

**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-0005026
<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>	0

## **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:
09 November 2015 10:30	09 November 2015 17:30
10 November 2015 10:00	10 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 thirteen of the outcomes reviewed being assessed as compliant, four 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 the statement of purpose, service contract and the identification of risk.

The monitoring of nutritional intake 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 and there was a robust system in place for the management of complaints.

There were weekly residents' meetings held in each of the houses during which residents devised the weekly menu plan and shopping list. Monthly advocacy meetings also took place in the houses when residents could also discuss issues of importance to them and staff also used these meetings to share information with residents. One of the residents was the treasurer of a county advocacy committee and attended these meetings at least monthly and brought forward any issues residents wished to bring to the committee.

Staff recorded minutes of the meetings, a sample of which showed that staff and residents had discussed a staffing change, what residents would like to do socially and arrangements for visiting relatives. Two residents had also discussed and agreed a room exchange which best suited the wishes of both people.

Residents told the inspector that, with the support of staff, they lived their lives the way they wanted to. For example, residents confirmed that they could get up and go to bed when they liked.

Details of the complaints process were clearly displayed for residents and had been discussed at advocacy meetings. The complaints procedure for residents was in the format of a user friendly booklet, which was designed to be clear and accessible. The process was also outlined in a DVD which was often shown to residents. In addition,

there was a clear complaints and compliments form for residents, which they could use to express if they were happy or not happy with any issues.

Residents were clear about the complaints process. They told the inspector 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. A resident stated that he had often seen the complaints DVD.

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. There were some complaints in progress which were suitably recorded. Other complaints received had been clearly recorded and suitably resolved.

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

Residents were very involved in household activities such as shopping, laundry and food preparation as appropriate to their abilities.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms and could lock their bedroom doors if they wished to. Residents' valuables were respected and safeguarded, with ample wardrobe and storage space in bedrooms, in which residents could store personal belongings. Residents had their rooms decorated with photographs, pictures and personal belongings. An intimate personal plan had been developed for each resident to ensure privacy was respected.

The inspector found that residents' finances were managed in a clear and transparent manner. All money was securely stored in lockable safe storage, individual balance sheets were maintained for each resident and all transactions were clearly recorded.

Residents' civil and religious rights were respected. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. Staff brought residents to Mass or to visit the church to light candles whenever they wanted to go. Any residents who wished to were registered to vote and were accompanied by staff to go to the polling station. Information on voting and elections was supplied through the advocacy 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:**

The inspector found that systems were in place to assist and support residents to communicate.

Most of the residents in the centre did not have significant communication difficulties, but assessments had been undertaken and communication plans which identified appropriate communication techniques had been developed for some residents. Staff were aware of the communication needs of residents. The inspector observed staff and residents communicating together and being understood by one another.

Objects of reference and pictures were in use to enhance communication with some residents. For example, a coloured picture book containing pictures of a variety of main meals had been developed to assist mealtime and shopping decision making for some residents.

In addition to the communication plans, a hospital passport had also been developed for each resident. This contained a range of relevant information such as likes, dislikes, communication support needs, behaviour management information, health care issues and medication requirements. These passports always accompanied residents going into hospital to guide hospital staff.

Training for residents in communication and independent living skills had been arranged to take place in the centre later in the month. There was a policy on the communication available to guide staff.

There was a variety of information displayed in accessible format in communal areas, including complaints procedure, evacuation details and notices of local community and entertainment events. There was a picture board, which changed daily, with names and pictures of the staff on duty both during the day and night. There were also up to date pictures to remind residents of the daily activities and which ones residents usually participated in.

All residents had access to televisions, radio, postal service, telephone, newspapers 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 who lived in the centre maintained relationships with their families and staff encouraged and supported residents to be involved in the local community.

Arrangements were in place for each resident to receive visitors in private and there was no restriction on visits except when requested by a resident. Each resident had worked with staff to identify important people in his/her life and details of how they could contact these people were recorded in their personal plans.

Residents told the inspector that they were free to have family or friends to visit the house at any time and that they could visit their families or socialise in the local community as they wished.

Families were invited to attend and participate in residents' annual meetings and the review of residents' personal plans subject to residents' wishes for this involvement.

Each weekday, residents visited day services where they had the opportunity to meet and socialise with peers. Residents were also involved in the wider community; for example, attending medical appointments and going to the post office, attending sporting and entertainment events and shopping.

The management team had organised trips of interest to residents. At the time of inspection two residents were visiting London with staff.

**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:**

Contracts for the provision of services had been developed and the person in charge said that a contract had been agreed with each resident. There were suitable arrangements in place for the admission of new residents to the centre.

The inspector reviewed some contracts and noted that they included the services to be provided and the fees to be charged. However, the inspector found that the contracts did not accurately reflect all aspects of the service provided to residents, such as additional costs that residents may incur. 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 had been no recent admissions to the centre. There was a policy to guide the admissions process and the person in charge explained how the admission process would be managed. 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.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that residents had opportunities to participate in activities appropriate to their individual interests. Arrangements were in place to meet the residents' assessed needs and these were set out in individualised personal care plans.

Residents and their families were involved in the development of personal plans and staff provided a good quality of social support to residents. Residents' files contained

important information about residents' backgrounds, including details of family members and other people who were important in their lives.

Detailed support plans were in place which included the required support for health, nutrition, social care, communication, safeguarding and risk management. The inspector reviewed a sample of personal plans and found that they were based on the assessed individual support needs of residents. Assessments had been carried out in consultation with residents, family members, multidisciplinary team members and staff.

Individualised risk assessments/protocols were being used to ensure that each resident could participate in activities with appropriate levels of risk management in place. The personal care plans were found to be person centred and individualised.

There was evidence of regular reviews of personal plans.

**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 two houses which were well maintained both internally and externally. The houses were clean, warm, suitably furnished and comfortable.

There was a variety of communal day space including sitting rooms, well equipped kitchens and dining rooms in both houses. There were separate office, bedroom, toilet and shower facilities for staff in each house.

All bedrooms were for single occupancy. The bedrooms were well furnished and decorated in colour schemes of residents' choice. Residents had adequate personal storage space including lockable cupboards and wardrobes. Some bedrooms had en suite toilet and shower facilities and there were sufficient additional bathrooms and showers in the houses.

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 do their own laundry in accordance with their levels of independence.

There were suitable arrangements for the safe disposal of general waste. Residents had separate waste and recycling bins in each dwelling and the main bins were stored outside in a hygienic manner. Bins were emptied regularly on contract with a private company. There was no clinical waste being generated.

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 and there were gardens adjoining both houses.

**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:**

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

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 policies on missing persons and behaviour that challenges. 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.

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.

Regular fire drills were carried out, including fire drills when residents were asleep. Records of fire drills were maintained which included information such as the total time taken to evacuate the centre. All 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 out a range of internal safety reviews, including daily checks of fire exits, weekly inspections of the fire panel and monthly checks of fire extinguishers, emergency lighting and water temperatures and these were being recorded. Quarterly checks of the first aid bag were undertaken. All fire exits were unobstructed at the time of inspection.

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 both houses.

**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:**

There were measures in place to protect residents from being harmed or abused but some improvement to the assessment for the use of bed rails was required.

There was a policy on the safeguarding residents from abuse. Members of the management team, who spoke with the inspector were knowledgeable regarding their responsibilities in this area and clearly outlined the measures which would be taken in

response to an abuse allegation.

The person in charge stated that all staff had received up to date training in abuse protection and this was confirmed by training records. Staff who spoke with the inspector were clear on what actions they would take in the event of suspected or alleged abuse and confirmed that they had received training in this topic. There was also a range of information available to residents to advise them of what constitutes abuse and bullying and how they should respond to it. This was also regularly discussed at residents meetings.

There was a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included identification of triggers, ongoing support strategies and reactive strategies. Staff who spoke with the inspector had attended training on managing behaviours that are challenging. The inspector observed staff interacting with residents in a respectful and friendly manner.

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

The inspector found that residents' finances were managed in a clear and transparent manner. This money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance records were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all purchases. The system was regularly audited by the person in charge and no discrepancies had been noted.

**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:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All required incidents and quarterly returns had been suitably notified to the Chief Inspector.

The inspector reviewed the incident recording system and noted that comprehensive details of all incidents were recorded.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

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

**Findings:**

Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.

Residents were involved in housekeeping tasks, such as baking, laundry shopping and cooking in accordance with their abilities. There were a range of development opportunities available to residents in the local area and many of the residents had attended some of these. For example, a resident told the inspector that he and another residents was very involved in a local walking club, which they enjoyed as both a form of exercise and a social event through which they had made new friends. They were planning to attend the club's Christmas party.

Another resident was very involved in an animation group and was training to further develop this skill. This resident and some others had been involved in a film made by this group.

Some residents were interested in sport and several told the inspector that they played bocce weekly in the local community and were training for Special Olympics. Residents also spoke to the inspector of participation in music, arts and crafts, shopping, going to social events such as discos and attending a literacy course. Although transport was available one resident used the bus independently to go to town and meet up with friends.

In addition to involvement in the local community residents could also attend a resource

service on weekdays when they could access further training opportunities and could meet with their peers.

**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 generally well met and they had access to appropriate medical and health care services. However, some improvement to nutritional monitoring was required.

All residents had access to GP services, by a GP of their choice. Most residents retained the GP they had used before entering the service. The inspector reviewed a sample of files and found that GPs carried out full medical reviews for all residents annually. Residents also had access to the GP at any other times as required and there were records of health care consultations in residents' files.

Residents had access to a range of health care services including physiotherapy, psychology, psychiatry and occupational therapy within the organisation and referrals were made if required. Arrangements were also made for residents to avail of chiropody, optical and dental services.

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 falls management care plans had been developed for some residents where a risk was identified.

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 found that residents' were supported to buy, prepare and cook the foods

that they wished to eat. Residents participated in cooking their own meals with support from staff. All residents confirmed that they had access to the kitchen and could have meals, drinks or snacks at any time.

The inspector noted that residents' nutritional needs were monitored and staff stated that most of the residents were not experiencing significant nutritional issues. Residents were weighed monthly and were supported and encouraged to eat healthy balanced diets and partake in exercise. The inspector viewed a weight loss plan for one resident who was identified as being overweight and found that it contained a range of guidance on healthy eating. However, while there was a system in place for monitoring food intake, records of weight monitoring indicated that the interventions in place were not effective and that this resident's weight and body mass index had increased consistently throughout 2015.

There were no residents in the centre with wounds or pressure ulcers or requiring end of life care.

**Judgment:**

Non Compliant - Moderate

**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.

There was a comprehensive medication management policy guiding practice. Training records indicated that all staff had received medication management training. 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. Staff explained that there was a good relationship with the pharmacist who was available for advice at any time.

The inspector reviewed a sample of prescription/administration charts and noted that they contained the information required to enable staff to safely administer medications. 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.

Following self medication assessment it was found that one resident could self-administer some medication under supervision of staff. All other medication was administered by staff.

At the time of inspection there were no residents prescribed medication requiring strict controls and no residents required their medication crushed. There were secure arrangements in place for storage of medication requiring temperature control.

**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:**

The inspector found that the statement of purpose described the services provided in the designated centre and met the majority of the requirements of the Regulations.

However, some required information, such as the arrangements for the supervision of specific therapeutic techniques and arrangements for residents to access training and developmental opportunities, was absent.

**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:**

There was an effective management structure in place which supported the delivery of safe care and services.

A new person in charge had recently taken up the role in this service. The person in charge had the required experience and had qualifications which were relevant to the role. The post was full time and met the requirements of the Regulations. During the inspection the person in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She knew the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents.

The person in charge was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation. She worked in close liaison with the area manager who was her line manager who had supported her in her transition to his role. She also worked closely with the team leaders and staff who were based in the centre.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service.

Although the person in charge was new to her role, she familiar with the needs of residents in the service and she knew the residents and staff in the houses visited during the inspection. 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 met monthly with other persons in charge in the organisation and a sector manger 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 reviewed all accidents, incidents and complaints for the purpose of learning and identifying trends. Unannounced audits were also carried out twice each year to review the quality and safety of care and compliance with legislation. In addition, a member of the management team carried out annual health and safety audits. The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of 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 organisational 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, 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 her line manager 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 any such 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:**

There was evidence of adequate resources to ensure effective delivery of care and support. The inspector found that there were sufficient resources to support residents achieve their individual personal plans.

The centre was maintained to a good standard inside and out, was well furnished and equipped and maintenance requests were addressed promptly. There were resources to

ensure that residents' occupational, social and health care requirements were met. The centre was suitably staffed and there was transport provided for 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.

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 records as required by the Regulations were maintained in the centre.

During the course of the inspections a range of documents, such as the residents guide, medical records, accident and incident records, staff recruitment files and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made readily available to the inspector.

All policies as required by Schedule 5 of the Regulations were available and a sample viewed by the inspector were up to date.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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-0005026
<b>Date of Inspection:</b>	09 and 10 November 2015
<b>Date of response:</b>	07 January 2016

### 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, such as additional costs that residents may incur.

#### 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:**

Amend the Individual Service Agreements to reflect examples of items which can be purchased from the service users personal funds, including Health Care Services that are not covered by GMS scheme.

It will include cost of holidays and outings and reflect that the individual will contribute to the cost of staff or volunteers expenses while supporting them.

**Proposed Timescale:** 02/02/2016

**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 not centre specific and included some risks which were not relevant to the centre.

**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:**

Liaise with the Health and Safety Officer to amend and review the Local and Individual Risk Registers to ensure that they are more concise and to include only specific legitimate risks for the buildings and individuals.

**Proposed Timescale:** 01/04/2016

**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 any assessment had been undertaken to ensure that use of bed rails was the most appropriate means of controlling the risk of injury by falling from bed for a resident.

**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:**

1. Review and update current Risk Assessment and complete updated Bed Rail Assessment with multi-disciplinary team and family members to consider the rationale for the use of Bed Rails for this individual. 13th January 2015
2. Night staff to record night time seizures and observations of individuals sleeping positions.

**Proposed Timescale:** 02/02/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The system in place for the management of nutritional risk was not effective.

**4. Action Required:**

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

1. Any Individual with weight related issues supported to attend Dietician and Physiotherapist to review current diet and exercise plan.
2. Team meeting held including Multi-departmental professionals and day staff on 18th November 2015. It was agreed that Food Trackers will be rewritten to be more detailed and concise. Teams to record and communicate accurate food intake and portion sizes. All staff to support individuals to increase physical activities when possible and to record same.
3. PIC to source a Nutritional Therapist to educate the staff team on best nutritional practises and to support staff to devise more suitable diet plans for all residents.
4. PIC and Team Leader to meet with Individual's family members to review diet and exercise plans. (January 15th 2016).

Proposed Timescale: (1) (2) (3) 30/11/15 (4) 15/03/16

**Proposed Timescale:** 15/03/2016

**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 include all the information required by the Regulations.

**5. 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:**

Statement of Purpose reviewed and amended to include:

1. Details of Arrangements for the supervision of specific therapeutic techniques
2. Details of educational and training opportunities that are available through day services.
3. The age range reflects the ages of residents in the centre accommodates rather than the ages of current residents
4. More detailed information regarding Consultation with residents.
5. More specific details on community facilities that are used by the individuals

**Proposed Timescale:** 15/12/2015