

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0004995
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	12
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**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:
02 November 2015 12:00	02 November 2015 18:25
03 November 2015 09:45	03 November 2015 18:15

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 was the centre's first inspection the purpose of which was to inform a registration decision. As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, policies and procedures, the complaints process, medical records and accident logs.

During the inspection the inspector found a high level of compliance with the Regulations, with eleven of the outcomes reviewed being assessed as compliant, six substantially compliant and one as moderately non compliant.

Good practice was found throughout the inspection, including in the areas of:

- rights, dignity and consultation
- communication
- links with family and the local community
- social care
- health care
- safe and suitable premises
- safeguarding
- fire safety
- general welfare and development
- medication management
- governance and absence of the person in charge
- use of resources

Areas of substantial compliance where some improvement was required included, documentation, health care records, statement of purpose, service contract, the identification of risk and restraint assessment.

The notification of quarterly returns was judged as moderately non-compliant and required improvement.

Evidence of good practice was found throughout the service. Residents' health and social care needs were well met and there was an emphasis on ensuring that residents lived full lives to their maximum potentials and were involved in the local community.

There were comprehensive assessments and personal plans for each resident and residents had good access to general practitioners (GP) and health care support services. There were safe systems for administration of medication.

The centre was comfortable, appropriately furnished and well maintained. Staff and residents knew each other well, residents were observed to be relaxed and happy in the company of staff.

The provider and person in charge had developed robust fire safety controls and other safeguarding measures to promote the safety of residents.

Findings from the inspection and actions required are outlined in the body of the report.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that residents were consulted in how the centre was planned and run.

Weekly or fortnightly residents' meetings were held in each of the houses during which residents could plan for issues of importance to them and discuss meal planning. The frequency of meetings was decided by residents. At recent meetings the topics discussed included plans for a new resident to move to the house, an anniversary Mass for a deceased resident, a forthcoming birthday for another resident and plans for the coming week.

Staff also used these meetings to provide information to residents and had recently discussed emergency evacuation and the forthcoming HIQA inspection and had also given residents the opportunity to raise any issues of dissatisfaction. Staff advocated the views of some higher dependency residents in one house.

A satisfaction survey had also been undertaken in the centre earlier in 2015 to seek feedback from residents and their families and a high level of satisfaction was returned.

Residents told the inspector that they lived their lives as they wished and were supported by staff to do the things they liked to do, such as shopping, going out socially and going to Mass. Residents further confirmed that they could get up and go to bed when they liked. During the inspection one resident had chosen to sleep late and was having a late breakfast.

Details of the complaints process were clearly displayed for residents and had also been

discussed at residents meetings. The complaints procedure for residents was in the format of a user friendly booklet, which was designed to be clear and accessible to residents. There was also a clear complaints and compliments form, which was available to residents and they could use to express if they were happy or not happy with any issues. Residents knew who they would speak to if they had a complaint and they felt sure that if they raised any issue that it would be addressed.

There was also a complaints policy which provided guidance on the management of complaints. It identified who to make a complaint to and included an independent appeals process which could be used in the event of a complainant not being satisfied with the outcome of a complaint. The number of complaints received to date was low. One complaint had been received which had been clearly recorded and suitably resolved to the satisfaction of the complainant.

An advocacy service was available to residents and details of how to access this service were clearly displayed.

Some residents were participated in household activities such as shopping, laundry and food preparation at a level suited to their ability with support from staff. During the inspection some residents and a staff member prepared bread and butter pudding for the tea.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. Intimate care plans had been developed to ensure that personal care was delivered in a dignified and safe manner.

All residents had single bedrooms and had keys to lock their bedroom doors if they wished to. Residents' belongings were respected and safeguarded. There was ample wardrobe and storage space in bedrooms, in which residents could store personal belongings. Records of residents' property were retained. Residents had their rooms decorated with photographs, pictures and personal belongings. They had chosen their own furniture, bedding and colour schemes.

The inspector found that residents' finances were managed in a clear and transparent manner. All money retained for safekeeping was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all purchases.

Residents' civil and religious rights were respected. Any residents who wished to were registered to vote. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. There was a church nearby and staff supported residents to visit it when they wanted to, including for weekend Mass. During the inspection one of the residents was planning to go to evening Mass that day with a staff member. In addition, staff broadcast Mass on the television for any residents who wished to see it. Earlier in 2015, a remembrance service had been organised to pray for and remember all deceased residents from the service.

The organisation had a charter of rights. Each resident had a copy of the organisation's charter and a copy was available in an accessible communal area.

**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 systems in place to assist and support residents to communicate.

Assessments had been undertaken and communication profiles, which identified the most appropriate communication techniques for each resident, had been developed. The communication profiles were clear, legible and specific to each person's needs. Objects of reference, pictures and gestures were used by staff to enhance communication with residents. For example, a selection of coloured picture cards had been developed to assist residents in planning and choosing their meals.

The person in charge and staff had also enhanced communication by displaying a range of information to residents in communal areas, such as:

- advocacy services
- weekly menu plans
- names and colour photos of staff members who would be on duty each day
- information about the forthcoming inspection by HIQA
- local news and activities such as social and sporting events
- information such as the complaints process and the residents guide were available in easily readable format with pictures.

Residents had access to computers, television, radio and magazines.

**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:**

Residents were supported to maintain relationships with their families and involvement in the local community.

There was an open visiting policy and family and friends could visit at any time. Some residents also visited and went out with family members throughout the year. Staff and residents confirmed that residents received visits from friends and family.

Families were invited to attend and participate in annual support meetings for the review of residents' personal plans and establishing goals for the coming year. Records indicated that families were kept informed and updated of relevant issues. Relatives and residents who supplied completed questionnaires to the Authority were satisfied with the service provided and were complimentary of the care delivered by staff.

Some residents attended day services where they had the opportunities to meet and socialise with their colleagues and friends. All residents interacted with the wider community when they participated in social events, sport and leisure activities.

Residents were supported to go on day trips, attend sporting events, the hairdresser and dine out in local restaurants and bars. Residents frequently visited local shops and amenities, attended Mass and went for walks in the local area. For example, during the inspection many of the residents went out with staff and one group went to the beach for a walk and picnic.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

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

**Findings:**

The admissions process was appropriately managed and contracts of care were in place.

The person in charge confirmed that contracts for the provision of services were agreed with all residents. Although the contracts were generally in line with the requirements of the Regulations they required some further development to accurately reflect the service provided.

The inspector reviewed some contracts and noted that they included the services to be provided and the fees to be charged, including details of additional charges such as grocery and housekeeping contributions. However, they did not accurately reflect all aspects of the service provided to residents, such as nursing care and services which incurred additional payments. The management team explained that an appendix to the service contract, clearly explaining what services were not included in the fee, was at an advanced stage of development and would be included in all contracts in the near future.

There was a vacancy in the centre which was being filled at the time of inspection and the person in charge explained how the admission process was being managed. There had been a consultation process with the resident, relevant health care professionals and family members. Risk and health care assessments had been undertaken to ensure that the residents' health and social care needs could be met in this centre. As part of the transition plan the new resident had been to visit the centre several times to meet other residents and become familiar with the accommodation. It was also planned that staff from the resident's current service would accompany the resident to this centre and work alongside existing staff for at least one week to ensure a smooth transition. Several residents already knew the incoming resident and were looking forward to the arrival.

The person in charge was fully aware of the need to manage any admissions having regard to the needs and safety of the individual and the needs of the other residents in the centre. There was a policy to guide the admissions process.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

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

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

**Findings:**

The inspector found that residents' social care needs were well met and they had opportunities to participate in activities, appropriate to their individual interests and abilities.

Residents were involved in the development of their personal plans which set out their individualised personal goals, including social goals. The dependency level of residents necessitated that staff supported residents in participating in social activity and review of documentation and discussions with residents confirmed that this was being achieved.

Each resident had a personal plan outlining the things that they liked to do. The inspector reviewed a sample of personal plans. The plans set out each resident's individual needs, goals and choices and how they could be achieved. Individual goals were set out and included the name of the person responsible for pursuing the goals and were updated to reflect progress in achieving the goals. For example, individual goals such as holidays, outings, shopping trips and a family reunion had been achieved for residents

In addition, the personal plans contained personal profiles of each resident, information about residents' interests and weekly activity records.

There were a range of activities taking place in the local area and in resource services and residents' involvement was supported by staff.

**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 design and layout of the centre suited the needs of residents.

The centre comprised of five self-contained units within one complex and was well maintained both internally and externally. The complex was purpose built and consisted of three apartments, a five bed-roomed house and a four bed-roomed house. The houses and apartments were clean, warm, spacious, tastefully furnished and comfortable. Each housing unit was fully self-contained with its own front door and each had its own communal space, sanitary facilities, laundry area, kitchen and dining area.

The bedrooms were bright, spacious, well furnished and decorated in colour schemes of residents' choice. Most bedrooms had en suite toilet and shower facilities and there were sufficient additional toilets and showers, including assisted facilities and a bath. All showers and toilets were spacious and accessible with safe and readily cleanable surfaces. Ceiling hoists had been installed in two bathrooms.

The inspector found the kitchens to be well equipped and hygienic with plentiful storage space. In one house the height of one work surface in the kitchen had been adjusted to enable wheelchair users to prepare food. There were separate office, bedroom, toilet and shower facilities for staff. There was also a recreation room in a central area.

There were adequate facilities for residents to launder their own clothes with washing machines and driers in the dwellings and clothes lines in the gardens. Staff supported residents to participate in their own laundry in accordance with their levels of independence.

The inspector viewed the maintenance and servicing records which confirmed that equipment had been serviced regularly and was in good working order.

Residents had good access to the outdoors. There were well-maintained gardens surrounding the building, which were supplied with garden furniture. Some residents had direct access from their bedrooms to the garden through french doors.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

The provider had measures in place to ensure that staff and residents knew what to do

in the event of a fire. Training records showed that all staff had received formal fire safety training, which was mandatory every two years in this organisation. Staff who spoke with the inspector confirmed that they had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed.

In addition, three fire drills were carried out annually, one of which was at night. Records of fire drills were maintained which included information such as the total time taken to evacuate the centre and who had participated in the drill. Residents who spoke with the inspector were clear on how to evacuate the building and confirmed that they could always hear the fire alarm even if they were asleep at night.

Service records showed that all fire safety equipment had been suitably serviced. The fire alarm system and emergency lighting were serviced quarterly and fire extinguishers were serviced annually. In addition, staff also carried safety checks such as monthly checks of emergency lighting and daily checks of fire escapes and these were being recorded. The inspector found that all fire exits were unobstructed during the inspection. The lift and the central heating boilers were serviced annually.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents had been sourced and was available if a total evacuation was necessary. The procedures to be followed in the event of fire were displayed in each of the dwellings.

There was a health and safety policy, a risk management policy and a risk register available to guide staff. There were also a range of policies which were viewed in conjunction with the risk management system and which included a missing person policy and a behaviour that challenges policy. The risk management policy identified the procedures for the identification and management of risk in the centre, including all the risks specified in the Regulations such as self harm, violence and aggression.

A range of personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures. However, some parts of the risk register were generic and included a wide range of risks which could occur in any centre within the organisation and some were not relevant to this centre. Due to the volume of the document it was more difficult to identify the risks specific to the centre.

Although the centre was generally safe, the inspector found that there were some risks which had not been identified and for which control measures had not been introduced, such as risks associated with openable first floor windows and carbon monoxide poisoning. These issues were discussed with the person in charge on the first day of the inspection and had been resolved on the second day.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and*

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

**Theme:**

Safe Services

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

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

**Findings:**

Measures were in place to protect residents from being harmed or abused. However, some improvement was required to risk assessment for the use of bed rails.

There was a policy on the safeguarding of adults with a disability from abuse and a training schedule which ensured that each staff member attended training in prevention of abuse at three yearly intervals. Staff who spoke with the inspector confirmed that they had received training in relation to adult protection and knew their responsibilities in this area.

The person in charge understood her responsibilities in relation to adult protection and was clear on how an allegation or suspicion of abuse would be managed. To date no allegations or suspicions of abuse had occurred in the centre.

The inspector observed staff interacting with residents in a respectful and friendly manner. All residents told the inspector that they were very well supported and cared for by staff and felt safe living in the centre. They knew the person in charge well and were aware that they could talk to her if they had any concern.

Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies. All staff had attended training on managing behaviours that are challenging. There was a policy on responding to behaviours that challenge to guide staff.

While there was limited use of bed rails, there were some bed rails in use to maintain resident safety while in bed. Prior to the introduction of bed rails, suitable assessment had been undertaken to ensure that this was the most appropriate means of controlling the risk of injury by falling from bed. A system for recorded checking of a resident while in bed was also in place. However, there was no record that additional risk assessment had been carried out to establish if the use of bed rails could also present a risk.

**Judgment:**

Substantially 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:**

Practice in relation to notifications of incidents was generally satisfactory, although some improvement to the submission of quarterly returns to the Authority was required.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

However, the person in charge had, in error, omitted to include the use of bed rails in quarterly return notifications. She explained that she had not considered this to be notifiable as the bed rail was used for safety and not for behaviour management. She stated that she would include any use of bed rails in all future quarterly notifications.

**Judgment:**

Non Compliant - Moderate

**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:**

Residents were supported to participate in education and developmental opportunities and to develop further skills appropriate to their abilities.

Some residents in this centre were retired from attending resource services and the centre was fully staffed throughout the day to allow residents the option of staying at home or going out to other activities of their choice. There was a recreation room

centrally located in the complex from which staff operated a home-based day service which residents had the option to attend. Staff made a range of activities, such as art, games, music therapy and reminiscence available to residents. There was transport available at the centre and during the inspection many of the residents went out with staff for appointments, walks and shopping.

Residents were supported by staff to undertake activities of daily living, such as baking, laundry, grocery shopping and personal hygiene. Some residents chose to attend resource services, for two to five days a week, where a range of opportunities were available to them, including art, literacy courses and cookery.

Other activities, independent of the centre, also took place and residents went out with staff for meals, to the cinema, to the church and for shopping.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that residents' health care needs were well met and they had access to GP and other health care services. However, some improvement to the development of some health care interventions was required.

The inspector found evidence that residents went for consultation with GPs to maintain their health. In addition, all residents had a full annual medical check with the GP. Referrals to consultants were made when necessary and there were records of health care consultations in residents' files.

Residents also had access to a range of health professionals including physiotherapy, psychology and psychiatry within the organisation and referrals were made if required.

Each resident had a personal plan which outlined the services and supports to be provided to achieve a good quality of health care. Health care plans for each resident had been developed by staff based on assessment and recommendations of medical and health care professionals. Personal plans were in an accessible format and each resident's plan for health care was reviewed frequently and when there was a change in needs or circumstances.

Staff who spoke with the inspector were very clear about each residents health care needs and how they would be delivered. The inspector discussed catheter care with some nursing staff. They were very clear about how this was managed and there had been no records of any issues or problems around catheter care having occurred.

On reviewing a sample of residents' health care files, the inspector found that assessment and guidance to staff did not fully reflect the aging profile of some residents or provide guidance to best address their changing needs. For example, while reminiscence therapy was recommended for some residents with dementia, there was no plan about how or when this would be delivered.

Although there were no residents in this centre at end of life, the person in charge had commenced introducing end of life planning in residents' health care profiles. There had been some assessment into the wishes of residents, or their representatives, in the event of a resident becoming very ill. The person in charge intended to develop this process to gather fuller information on residents' end of life care wishes.

At the time of inspection staff told the inspector that there were no residents with weight management issues, although some residents had special dietary requirements, such as modified consistency and diabetic control diets, and these needs were met. There was a speech and language therapist available in the organisation to assess and make recommendations on swallowing issues.

A physiotherapist, employed in the organisation, came to the centre to assess residents' mobility and falls risk. She had carried out assessments on residents who were considered to be at risk and had developed exercise programmes and mobility recommendations.

There were no residents in the centre with wounds or pressure ulcers.

**Judgment:**

Substantially Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that there were safe medication management practices in place.

Training records indicated that all staff had received medication management training which included a competency assessment. There was a comprehensive medication management policy to guide staff.

There were appropriate systems in place for the ordering, storage and return of medications. Medication for each resident was supplied in individual monitored dosage sealed packs which were prepared and delivered weekly by the local pharmacist. There were secure arrangements in place for storage of medication requiring temperature control. Staff explained that there was a good relationship with the pharmacist who was available to advise staff and resident as required.

The inspector reviewed a sample of prescription/administration charts and noted that the information required to guide staff on safe medication administration was recorded. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. The maximum dosage of PRN (as required) medications was prescribed with clear guidance on administration. Personal administration plans had been developed for each resident.

At the time of inspection there were no residents prescribed medication requiring strict controls, no residents required their medication crushed and none of the residents took responsibility for the administration of their own medication.

**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):**

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

**Findings:**

There was a statement of purpose which set out a statement of the aims, objectives and ethos of the designated centre. However, it required further development as it did not contain all the information required by Schedule 1 of the Regulations.

The statement of purpose did not indicate, for example, the sizes of habitable rooms. In addition, the total staffing complement in whole time equivalents and the age range of residents were not clear.

The person in charge was aware of the requirement to keep the document under review at intervals of not less than one year. Copies of the statement of purpose were available in the centre and were accessible to residents and their representatives.

**Judgment:**

Substantially 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):**

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

**Findings:**

The provider had established a clear management structure, suitable supports were available to staff and there were systems in place to review and improve the quality of service.

The role of person in charge was full time and the person who filled the post was suitably qualified and experienced. The person in charge had relevant health care and health service management qualifications and had extensive experience working in services for people with disabilities. The person in charge had overall responsibility for the management of this service and supervision of the staff team and was based in the service each weekday. The person in charge worked closely with an area manager who was her line manager.

The person in charge was very familiar with the care needs of residents in the service and it was evident throughout the inspection that she knew the residents well. She demonstrated a clear commitment to improving the service offered to these residents. There were arrangements in place to cover the absence of the person in charge and there was an on call out of hours rota system in place to support staff.

The person in charge held monthly meetings with team leaders in the service. Persons in charge met monthly with a sector manager who represented and reported outcomes to the provider nominee.

There were systems in place for monitoring the quality and safety of care. The person in

charge kept all accidents, incidents and complaints under review within the centre for the purpose of identifying trends. Members of a service management team carried out unannounced visits to the centre every six months to review the quality of service and compliance with legislation and a health and safety manager carried out annual health and safety audits. The management team also carried out annual internal audits in the service. Findings from all audits and reviews were communicated to the person in charge for attention and were also reported to the provider nominee.

The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. Any discrepancies found were addressed by the person in charge.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised a schedule of relevant training for staff, including manual handling, management of behaviours that challenge, epilepsy awareness, first aid, safe administration of medication, record keeping, client protection and fire training.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**  
Leadership, Governance and Management

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

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

**Findings:**

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

Suitable arrangements were in place to cover the absence of the person in charge.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

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

**Findings:**

The inspector found that there was sufficient resources to support residents achieve their individual personal plans and goals. There were no resource issues identified that impacted on the delivery of appropriate service or provision of suitable care to residents. In addition, the accommodation clean, safe, and well maintained and suitably furnished to meet residents needs. Transport was available to residents.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate.

Staff were present in the centre to support residents at all times during the day and night. Separate staffing was allocated to each of the houses and to the apartments. Due to the dependency of the residents there was always at least one nurse allocated to each of the houses.

All residents who spoke to the inspector stated that staff were readily available to them at all times. Separate staff supported the residents while in their resource centres.

A range of staff training had been provided and training records indicated that staff had received training in fire safety, medication management, client protection, behaviour

management and manual handling, all of which were mandatory in the organisation. Staff had also received other training such as infection control, epilepsy care and positive behaviour support. Staff who spoke with the inspector were knowledgeable of their roles and responsibilities and knew the social and care needs of the residents very well.

The inspector found that staff had generally been recruited, selected and vetted in accordance with the requirements of the Regulations. The inspector reviewed a sample of staff files on a separate day and noted 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 such as suitable references and photographic identification.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

The inspector found that there were good systems in place to maintain the records and policies required by the Regulations. However, improvement to some records was required, including the directory of residents and resident profiles.

During the inspection, the inspector viewed a range of documents, such as the residents guide, operational policies, medical records, accident and incident records, directory of residents and health care documentation and found them to be generally satisfactory. On reviewing residents' personal folders the inspector found that they were generally well laid-out and informative. All records requested during the inspection were promptly made available to the inspector.

However, the inspector found that while the required records were maintained some were not easily retrievable. Some of the required information in the directory of

residents was recorded in different locations and was not readily accessible. In addition, some of the information in residents' personal folders was difficult to access as it was filed in a disorganised manner. For example, a resident's exercise plan was not linked to the resident's daily routine plan and was stored elsewhere in the file.

**Judgment:**  
Substantially 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:***

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0004995
<b>Date of Inspection:</b>	02 and 03 November 2015
<b>Date of response:</b>	10 December 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

The service contracts did not accurately reflect all aspects of the service provided to residents and what services were not included in the fee and required additional payments.

**1. Action Required:**

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

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

provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The PIC and PPIM have reviewed the Individual Service Agreements and included more detailed information regarding the charges and personal expenses. All residents will have the updated Individual Service Agreement filed in their Personal Profile by 31st January 2016.

**Proposed Timescale:** 31/01/2016

**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:**

Some parts of the risk register were generic and included some risks which were not relevant to the centre. Some risks specific to the centre had not been identified or controlled at the commencement of the inspection.

**2. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The Person in Charge with the Health & Safety Co-ordinator will review the Designated Risk Register to identify the risks that are specific to the Designated Centre. Following this, the Risk Register will be updated and will be completed by 15th January 2016.

**Proposed Timescale:** 15/01/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

There was no record that risk assessment had been carried out to establish if the use of bed rails could present a risk.

**3. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in

accordance with national policy and evidence based practice.

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

The Risk Assessment has been updated by the PIC to include an assessment of the risk of bedrails for the resident. This review was completed on 10th December 2015. Any possible risk that may be associated with the use of Bedrails will form part of Bedrail Risk Assessments in the future for all residents.

**Proposed Timescale:** 10/12/2015

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The person in charge had omitted to include the use of bed rails in quarterly return notifications.

**4. Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The Person in Charge will ensure that the use of bedrails as a restriction will be included in Quarterly Reports with effect from 31st December 2015.

**Proposed Timescale:** 31/12/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Some of the assessment and guidance to staff did not fully reflect the aging profile of some residents or provide guidance to best address their changing needs. Reminiscence therapy was recommended for some residents with dementia but there was no plan about how or when this would be delivered.

**5. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Person in Charge will review the current activities which include reminiscence

therapy for residents with dementia to ensure the changing needs of these residents in the centre are met. The PIC will ensure that the activities are reviewed on a regular basis to respond to the changing needs of the residents and that the activities are recorded in the residents' Personal Profile for information for all staff to meet HIQA regulations by 31st January 2016.

**Proposed Timescale:** 31/01/2016

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain all the information required by Schedule 1 of the Regulations.

**6. Action Required:**

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

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

The PIC and the PPIM reviewed the Statement of Purpose and made the necessary amendments to ensure compliance with HIQA regulations. This was returned to HIQA on the 3rd December 2015.

**Proposed Timescale:** 03/12/2015

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Some of the information in the directory of residents was recorded in different locations and was not clearly accessible.

**7. Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The PIC and PPIM with the Quality Enhancement & Development Department and the

Sector Manager will review the structure of their Records Management in the Centre and amend it to support easier retrieval of the residents personal information and to ensure that the relevant records will be accessible on a daily basis for staff. This review will include how best to document, record and store all relevant personal information for the residents to comply with HIQA Regulations by 31st March 2016.

**Proposed Timescale:** 31/03/2016

**Theme:** Use of Information

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

Some health care information was difficult to access as it was filed in a disorganised manner.

**8. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The PIC will review all Personal Profiles, and ensure that all information is kept in the relevant Personal Profile and filed under correct heading. This work has commenced and will be completed by the end of January 2016.

**Proposed Timescale:** 31/01/2016