents were aware of the purpose of the visit.

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

**Findings:**
Coolcotts comprises of two detached purpose built dormer bungalows which are called An Teach Nua and Sao Paulo. These new houses provide accommodation for 11 residents and are situated in a quiet pleasant residential location in Wexford town. These houses have been finished to a very high standard. Both houses are convenient to all town amenities. Accommodation for all residents is on ground floor with facilities for sleepover staff upstairs. All ground floor accommodation is wheelchair accessible.

Facilities in the new houses provide each resident with more physical space. All residents will have their own bedroom which are a suitable size to accommodate their needs. Each bedroom has adequate facilities for storing of clothes and personal belongings. There are facilities for lockable storage and TV/DVD in each bedroom. All rooms will be fully furnished and decorated in conjunction with the resident's wishes.

There is an en suite bathroom which is shared between two resident’s bedrooms. The main bathroom consists of a Jacuzzi bath with music and light facilities. There is a large kitchen, dining room and sitting room in each house. The kitchen had sufficient cooking facilities and equipment and was well organised. There are adequate laundry facilities available. There is ample storage space for linen, cleaning materials and other household items. All residents will have access to phones and computers in the new houses.

There was suitable heating, lighting and ventilation. There was ample parking and outdoor space for residents. Facilities and services were consistent with those described in the centre’s statement of purpose and Resident’s Guide.

**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 will be promoted.

The risk management policy met the requirements of the Regulations and is implemented throughout the centre and covers the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

The fire policies and procedures were centre-specific and up to date. The fire safety plans for each house were viewed by the inspectors and found to be comprehensive. The inspectors observed that there were fire evacuation notices and fire plans displayed in the house. Regular fire drills took place and records viewed by inspectors confirmed that they were undertaken monthly. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. The inspectors examined the fire safety register with details of all services and tests all of which were up to date.

All visitors were required to sign in and also sign out when leaving the premises. Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available and servicing of this equipment was up to date.

There was a detailed policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Maintenance requests were logged and dealt with appropriately. There was a robust system in place for incident reporting and investigation of same. Safe and appropriate practices in relation to moving and handling, infection prevention and control and reasonable measures to prevent and reduce risk of accidents were found to be in place.

There was an up to date health and safety statement which addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and transport of residents. Hazards were identified with control measures in place. The emergency plan was updated since the previous inspection to ensure all aspects of emergency planning were covered. There was evidence of issues identified and actions taken. All accidents and incidents were recorded locally and centrally on a computer database. This allowed for a comprehensive report to be presented to the Board of Management by the provider nominee on a quarterly basis.

Comprehensive risk assessments were seen by inspectors and from a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted. These included any mobility issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management.

The environment of the two houses was very homely, visually clean and well maintained. Measures in place to control and prevent infection included provision of
hand gels and hand hygiene posters were available.

The inspectors viewed policies in relation to vehicles used to transport residents. Up to date service records were seen and all vehicles were taxed and insured and very certified as required. Staff were required to have a full clean driving licence to drive the vehicles.

**Judgment:**
Compliant

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**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

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

**Findings:**
Policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom inspectors spoke knew what constituted abuse and demonstrated an awareness of what to do if an allegation of abuse was made to them. The person in charge informed inspectors that she was the designated person to deal with any allegations of abuse. There was evidence that allegations of abuse in the past had been referred to the designated person and the process outlined in their policy document had been followed which included full screening, monitoring and review.

Inspectors noted a positive, respectful and homely atmosphere and saw that there was easy dialogue between residents in their interactions with staff. Residents to whom inspectors spoke with confirmed that they felt safe and spoke positively about the support and consideration they received from staff. All staff had received training in how to identify the forms of abuse and how to react appropriately in these situations.

Inspectors saw that there were transparent systems in place to safeguard residents’ finances. All residents had their own bank accounts. Each resident had control over their money when going out and it was all documented in a book which detailed money signed in and out balances checked and receipts were maintained for all purchases where possible. Bank statements regarding finances were issued directly to residents. Inspectors saw residents finances were subject to weekly checks by staff and audit by the person in charge. In addition these records were audited every six months by
external staff. Inspectors saw that residents had easy access to personal money and generally could spend it in accordance with their wishes.

There was a management and support policy for service users who present with challenging behaviour which detailed prevention, training requirements, duty of care, use of medication, follow up, intervention plan and programme plan. Comprehensive management plans were seen in residents' person-centred plans for residents who may present with behaviours that challenge and staff training records showed that staff had received training on dealing with behaviours that challenge. The inspectors saw that a restraint free environment was promoted and none of the residents required any physical or environmental restraints.

**Judgment:**
Compliant

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### 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:**
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided as required.

**Judgment:**
Compliant

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### 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:
There was a policy on access to education training and development. Inspectors saw that residents had been afforded the opportunity to attend various activities such as annual holidays, over-nights away from the centre, and outings to the cinema with friends and facilitated to partake in musical and sport events. All residents had access to a day activation centre.

Residents are supported to be part of their community with a focus on community inclusion. A number of the residents supported by their key workers have completed a training programme on community inclusion. Each Resident who took part received a FETAC level 1 award and the key worker supporting them received FETAC level 5 award. Inspectors also observed that some residents had received a certificate for completion of an art programme.

Judgment:
Compliant

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<th>Outcome 11. Healthcare Needs</th>
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<td>Residents are supported on an individual basis to achieve and enjoy the best possible health.</td>
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Theme:
Health and Development

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

Findings:
Overall inspectors found that residents were supported on an individual basis to achieve and enjoy best possible health.

The inspector saw that residents were assisted to access community based medical services such as their own GP, physiotherapy, dentist, dietician, speech and language therapy. They were supported to do so by staff that would accompany them to appointments such as psychology, endocrinology or psychiatry. Records of these appointments were maintained by staff within the personal plans which facilitated and promoted good communication between health professionals involved in the treatment and support of residents.

There were a number of centre-specific policies in relation to the care and welfare of residents and care management. Inspectors reviewed a selection of personal plans and noted that each resident’s health and welfare needs were kept under formal review as required by the resident’s changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled residents to make healthy living choices in
relation to exercise, weight control and dietary considerations. Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the resident support plan.

Residents were responsible for choosing the weekly menu in the centre. Weekly meetings were held with the residents to plan the meals for the following week. The staff demonstrated an in-depth knowledge of the residents’ likes, dislikes and special diets. Inspectors noted that easy to read formats and picture information charts were used to assist some residents in making a choice in relation to their meal options in one house these were further developed than the other house. The food was seen to be nutritious with adequate portions. Residents told inspectors that they would eat out sometimes or maybe have a take away at weekends.

The residents where possible, assisted in the food preparation and in the cleaning afterwards. Residents weights were recorded on a regular basis and a number of the residents were on reducing diets. Inspectors viewed the monitoring and documentation of some residents’ nutritional intake and noted that appropriate referrals were made if required to the GP and speech and language therapy. Access to dietetics was available also as observed by inspectors. Inspectors observed that residents had access to fresh drinking water at all times.

Staff had a good knowledge of the different food consistency required by the residents’ and the inspector saw their knowledge was reflected in the resident individual assessment records. There was documentary evidence of regular blood profiling and the monitoring of vital signs.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

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

**Findings:**
Overall it was found that each resident was protected by the centre's policies and procedures for medication management. All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices. Medication supplied in a monitored dosage systems in a blister pack system.
The inspector saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

As there were no nursing staff working in this centre staff have undergone a two day training on safe medication administration and are assessed as competent by a nursing staff member prior to any administration of medications to residents. Inspectors saw evidence of this training in staff files. The staff told the inspectors that the pharmacist gives advice to the residents and staff in relation to the medications provided.

Staff who spoke to the inspectors were knowledgeable about the resident’s medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements Residents’ medication were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. The inspector did not see any residents that required their medications to be crushed. There were no controlled drugs in use at the time of this inspection.

**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:**
There is a written statement of purpose that accurately describes the service that is 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. A written statement of purpose was available and it reflected the day-to-day operation of the centre and the services and facilities provided in the centre.

Inspectors noted, and the person in charge confirmed, that the statement of purpose is updated annually and is subject to annual review. There was a copy of the statement of purpose in each of the residents’ bedrooms and in communal areas of the centre. The statement of purpose contained floor plans of the new houses and contained all the
required information to meet the requirements of legislation.

**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 centre is one of a number of designated centres that come under the auspice of the Ard Aoibhinn services. It is a not for profit organization and is run by a board which comprises of four directors and nine board members. It delivers services as part of a service agreement with the HSE. The board usually meet every six to eight weeks and inspectors reviewed minutes of the meetings where issues of finance, staffing, development updates, fundraising and any other issues are discussed. The manager of services reports directly to the board of directors and is a nominated provider for the service. The person in charge for the centre works full-time and has been employed within the service for a number of years. The inspector formed the opinion that she had the required experience and knowledge to ensure the effective care and welfare of residents in the centre. There was also a deputy person in charge who was also appropriately skilled and qualified.

The nominated provider, and the person in charge were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors saw that there was a copy of the National Standards and the Regulations were available to staff in each house along with other relevant documentation.

The inspector observed that residents were very familiar with the person in charge and nominated provider. The inspector saw that residents approached them with issues and
to chat during the inspection. Residents and staff in the houses identified the person in charge as the one with authority and responsibility for the service. Staff who spoke to the inspector were clear about whom to report to within the organisational line and of the management structures in the centre. The person in charge was also involved in a range of quality assurance and improvement measures in the centre, reviews of accidents, incidents and investigation of complaints. She also completed audits of areas including medication management and residents’ personal plans. Corrective action plans were in place for any deficits identified as observed by the inspectors.

The person in charge and provider outlined to inspectors that there was an open door policy for residents and staff to approach them or any member of the management team. Staff who spoke with the inspector said they had regular team meetings and received good support from the person in charge. The inspector saw that staff received formal support or performance management in relation to their performance of their duties or continuous personal development. There was evidence that the person in charge received supervision and support from the nominated provider.

Systems were in place to ensure that feedback from residents and relative was sought and led to improvements such as satisfaction surveys. An annual review of the service had been completed. However, the inspector saw that a formal system for carrying out an unannounced visit of the designated centre as required by the Regulations had not been completed.

Judgment:
Substantially 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 familiar with the requirement to notify the Chief Inspector of the absence of the person in charge. The person in charge was supported by a deputy manager. The inspector engaged with this manager and found that he displayed a clear understanding of his roles and responsibilities under the Regulations when fulfilling this deputising duty. There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours.
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 inspectors found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspector found that the facilities and services available in the centre reflected the statement of purpose.

There is an annual budget for the centre which is reviewed regularly. The accounts and budgets are managed by the registered provider who reports to the board of directors. The provider told inspectors that the centre was adequately resourced.

The inspector observed that activities and routines were not adversely affected or determined by the availability of resources. The inspector saw that transport was available within the centre to bring residents to their day services and to social outings. Staffing levels were found to adequately support residents to achieve their individual personal plans and to meet their assessed support needs. Flexibility was also demonstrated within the roster to meet specific needs of residents.

Judgment: Compliant

### Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

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

Findings:
The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings. An actual and planned staff rota was maintained. A copy of this rota was available in a picture format in all of the houses so that residents were aware of which staff were on duty.

There was safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed and it was found that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. The person in charge stated that many of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing. The inspector reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements.

Staff to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the Regulations and the standards had been made available to them. Inspectors saw that copies of the standards were available in the residents’ houses and staff spoken to demonstrated adequate knowledge of the Regulations and standards. There was a comprehensive induction programme in place. Inspectors saw minutes of regular team meetings.

During the inspection inspectors observed the provider nominee, the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on observations of inspectors staff members were knowledgeable of residents individual needs and this was very evident in the very personalised person-centred plans seen by the inspectors. Residents spoke very positively about staff saying they were caring and looked after them very well and a number of residents asked if they could have their key worker or another member of staff present when they met with inspectors which was facilitated. The inspectors spoke to staff on duty during the inspection and found the staff were competent and experienced and were aware of their roles and responsibilities.

Overall the inspectors was satisfied that the education and training provided to staff enabled them to meet the holistic needs of the residents. The management team demonstrated commitment to providing on going education and training to staff relevant to their roles and responsibilities. However based on a review of training records viewed by inspectors not all staff had received up-to-date mandatory training in moving and handling. Training records confirmed that two members of staff had yet to undergo renewal training for manual handling however this was due to be completed by the end of September 2015.
There was evidence that staff and team meetings were held regularly and the minutes were recorded of issues that were discussed. A sample of the minutes showed that the topics discussed included all issues relevant to the further development of the centre. Staff who spoke to inspectors confirmed that such meetings were held on regular basis and that they received good support from the person in charge. There were no volunteers attending the centre at the time of inspection.

**Judgment:**
Compliant

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**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:**
Records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Records relating to Schedule 3 and Schedule 4 were maintained, stored securely and were easily retrievable. The directory of residents was maintained and made available to the inspector. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. There was a regular review of all policies to ensure that the changing needs of residents were met.

A copy of the Statement of Purpose and the Resident's Guide was available in each centre and was accessible to the residents.

The inspector was provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

**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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by An Breacadh Nua</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005239</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>02 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07 October 2015</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 14: Governance and Management

Theme: Leadership, Governance and Management

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

The inspector observed that a formal system for carrying out an unannounced visit of the designated centre as required by the Regulations had not been completed.

1. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the...
designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**
A more formal process will be established by 31 October 2015 and will be implemented at the next unannounced visit

**Proposed Timescale:** 31/10/2015