<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Galway</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0005032</td>
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<td><strong>Centre county:</strong></td>
<td>Galway</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Anne Geraghty</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Jackie Warren</td>
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<td><strong>Support inspector(s):</strong></td>
<td>None</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>9</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: 26 November 2015 10:30  To: 26 November 2015 16:30
27 November 2015 09:50  27 November 2015 18:20

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 second 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 ten of the outcomes reviewed being assessed as compliant, three substantially compliant and five as moderately non compliant. Health care was judged as a major non compliance as some aspects of health care were not effective.
Good practice was found throughout the inspection, including in the areas of:
- links with family and the local community
- social care
- safeguarding
- fire safety
- general welfare and development
- governance and absence of the person in charge
- use of resources.
- workforce
- notification of incidents
- documentation and records.

Areas of substantial compliance, where some improvement was required, included the statement of purpose, service contract and rights, dignity and consultation.

Medication management, communication and identification of risk were judged as moderately non-compliant. While the accommodation was comfortable and was furnished and maintained to a high standard, some areas the premises were judged as moderately non-compliant. These related to absence of suitable laundry facilities in parts of the service. Part of the service was also not in compliance with planning requirements. While a good standard of health care was generally being delivered to residents, health care was also judged to be in moderate non compliance due to inadequate systems for management of nutritional risk.

Evidence of good practice was found throughout the service. Residents’ social care needs were well met and there was an emphasis on ensuring that residents lived full lives to their maximum potential and were involved in the local community. Residents had good access to the local community to participate in social, developmental and sporting events and this was supported by staff.

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

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):
No actions were required from the previous inspection.

Findings:
This outcome was not reviewed at previous inspection.

The inspector found that residents were consulted in how the centre was planned and run, they had access to a complaints process and that their religious and civil rights were supported.

Consultation with residents was organised in various ways to best suit the needs of residents. In some dwellings residents had weekly house meetings at which meal planning for the coming week was decided. Most other consultation took place directly through residents’ discussion with staff who advocated their views in the service. There were occasional full house meetings being organised in one of the houses and two of these had taken place in 2015. At these meetings the topics discussed included room decor, Christmas planning, social outings, fire safety and the complaints procedure. There was evidence that issues raised at the first meeting of the year had been addressed. The person in charge stated that it was planned to hold house meetings at monthly intervals in 2016.

In addition, there was a service users council for the organisation and one of the residents represented this centre at these meetings. However, this process required some further development to ensure that all relevant information from the council would be effectively shared with all residents. There was no system in place to communicate information or decisions from the council back to residents in the service.

Residents told the inspector that they chose how to live their daily lives and that staff
supported them to do the things they liked to do, such as shopping, going out socially and attending sporting events. Residents also confirmed that they could get up and go to bed when they pleased.

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. There was also a clear complaints and compliments form available to residents that they could use to express if they were happy or not happy with any issues. The complaints process was also explained in a DVD which residents confirmed they had viewed. Residents knew who to speak to if they had a complaint and they felt sure that it would be taken seriously.

There was also a complaints policy which provided guidance on the management of complaints, identified who to make a complaint to and included an appeals process. There were no active complaints under investigation at the time of inspection.

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

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 as they wished; for example with photographs, pictures and personal belongings displayed. 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 and staff accompanied them to polling stations to vote. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. Staff supported residents to visit the church or to attend Mass as they wished. The local priest often called to the centre and knew the residents well. He said an annual Mass in the centre and had also recently celebrated a remembrance Mass there. A Eucharistic Minister came to the centre every Sunday to pray with residents and to administer Holy Communion.

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:**
Substantially Compliant

### Outcome 02: Communication
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
This outcome was not reviewed at previous inspection.

There were systems in place to assist and support residents to communicate although some improvement was required to documentation of communication plans and use of suitable language for some residents.

Communication passports, which identified the most appropriate communication techniques for each resident, had been developed. While communication passports provided individual guidance on communicating with each resident some of the information was not sufficiently detailed to reflect the communication techniques explained by staff.

Communications interventions set out in residents’ personal plans were not being consistently implemented. The inspector found that communication with some residents was hindered due to some staff not being sufficiently fluent in the language of the resident. This reduced the level of communication that some residents could engage in with some staff.

A hospital profile had been developed for each resident which contained all relevant information pertaining to the resident in an accessible format. In the event of a hospital admission these would be used to communicate a range of important information about residents to hospital staff.

There was a variety of information displayed in accessible format on notice boards, including complaints procedure, information on local community and entertainment events and staff on duty.

All residents had access to televisions, radio, postal service, telephone and magazines.
Judgment:
Non Compliant - Moderate

**Outcome 03: Family and personal relationships and links with the community**
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

**Theme:**
Individualised Supports and Care

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

**Findings:**
This outcome was not reviewed at previous inspection.

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. One resident had recently had a birthday party in the centre attended by family, friends and neighbours.

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.

All residents had opportunity to interact with the wider community to participate in social events, sport and leisure activities. Residents frequently visited local shops and amenities, attended Mass and went for walks in the local area. During the inspection staff supported residents’ to participate in activities that they were interested in.

**Judgment:**
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

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

Findings:
This outcome was not reviewed at previous inspection.

Contracts for the provision of services had been developed, although some further
development to contracts was required to clearly indicate what was and was not
included in the fee.

The person in charge said that a contract had been supplied to each resident or their
representative for agreement. The inspector reviewed some contracts and noted that
they included the services to be provided, and identified some services that were not
included in the fee.

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 showed the inspector a draft copy of an appendix to the service
contract, clearly explaining what services were not included in the fee. They explained
that they intended for the appendix to be included in all contracts by the end of 2015.

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 showed the inspector a draft copy of an appendix to the service
contract, clearly explaining what services were not included in the fee. They explained
that they intended for the appendix to be included in all contracts by the end of 2015.

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

**Findings:**
This outcome was not reviewed at previous inspection.

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

Some identified goals included development of independent living skills, increasing family contact, increased involvement in food preparation and specific social outings and nights away. There was evidence that these goals had been achieved or were in progress. Some of the residents in this service were retired and preferred home based activity such as watching television, participating in art classes, relaxing in the house and garden, listening to music and smoking in the smoking area.

Some residents attended day resources services where they could interact with friends and peers and also become involved in a variety of activities, such as artwork which was displayed in the centre.

There were a range of activities taking place in the local area 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):
No actions were required from the previous inspection.

Findings:
This outcome was not reviewed at previous inspection.

The design and layout of the centre generally suited the needs of residents, although there was improvement required to the provision of laundry facilities for some residents. In addition, one part of the centre had not been built in compliance with planning requirements.

The centre comprised of one communal house and three self-contained two-bedroomed apartments all of which were well maintained both internally and externally. The house and apartments were clean, warm, well furnished and comfortable. Each housing unit had its own communal space, sanitary facilities, kitchen and dining area.

Two utility rooms with laundry facilities were provided in the communal house. Staff supported residents to participate in their own laundry in accordance with their levels of independence. However, due to the layout of these rooms, the laundry facilities were not accessible to residents who required mobility aids such as wheelchairs. In addition, there were no laundry facilities in one of the apartments. The provider and person in charge had already recognised this deficit and were developing plans to address it.

Residents' bedrooms were well furnished and decorated in colour schemes of residents’ choice. There were adequate toilet and shower facilities available to residents in accessible locations.

The inspector found the kitchens to be well equipped and hygienic with adequate storage space. There were separate office, bedroom, toilet and shower facilities for staff.

There were suitable arrangements for the disposal of general waste. Residents segregated refuse for recycling before it was transferred to bins outside for removed by 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. There were well-maintained gardens surrounding the buildings.

The provider made it known to the Authority both during the inspection and through correspondence relating to the application to register the service that one unit in the centre was not built in compliance with planning requirements and that action was in progress to address this matter. The inspector found during the inspection that the planning non-compliance related to the size of the building and did not impact directly on the safety and comfort of residents.
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):
No actions were required from the previous inspection.

Findings:
The inspector found that, while there were robust measures in place to protect the health and safety of residents, visitors and staff, improvement was required to the identification and control of some risks in the service.

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. The management team outlined a plan to review the risk register and to present the identification and control of actual risk in a more accessible format.

Although the centre was generally safe, the inspector found that there was a risk which had not been identified and for which control measures had not been introduced. There was an unsafe area of the grounds of one dwelling which was not suitably screened and presented a potential risk of injury to residents or visitors 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. 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 daily checking of escape routes and monthly checks of fire extinguishers and emergency lighting. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

Training records indicated that all staff had received formal fire safety training. Staff who spoke with the inspector confirmed this and were knowledgeable regarding the
procedures to be followed in the event of fire.

In addition, fire evacuation drills were carried out monthly in the centre, two of which were at night each year. 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. Individual evacuation plans had been developed for each resident. 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. Additional measures had been introduced to alert a resident with hearing impairment and at fire drills these were found to be effective.

However, the evacuation plan for a resident had not been reviewed following a change of location in the centre to establish if the original plan could still continue to be implemented safely.

There was an emergency plan in place which outlined clear guidance for staff in the event of any emergency or evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation.

All staff had received up to date training in moving and handling.

**Judgment:**
Non Compliant - Moderate

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**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

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

**Findings:**
This outcome was not reviewed at previous inspection.

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

There was a comprehensive policy on the safeguarding of vulnerable adults at risk of abuse. The policy outlined clear guidance for staff as to what their role would be if they
suspected any form of abuse and outlined clear guidelines for managing allegations of abuse including conducting an investigation. It also included the name and contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area. The 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.

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 prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies. All staff had attended training on managing behaviours that are challenging and staff described to the inspector different calming techniques that would be used for individual residents.

While physical restraint was not used as a form of behaviour management, bed rails were in use to maintain the safety of one resident while in bed and their use had been suitably assessed. Prior to the introduction of bed rails, an assessment had been undertaken to ensure that this was the most appropriate means of controlling the risk of injury by falling from bed. An additional risk assessment had also been carried out to establish if the use of bed rails could also present a risk.

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.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
This outcome was not reviewed at previous inspection.

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.
There was a computerised incident recording system in which comprehensive details of all incidents and accidents were recorded.

**Judgment:**
Compliant

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**Outcome 10. General Welfare and Development**

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

**Theme:**
Health and Development

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

**Findings:**
This outcome was not reviewed at previous inspection.

The inspector found that residents were supported and given the opportunity for new experiences, social participation, education, training and employment to assist them achieve their potential.

Each resident was supported to attend a variety of activities, social events, and training in line with their own personal interests. Some residents attended classes including a gardening course, computer and camera classes, writing, soft toy making and personal development. Some residents were involved in sports training in the community and one showed the inspector a display of trophies that he had won. While none of the residents were involved in employment outside the centre, one explained that she had previously had a job but the company had closed down.

Other opportunities also took place in the centre. An art class was held in the centre every week which residents said that they enjoyed. Staff discussed ways in which life skills, such as shopping, cooking and laundry, were being developed to support residents to live as independently as possible.

**Judgment:**
Compliant

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

Findings:
The inspector found that residents’ health care needs were well met and they had access to appropriate general practitioner (GP) and other health care services. However, the management of modified consistency diets constituted a significant risk and there was some improvement required to weight management.

Residents' nutritional needs and weights were kept under review, although some improvement was required to ensure that suitable outcomes were consistently achieved. Residents were weighed monthly and were supported and encouraged to eat healthy balanced diets and partake in exercise. However, there was no guidance available, or tool in use, to advise staff when any resident’s weight presented a risk and additional dietary intervention was required. This presented a risk that significant weight gain may not be recognised promptly and appropriately addressed.

Most residents ate foods of normal consistency but a modified consistency diet was required for one resident based on an assessment by the speech and language therapist. Although there was clear guidance provided by the speech and language therapist, the inspector found that the required texture was not being prepared and served to the resident at the time of inspection, which presented a choking risk.

All residents had good access to GP services and there were out of hours services available. Medical records indicated that residents went for consultation with GPs as required to maintain their health and there were annual medical reviews organised for all residents. At the time of inspection there were no residents with wounds or pressure ulcers or who had been identified as being at a significant risk of falls.

Residents also had access to a range of health professionals including physiotherapy, speech and language therapy, psychology and psychiatry and referrals were made if required. Appointments were also routinely made for residents to be reviewed by, for example, audiologists, dentists, opticians and chiropodists. All residents also received the 'flu vaccine' annually. Support from public health nurse and nurses specialising in stoma and diabetes care was also available when required. A diabetes nurse had recently provided a training session in the centre which was attended by staff and a resident.

Each resident had a personal plan which outlined the services and supports to be provided to achieve a good quality of health care. 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. The plans viewed contained detailed information around residents' health care needs, assessments, medical history and any treatment received and also health care support required from staff. For example, plans...
of care had been developed for a range of health and personal care needs such as, diabetes care, colostomy care, epilepsy, pressure ulcer prevention and personal care.

**Judgment:**
Non Compliant - Moderate

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
The inspector found that there were generally safe medication management practices in place although the management of medication errors required improvement.

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 by the pharmacist.

The inspector reviewed a sample of prescription/administration charts and noted that they contained most of the information required to enable staff to safely administer medications. 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. However, while the routes of administration were generally clearly indicated and verified by the GP on prescription sheets, this was not indicated in the case of medication that was required to be administered crushed. Consequently, staff administered crushed medication which had not been prescribed as such by the GP. This presented a risk that medication could be crushed which was not suitable for this process.

At the time of inspection there were no residents prescribed medication requiring strict controls and no residents self-administered their medication. All medication was securely stored in the centre. There was a secure system for the return of unused and out of date medication to the pharmacist.

During the inspection, the inspector also found that there had been a medication error relating to inaccurate recording of the administration of medication. This error had not been identified or investigated by the management team. It was therefore not possible
to establish if the medication was administered as prescribed.

**Judgment:**
Non Compliant - Moderate

### Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
This outcome was not reviewed at previous inspection.

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 all units in the centre. In addition, the total staffing complement in whole time equivalents was not accurate as it did not represent the person in charge.

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):
No actions were required from the previous inspection.

Findings:
This outcome was not reviewed at previous inspection.

The organisational structure of the service was clearly laid out in the statement of purpose and the inspector found that this structure adequately supported the management team staff in the delivery of the 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 but worked closely with a sector manager who was her line manager. She also worked in close liaison a service co-ordinator, team leader and staff who were based in each house.

The person in charge was very familiar with the needs of residents in the service and was well known to the residents and staff in the houses visited during the inspection. 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.

Persons in charge and service co-ordinators met monthly with 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 kept all accidents, incidents and complaints under formal 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 of all of the houses 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 and fire training.

Judgment:
Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
This outcome was not reviewed at previous inspection.

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):
No actions were required from the previous inspection.

Findings:
There was evidence of adequate resources to ensure effective delivery of care and support. The houses were adequately furnished and equipped and there were resources to facilitate residents’ occupational and social requirements. 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):**
No actions were required from the previous inspection.

**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 inspector also found that all staff had 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 information 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.

Staff were present in the centre to support residents as required during the day and night. Separate staffing was allocated to each of the units. All residents who spoke to the inspector stated that staff were readily available to them at all times. Separate staff supported residents while in their resource centres. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate.

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.

**Judgment:**
Compliant

**Outcome 18: Records and documentation**
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to
residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
This outcome was not reviewed at previous inspection.

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 and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were neat, clear, orderly and suitably stored.

All policies as required by Schedule 5 of the Regulations were available and 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

| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Galway |
| Centre ID: | OSV-0005032 |
| Date of Inspection: | 26 November 2015 and 27 November 2015 |
| Date of response: | 27 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no system in place to communicate information or decisions from the residents' council back to residents in the service.

1. Action Required:
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The PIC and Staff Team will ensure that all individuals in the centre will receive relevant information from the Service Users’ Council meetings by:-
- nominating a staff member in the Centre to support the Advocate who represents all of the individuals in that centre;
- by ensuring that the Minutes of Service User Council meetings will be forwarded to each area in the Service;
- that the nominated staff member and the Advocate who represents other individuals in the centre at the Service Users’ Council meeting will attend an Advocate meeting in both houses in the centre, twice yearly or more frequently if required, to share information, to provide clarity and answer any questions individuals may have and also to take any agenda items for upcoming Service Users’ Council meetings;
- the Advocate who supports individuals will also have an email address to take agenda items in the intervening period.

Proposed Timescale: 31/03/2016

Outcome 02: Communication
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Communication techniques were not sufficiently clear in some communication plans.

Communications interventions set out in residents’ personal plans were not being consistently implemented as some staff were not sufficiently fluent in the language of the resident.

2. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
1. The PIC will arrange to review each Individual’s Communication plan/passports and ensure documents are updated, individualised and clear for staff to follow.
2. The PIC will ensure that the information in the Communication plans is detailed and clear and that all staff are familiar with this to support the individuals.
3. The PIC and the Team will promote the use of the language of the individuals they are supporting. The PIC will arrange training for staff who are not fluent and will encourage the use of the language when communicating with residents daily.
4. The PIC and the Staff Team will organise family days and events to promote the use of the language.
5. The PIC and the Team Leaders of the two houses in the Centre will monitor how staff are implementing the communication interventions set out in the resident’s Personal Plans on an on-going basis, also at Personal Plan Reviews and this will be an
ongoing item on the Agenda at Team Meetings,

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

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Details of additional charges were not indicated in sufficient detail in the service contracts.

**3. Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the 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 Brothers of Charity Services have amended the Adult Individual Service Agreement to reflect the Individual’s personal expenditure including health care services not covered by the GMS Scheme; holidays, and other social events when drawing up the Contract with the Individual or family member.

The PIC will amend each individual contract when reviewing the contract or when opportunities arise during Personal Outcome Reviews, during the year.

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

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no laundry facilities available in one unit in the centre and the laundry facilities in another unit were not accessible to residents who required mobility aids such as wheelchairs.

**4. Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
1. Slimline washing machine and dryer are being purchased and installed for both houses in the Centre to ensure accessibility for all individuals living in the house who
require mobility aids such as wheelchairs.

**Proposed Timescale:** 31/03/2016  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
One unit of the centre was not built in compliance with planning requirements.

**5. Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
Communication with landlord in relation to plans and planning permission are in progress with building Manager.

2. Safer railing to be erected externally at back of house for safe egress to the shed, and to be used as safe barrier to a drop to the ground below, waiting for maintenance person to commence work, and aim to be completed by the 08/02/2016. Communication with landlord in relation to plans and planning permission are in progress with building Manager.

Proposed Timescale: (1) 31/07/2016; (2) 08/02/2016

**Proposed Timescale:** 31/07/2016

**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. A risks specific to the centre had not been identified or suitably controlled.

**6. 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 local Risk Register has been amended to include relevant risks specific to the centre.
The PIC will liaise with the Health and Safety Officer to amend the centre’s local risk
register to identify specific risks related to the centre and ensure that suitable controls are in place.

2. Safer railing to be erected externally at back of house for safe egress to the shed, and to be used as safe barrier to a drop to the ground below, waiting for maintenance person to commence work, and aim to be completed by the 08/02/2016.

**Proposed Timescale:** 29/02/2016  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The evacuation plan for a resident had not been reviewed following a change of location in the centre to establish if the original plan could still continue to be implemented safely.

7. **Action Required:**  
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**  
1. The PIC, Fire Officer, H & S Co-ordinator and staff reviewed and updated the Evacuation plan for one person who had changed location in the house (peeps).  
2. Procedures in place to evacuate the individual safely from the individual’s bedroom to a safe area in the event of a fire;  
3. All staff brought up to date re change in procedures (peeps).  
4. The Social Care Leader as part of local induction ensures that all new staff are informed of peeps for all individuals in the centre.

**Proposed Timescale:** 23/01/2016

**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 systems in place for weight management were not fully effective.

8. **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 PIC, Team Leaders and Staff when reviewing individuals’ activities will try to increase physical activities at an appropriate level where possible, bearing in mind
9. **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. The PIC has discussed and directed the Social Care Leader to increase Staff supervision when preparing food for one individual on a special modified diet, to ensure correct consistency of food in line with the FEDS Plan. Only experienced staff will be involved in the preparation of food to ensure correct consistency until all staff are trained in the process.
2. The PIC and the Team Leader will ensure that new staff being inducted will be informed of the special nutritional dietary requirements of one individual and trained in line with the FEDS plan.
3. A referral was sent to the Speech and Language Therapist on the 09/01/2016 to review the FEDS assessment in place for the individual.
4. Staff supporting this individual have been booked to attend FEDS Training on the 06/04/2016.

If an individual’s BMI is not within the recommended guidelines, the resident will be assessed using the Nutritional Screening Tool in line with the Organisational Policy for the management of residents’ nutrition. If a nutritional risk is identified the resident will be referred to the Dietetic Services. The PIC will arrange for key staff to attend training on Food and Nutrition.

**Proposed Timescale:** 28/11/2015

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**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff administered crushed medication which had not been prescribed as such by the
GP which presented a risk that medication could be crushed which was not suitable for this process.

A medication error relating to the administration of medication had not been identified or investigated. It was therefore not possible to establish if the medication was administered as prescribed.

**10. Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
1. Medication reviewed and alternative medication prescribed for the individual as crushed medication, is now recorded and prescribed on the drug chart by the G.P on the 03/12/2015.
2. The Service Coordinator will check the audits of medication errors completed on a monthly basis by the Team Leader in the house. The analysis of the data regarding medication errors will be shared and discussed with staff at Team Meetings with regard to the follow up on the learning to prevent or reduce medication errors.
3. SAMS refresher training carried out on the 08/12/2015.
4. Senior staff to mentor and support newly SAM trained staff.

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

**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.

**11. 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 amended and updated.

**Proposed Timescale: 26/01/2016**