<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Galway</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004849</td>
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<td>Centre county:</td>
<td>Galway</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Anne Geraghty</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times
From: To:
19 January 2016 11:00 19 January 2016 18:00
20 January 2016 10:15 20 January 2016 16:00

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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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, fire safety records, risk management documentation and medical records.

The centre comprised of a two bedroomed house and four self-contained apartments which provided residential accommodation for seven male and female adults. The residents gave their consent for the inspector to enter their home and review their
documentation. The centre was comfortable, appropriately furnished and well maintained.

Good practice was found throughout the inspection and the inspector found a high level of compliance with the Regulations, with sixteen of the outcomes reviewed being assessed as compliant and two as substantially compliant.

Areas of substantial compliance where some improvement was required included, safe and suitable premises and workforce. Overall the premises were of a high standard but this outcome was judged to substantially compliant as there was an issue relating to the ventilation of one bedroom. Staffing levels and skill mix were found to be suitable but there was a gap in the documentation of one staff member’s recruitment file.

Evidence of good practice was found throughout the service. Residents’ health and social care needs were well met. 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.

There was an emphasis on promoting residents' independence to their maximum potentials and residents were involved in social, educational and employment opportunities in the local area. Residents who spoke with the inspector confirmed that they loved living in the centre, had active, fulfilled lives and were well supported by staff.

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 measures to promote the safety of residents. There were robust fire safety controls, health and safety and risk management processes in place and other procedures for safeguarding residents from abuse.

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

There were weekly residents’ meetings at which residents could make plans and discuss issues of importance to them. Residents came together in one house in the centre for these meetings. Residents and staff recorded minutes of the meetings and each resident was given a copy of the minutes after the meeting. Minutes of recent meetings showed that residents had discussed personal events, such as birthdays and planned for outings, activities, housekeeping and goals. Staff also used these meetings to give residents advice on topics such as road safety and residents’ rights.

Residents told the inspector that they lived their lives the way they pleased and always had the opportunities to do the things they wanted to do. A resident who was independent said that she let staff know of her plans and when she would return. Residents further confirmed that they could get up and go to bed when they wanted to and were supplied with meals of their liking. Residents were very involved in household activities such as shopping, laundry and food preparation and outdoor planting.

An advocacy service was available to residents and details of how to access this service were readily available. One of the residents from this centre is chairperson of a national advocacy group.

Details of the complaints process were clearly displayed for residents and had been discussed at residents meetings. The complaints procedure was written in a legible
format, including pictures and photographs, and was designed to be clear and accessible to both residents and their families. Residents were clear about the complaints process. They told the inspector who they would speak to if they had a complaint and were satisfied that if they raised any issue that it would be addressed.

There was also a complaints policy which provided guidance on the management of complaints. The complaints officer and an appeals process were identified in the policy. There were no active complaints under investigation at the time of inspection, although there was a suitable system for recording complaints if required.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. Most residents lived in single occupancy units. Two residents shared in house and had separate bedrooms with keys to lock their bedroom doors if they wished to. Residents’ belongings were respected and safeguarded. There was sufficient wardrobe and storage space in bedrooms, in which residents could store personal belongings.

Residents had their dwellings decorated with photographs, pictures and personal belongings. Although residents were generally independent in delivering their own personal care, intimate care plans had been developed to ensure that suitable prompts were given by staff as required.

Some residents retained full control of their own money and valuables, while others required support from staff. The inspector viewed the arrangements for the management of money of a resident who required support and found that it was managed in a clear and transparent manner. The resident’s money was securely stored in lockable safe storage which was accessible whenever it was needed. Transactions were clearly recorded and signed and receipts were maintained for all purchases.

Residents' civil and religious rights were respected. All residents were registered to vote and families or staff accompanied residents to vote if they needed support. At the time of inspection Roman Catholicism was the only religion being practiced in the centre and residents were supported to practice their religion in their preferred way. The organisation had a charter of rights of which each resident had a copy.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were effective systems in place to assist and support residents to communicate as required.

At the time of inspection most residents had good communication skills and did not require specific communication plans. A detailed communication profile had been developed for one resident with a hearing deficit which identified the most appropriate communication techniques for that person. These included clear guidance on use of sign language, gestures and pictorial cues. With support from staff in the day service this resident had made a large colourful textile wall hanging, which incorporated a large range of visual aids such as going out, food and shopping. These were used both by staff to offer choice and assist daily planning and by the resident to communicate preferences. This resident had an ipad which was also used a means of communication with staff.

All staff had also been trained in the use of Lámh sign language and staff and the resident communicated freely together during the inspection.

A hospital passport had 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.

Each resident had his/her own personal folder which included a range of information, including complaints procedure, rights and advocacy information.

All residents had access to televisions, radio, postal service and telephones.

**Judgment:**
Compliant

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**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. All residents were encouraged and supported to interact in the local community.
There was an open visiting policy, family and friends could visit at any time and in shared accommodation there was sufficient space for residents to meet visitors in private if they wished. Each resident had worked with staff to identify important people in their lives 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 visitors to the house at any time and that they could visit their families or meet friends in the local community as they wished.

The person in charge and staff also met with families three times a year to inform families on issues relating to the centre such as complaints, service agreements and inspections. The person in charge sometimes arranged for guest speakers give talks at these meetings. Families were also invited to attend personal planning reviews subject to residents’ wishes for this involvement.

Some residents visited a day service each weekday where they had the opportunity to meet with and socialise with friends. Some residents also had jobs in the area and one resident told the inspector that she went to work three days a week which she enjoyed. One had a car and participated independently in her own journeys and interests as she pleased.

Residents were supported to go on day trips, attend sporting and entertainment events, the hairdresser, attend classes and dine out in locally. Residents frequently visited the shops and facilities in the local community.

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 were agreed with each resident. The inspector reviewed some contracts and noted that they included the services to be provided and the fees to be charged including details of services which incurred additional charges.

There was an admission policy and the person in charge explained the admission process. A recent admission to the centre had been conducted in line with the policy.
Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that residents had opportunities to participate in activities, appropriate to their individual interests. The arrangements to meet each resident’s assessed social and personal needs were set out in individual personal plans. Residents were involved in the development of their personal plans which set out their individualised personal goals, including social goals. Some residents undertook much of their social activity independently and staff also provided a good quality of social support to other residents when required.

Personal plans had been developed in consultation with the residents, key workers and family members at annual personal planning meetings. The inspector found personal plans were developed to a high standard, were person centred and were focussed on improving the quality of residents’ lives.

Residents’ individual goals were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to. The person in charge ensured that support was provided to meet these goals. Equipment and transport was available to residents to support them in achieving their goals. There was evidence and residents spoke of identified goals which had been achieved in 2015, such as getting and learning to use an ipad, taking up swimming, going to Coronation Street and developing a back garden.

In addition, the personal plans contained personal profiles of each resident, information about residents’ interests and documented weekly activity charts/programmes. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place.
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, although there was improvement required to the provision of ventilation to the external air in one bedroom.

The centre comprised of a two-bedroomed house and four self contained apartments. All the accommodation was well maintained both internally and externally and was clean, warm, suitably furnished and comfortable.

Two of the units had separate sitting rooms and kitchens, while the remainder had open plan kitchen and sitting rooms.

All residents had their own bedrooms. The bedrooms were bright, well furnished and decorated in colour schemes of residents’ choices. Residents had adequate personal storage space and wardrobes. Although most residents were living alone, all bedroom doors were lockable and there were keys available for residents who wished to lock their doors. Most bedrooms had en suite toilet and shower facilities and there were sufficient additional bathrooms and showers. However, the arrangements for the ventilation of one bedroom to the external air appeared unsuitable. The provider stated that she would arrange for an assessment of this and would take appropriate action as necessary.

The inspector found the kitchens to be well equipped and clean. There were laundry facilities, in each house where residents could do their own laundry, with support from staff if required. There was office and bedroom accommodation provided for staff.

There were suitable arrangements for the disposal of general waste. Residents segregated waste into recycling bins in the units before removal to main bins which were stored externally. These were removed by contract with a private company. There were also suitable arrangements in place for the hygienic storage and removal of incontinence wear by another company. There was no clinical waste generated in the centre.
There were well maintained gardens and seating areas adjoining the units. Some residents had planted their own flower gardens and residents and staff had developed a small shrub and plant memorial to deceased residents.

**Judgment:**
Substantially Compliant

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

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff.

There was a health and safety statement, a risk management policy and risk register which identified measures in place to control identified risks including the risks specifically mentioned in the Regulations. In addition to environmental risks, personal risks specific to each resident were identified and control measures documented in residents’ personal plans. Systems were in place for the regular review of risk.

The inspector reviewed fire safety procedures. There were up to date servicing records for all fire fighting equipment and the fire alarm system. There were alternatives to audio fire alarms in place in one unit to alert a resident with a hearing deficit. All staff had received formal fire safety training. Staff who spoke with the inspector said that the fire training had been effective and they were clear on the evacuation procedure. Quarterly fire evacuation drills, one of which was during night-time hours, took place involving all residents and staff. Detailed records of all fire drills were maintained. Residents who spoke with the inspector were clear on what to do in the event of hearing the fire alarm. The procedures to be followed in the event of fire were displayed.

Systems were in place for weekly checking of fire alarms and escape routes and monthly checks of equipment such as emergency lights, smoke detectors and fire blankets and these checks were being recorded.

There were emergency plans which provided clear guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation.

Records showed that the centre’s vehicle was suitably serviced and maintained. The
centre was maintained in a clean and hygienic condition and there were hand sanitising units in each house. Staff had attended training in infection control. There was a precautionary pest control contract for the centre, which indicated that there had been no evidence of rodents in the property in 2015.

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

**Judgment:**
Compliant

### Outcome 08: Safeguarding and Safety

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

**Theme:**
Safe Services

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

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

**Findings:**

Measures were in place to protect residents from being harmed or abused.

There was a policy on the safeguarding of adults with a disability from abuse and a training schedule which ensured that each staff member attended training in prevention of abuse at three yearly intervals.

The person in charge confirmed that she had received training in relation to adult protection. She was knowledgeable regarding her responsibilities in this area and was clear on how she would respond to any allegation or suspicion of abuse. An allegation of abuse made by a resident in the past had been appropriately managed.

All residents told the inspector that they were very well supported by staff, felt safe living in the centre and they knew who they would speak to if they had any concerns. The inspector observed staff interacting with residents in a respectful and friendly manner.

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. Staff had attended training on managing behaviours that are challenging. There was a policy on responding to behaviours that challenge to guide staff.
At the time of inspection there were no residents using bed rails or any other form of physical restraint. However, a limited restriction had been introduced to reduce an injury risk to one resident. This had been assessed and interventions had introduced through which it had been substantially reduced with a review to it being removed shortly.

**Judgment:**
Compliant

### Outcome 09: Notification of Incidents

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Practice in relation to notifications of incidents was satisfactory. 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 notified to the Chief Inspector.

**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:**
Systems and practices were in place to promote residents quality of live and this included opportunities for new experiences, social participation, education and employment.
Residents were encouraged to participate in education and employment both through their day services and in the community. The inspector saw evidence of, and residents spoke about, a varied range of activities and opportunities that they were involved in.

One resident told the inspector of working at a restaurant and of travelling there by bus while another worked in an office a few times each week. Another resident had a car and drove independently and a resident was involved in participating in half marathons and other charity walks and had a selection of medals displayed.

Residents attended a range of training courses both in the day services and in the community. Some of the classes and courses attended included money management in the VEC, maths, cookery and internet usage.

Residents told the inspector that in the evenings they were supported to pursue additional interests. On the day of inspection two residents were going to attend a regular friendship club which they enjoyed. Staff in the centre also provided support to residents to go on holidays and for outings. Regular shopping trips and visits to local restaurant and coffee shops were also important part of residents’ lives.

**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 there were procedures in place to ensure that residents’ health care needs were well met.

There was access to GP and health care professionals as required. All residents had access to medical services and had annual health care reviews carried out by their GP. The inspector reviewed a sample of files and found that GPs also reviewed residents at other times as required. Residents had access to a range of health professionals including physiotherapy, psychology, psychiatry and a dietician and referrals were made as required. Outcomes of these consultations were recorded and used to inform plans of care.

Appointments for residents to be routinely reviewed or treated by dentists, opticians and
chiropodists were also made. Speech language therapy was available but was not required by residents at the time of inspection.

The inspector noted that residents' nutritional needs were well monitored. Residents chose what they wanted to eat and did their own shopping and were supported and encouraged by staff to eat healthy balanced diets and partake in regular exercise. Residents were weighed monthly and there were no residents in the centre who presented a low weight risk.

There were plans in place to support any resident identified as being overweight, which included review and advice by a dietician, care planning and support from staff to maintain a healthy eating and exercise routine. One resident told the inspector that in addition to these interventions, she had joined a weight loss group in the local community. She had achieved considerable success in 2015 and had been awarded with a trophy and a title which she proudly displayed.

Residents agreed a weekly menu plan and one resident, supported by staff, prepared the meals for all the residents in the centre each weekday. All residents had agreed that they preferred to dine in their individual dwellings. Residents told the inspector that the meals were good and they enjoyed them. They also had access to a range of foods of their own choice in their individual kitchens. Although none of the residents were approaching end of life the person in charge had introduced assessment of end of life wishes, the outcomes of which were recorded in residents’ personal plans.

Judgment:
Compliant

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were safe medication management practices in place.

The inspector reviewed a sample of prescription/administration charts and found that they were well documented and contained the information required to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of staff administering the medication were clearly recorded. There were photographs of residents to verify identity if required. Prescribed medications and discontinued prescriptions had been suitably verified by the GP.
At the time of inspection there was no resident prescribed medication requiring strict controls, no resident required medication to be crushed and there was no medication requiring temperature control, although the organisation had policies to guide on these processes if required. Some residents required PRN (as required) medication and the GP had supplied guidance to staff on the frequency of administration of this medication. In addition, there were detailed protocols available for the administration of all medication. All medications were safely stored.

Training records indicated that all staff had received medication management training. There was a medication management policy to guide practice.

There was a system in place for monthly auditing of the medication process and for recording the recording and investigation of medication errors.

**Judgment:**
Compliant

### Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a statement of purpose which contained the information contained by the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep the statement of purpose under review.

**Judgment:**
Compliant

### Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the
delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

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

The person in charge had responsibility for the overall management of the service and for overseeing the quality of care delivered to residents. She worked closely with a community coordinator who had responsibility for supervision of the staff team and for the day to day management of the service. The person in charge delegated a range of responsibilities to the community coordinator as appropriate. The community coordinator was present in the centre daily and the person in charge visited the centre at least once each week. The person in charge generally met or communicated with the community coordinator daily.

Both the person in charge and the community coordinator knew the care needs of residents and demonstrated a clear commitment to improving the service offered to these residents.

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. 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.

Person in charge 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. All accidents, incidents and complaints were recorded on a computerised system and kept under review within the centre for the purpose of identifying trends. Members of a service management team carried out unannounced visits to the centre every six months to review the quality of service and compliance with legislation and the person in charge and health and safety officer carried out annual health and safety audits. The management team also carried out annual internal audits in the service. Findings from all audits and reviews were communicated to the person in charge for attention and were also reported to the provider nominee.
The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. The audits indicated a high level of compliance and any discrepancies found had been addressed by the person in charge. In addition, the person in charge had carried out a satisfaction survey among residents in 2015 and the results showed a high level of satisfaction. The survey questionnaire was in the form of a clear, user friendly booklet. There were some issues arising from the survey which required attention. The person in charge had been working to address these and intended to repeat the survey to access improvement.

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

**Judgment:**
Compliant

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

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

There were arrangements in place to ensure that the service was suitably managed in absence of the person in charge.

**Judgment:**
Compliant

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**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 centre was adequately furnished and equipped and there were resources, including transport, to facilitate residents’ occupational and social requirements.

**Judgment:**
Compliant

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**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

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**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that there was 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 including weekends. Residents required limited support with cooking, housekeeping and personal care and staff provided this support as required. One staff member slept over each night in the centre and residents who spoke with the inspector knew the procedure to contact this staff if they needed anything and explained how they would do this if required. Separate staff supported the residents while in their resource centres.

Staff also accompanied some residents for outings, such as concerts and trips away.

A range of staff training was organised and training records indicated that they had received training in fire safety, medication management, client protection, behaviour management and manual handling, all of which were mandatory in the organisation. All staff had also received training in sign language. In addition, staff had received other training as required. For example, in 2015 staff had received training in nutrition,
communication, complaints policy and procedure, infection control and behaviour management.

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 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. Gaps in staff employment history were not explained in one of a sample of files viewed.

**Judgment:**  
Substantially Compliant

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### Outcome 18: Records and documentation

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

**Theme:**  
Use of Information

**Outstanding requirement(s) from previous inspection(s):**  
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 available to the inspector. Records were orderly and suitably stored.

All policies as required by Schedule 5 of the Regulations were available to guide staff.

**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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Galway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004849</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>19 January 2016 &amp; 20 January 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11 February 2016</td>
</tr>
</tbody>
</table>

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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements for the ventilation of one bedroom to the external air appeared unsuitable.

1. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
Situation risk assessed. Arrangements are in place to install a window into the existing external door to provide adequate ventilation to the bedroom.

**Proposed Timescale:** 18/02/2016

<table>
<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
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<tr>
<td>Gaps in staff employment history were not explained in one of a sample of files viewed.</td>
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<tr>
<td><strong>2. Action Required:</strong></td>
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<tr>
<td>Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.</td>
<td></td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td></td>
</tr>
<tr>
<td>A statement of explanation for the gaps identified in the staff employment history of a sample file viewed has been obtained. This information is currently held on the staff members HR file.</td>
<td></td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 01/02/2016</td>
<td></td>
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</tbody>
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