

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0004999
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Geraldine Jolley
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
12 November 2015 10:00	12 November 2015 20:00
13 November 2015 08:30	13 November 2015 15:30

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 first inspection of this service and was conducted as part of the assessment for registration. The inspector met with residents, the staff team on duty, the person in charge, the area manager and the organizations nominated provider during the inspection. Care practice and the day to day routine were observed and documentation required by legislation including personal plans, medication records, accident and incident reports, policies, procedures and the staff deployment model were reviewed.

This designated centre is comprised of two houses that are located in residential

areas near Clarinbridge, County Galway. Both houses were fit for purpose, comfortable and well maintained. One house is a two story design with a ground floor flat attached which was occupied by one resident and which provided this resident with a high level of independence and autonomy while ensuring that the support required could be provided expediently when needed. This house could accommodate four residents, three people lived there on a permanent basis and the remaining place was allocated for respite care. The other house was a bungalow design and provided accommodation for two residents. In both houses residents had their own bedroom and furnishings, fixtures and ornaments reflected their individual tastes and interests. Appropriate storage areas were provided. There were outdoor garden spaces that provided additional areas of interest for residents.

The inspector found evidence of a person-centred approach to practice with good emphasis on promoting the rights and dignity of residents that in several instances had resulted in good outcomes for residents. Staff were well informed and conveyed a comprehensive understanding of individual residents' needs, wishes and preferences. They described how individual life style choices were accommodated and how residents were supported to be as independent as possible and to pursue lifestyles they valued. They conveyed enthusiasm about their work and told the inspector that they were well supported by the person in charge and senior managers. The inspector found that there was a sense of cooperation between all staff and managers and a shared view on what a quality service for people with disabilities should achieve. This was demonstrated by a number of good practice indicators and included:

- all residents accommodated had high level support needs and were encouraged to achieve maximum independence through detailed assessment and personal planning that they and their families contributed to regularly
- an intensive planned programme of care to a resident that had resulted in a dramatic reduction in disruptive/harmful behaviour and had enabled the resident to have a high level of independence and choice despite continued high support needs
- residents were able to have social care opportunities that suited their personal needs and that connected them to the local community and
- residents could remain at home and have individual one to one programmes that included time outdoors which suited some more active residents
- staff were very knowledgeable about particular aspects of practice such as how to identify potential for change and how to promote positive behaviour
- written commentary in documentation was sensitive in tone and respectful of residents dignity and privacy.

Residents that the inspector talked to described the staff as "very good to me" and said that they made great efforts to "take us around the community, to matches, concerts and other events". Staff were also described as "caring, fun and always available to help when needed". Relatives who returned questionnaires to the Authority indicated a high level of satisfaction with the current service particularly the dedication and commitment of staff to residents' care and well being. The efforts they made to develop personal plans- known here as multi element plans was praised however there was some concern that residents had to go through several house moves to attain a satisfactory level of service and accommodation. Staff interacted with residents in a warm and friendly manner during their daily contacts and displayed an in-depth understanding of individual residents' needs, wishes and

preferences and managed controls put in place to maintain some residents' safety in an unobtrusive manner. This was noted to have a positive impact on residents' well being.

There was regular consultation with residents who were encouraged and supported to contribute their views and staff accommodated their choices within social programmes, when planning menus and when organizing the routines of the house.

The inspector found evidence of good practice in a range of other areas such as administration, staff training and development, the deployment of resources and the protection of vulnerable people. There were appropriate numbers and staff skill mix available to implement the support programmes devised for residents. The inspector found that residents were kept occupied and entertained and were actively supported to engage in activities outside their homes. Staff were trained and knowledgeable about how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Staff followed the organisation's guidance and established procedures to reduce the risk of harm while ensuring people's freedom was not unnecessarily restricted. All staff present during the inspection days could tell the inspector how they ensured residents were safe and could describe the procedures they were expected to follow clearly.

There was evidence that residents' healthcare needs were met with support from local doctors and specialist medical services where required. Access to specialist referrals and advice from allied health professionals was available through referral to the Health Service Executive and through the organisation's own specialist staff, recorded in personal plans and adhered to by staff. There was good emphasis on health promotion including weight management and exercise.

The role of the person in charge was fulfilled by an experienced manager who was fully aware of her responsibilities in relation to legislation. She was familiar with residents and could describe specialist needs and examples of where care practice has to be regularly reviewed to ensure that residents' specific needs were met. She placed an emphasis on teamwork both within the centre and with the wider multidisciplinary team and was committed to supporting staff to work together to achieve the best possible outcomes for residents. There was a commitment to forward planning and the current configuration of the designated centre had been a result of acquiring better premises and closing other houses that were not as suitable for residents needs.

These areas are discussed further throughout this report. The areas where improvements were required included the storage area for medication in one house where the cupboard was in close proximity to a radiator, better detail on the use of assistive technology and communication aids where these were in use and improved signage to prevent accidents such as an alert on the large conservatory door to prevent accidents particularly where vision problems may be a factor. Some of the schedule 3 and 4 policies and procedures required review as the scheduled dates for revision had expired. These areas are described under the relevant outcomes and the action plan describes where improvements are required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) regulations 2013.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that residents were consulted about their daily routines and could exercise freedom of choice about how they spent their time. The activities and routines reflected residents' dependencies and lifestyles and the staff deployment model ensured that residents could make meaningful choices and could decide to go out or remain at home as there was adequate staff available to facilitate their choices. Residents in each house who had significant needs and required staff support were enabled to remain at home and had individual care pathways.

There was good emphasis on promoting privacy and dignity. Each resident had their own room and the inspector saw that rooms were personalised with photographs, ornaments and other items that reflected residents' personal taste, hobbies and interests. There was also emphasis on ensuring that residents contributed to decisions about arrangements in the house and examples of this were reflected in the way staff discussed arrangements with residents and in the way the household was organised. Residents' requests for particular foods, trips or social events were facilitated as much as possible a resident told the inspector. Personal records and reviews of the service conveyed that consultation with residents was part of day to day life.

There was a complaints policy available to residents. This had been produced in an easy read version called "I am not Happy" which had pictorial images and large font to guide residents through the process. It described the organisation's arrangements for managing complaints and outlined how and to whom a complaint should be made. The inspector found the document was user friendly. Staff said that where possible they resolved complaints locally and the records maintained reflected this as a range of

matters were noted to have been raised and resolved. These included complaints about clothing and contacts with relatives. The actions taken to address complaints, the outcomes and if the resident was satisfied was recorded as required by regulation 34- Complaints procedures. The team leader for the service contacts family members each week to discuss residents' progress and address any concerns. This contact had ensured that matters of concern were resolved promptly the person in charge told the inspector.

The inspector reviewed the arrangements in place to ensure residents' finances were safeguarded and found the system maintained to be secure and managed in an accountable manner. There was a procedure in place to guide staff when managing residents' personal property and possessions. Staff could describe the process they followed and showed the inspector how this operated. The records are maintained on computer. Receipts for all income and expenditure were available and the money in hand reflected the balance in the record in the sample inspected. There was a daily check made by staff of the money held in each house and this was undertaken by two staff. The team leader did a comprehensive review of financial records once a month.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that residents were supported to communicate to the highest level possible and staff were aware of the different communication needs of residents and had described these in personal plans. Residents were provided with information about the service in easy read formats and had access to radios, televisions and music systems.

Staff had explored varied technology options and alternative communication pathways with residents and had commenced work on some specialist interventions that were considered useful by some residents such as picture albums. They also used symbols to indicate some activity and residents had learned what these meant and used them to indicate what they wanted to do.

Each resident's communication needs were assessed and documented in their individual personal plans. The arrangements within houses reflected residents' communication pathways and took in to account ability to cope with change as well as particular skills.

Staff told the inspector that they ensured residents were informed about any alterations to the routine including when persons unknown to them were due to visit.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

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

Findings:

The criteria for this outcome were met. The inspector found that there were good networks and regular contact arrangements established with family members. All residents had contact with their families and this included phone contacts and visits. Feedback questionnaires returned to the Authority indicated that there was no restriction on visits. Families were actively encouraged to participate in the lives of the residents. They were consulted and informed about residents progress, were invited to review meetings and were updated when their relatives' needs changed. Personal plans and daily records reviewed by the inspector confirmed the varied contacts between staff, the team leader and families.

Personal plans described the significant people in residents' lives. Photographs were used to support and enhance this connection. The inspector noted that residents had photographs of family members in bedrooms and that they attended family events. Residents were supported to attend local community events and went to local shops and restaurants regularly. During the inspection staff were heard discussing the time of a local concert and offering residents the opportunity to attend. Residents told the inspector they went to local and county football matches and varied regular weekend events.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspector reviewed a sample of personal plans and other documentation to assess this outcome. There was an established admission procedure which was referred to in the statement of purpose. The inspector found that admissions and transfers of residents were organised to take in to account residents' needs and the profile of residents already in a house. Members of the senior management and multi-disciplinary team and the person in charge reviewed prospective residents' needs and discussed the most appropriate accommodation option. The process included several stages -the receipt of a completed application, an assessment of the resident's dependency, a case review and a multi-disciplinary group meeting.

There were service agreements with the organisation and residents pay a contribution for the services provided. The charges were outlined.

Staff told the inspector that the initial preparation for admissions was organised from information in pre-admission assessments and from meetings with residents and families. Further assessments took place following admission, involving the resident and their family to determine if a setting was appropriate to meet resident's needs. Some residents had had a number of moves prior to moving to this centre. All moves had been arranged to improve the service and facilities provided and to meet residents' particular needs however there are hazards associated with multiple moves and this is discussed under outcome 7- Risk Management.

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 were supported to enjoy a good quality of life, that their independence and skills were developed and that social and health care needs were assessed and met through detailed care planning and a range of staff interventions. The multi element intervention plans (which is the term used by the organisation for personal plans) were based on person centred principles and identified residents' skills, areas where support was needed and then described the interventions to be put in place to extend residents' capacity and ensure they could enjoy a good quality of life. The inspector met residents on their return from their day activity and reviewed their personal/support plans. They told the inspector that staff talked to them about the help and support they needed. There was a range of information that outlined their health situation, their support needs, goals they hoped to achieve, their intimate and personal care needs and their family contacts and relationships. Residents' preferences and wishes regarding their daily routines were recorded and facilitated.

The plans had short and long term goals and described how these might be achieved. Where people were unable to communicate their wishes and needs, meetings had been held with relevant professionals and family members had been invited and contributed to the process. The inspector established from reading personal plans and talking to residents and staff that personal plans that were being implemented as described and were resulting in positive outcomes for residents.

There was evidence of multidisciplinary team involvement in residents' care including nursing, speech and language therapy and other allied health professional as required. The inspector found that where residents had complex support needs that there were regular reviews of the interventions put in place and extensive consultation with residents where this was possible. Additional specialist support such as counselling was arranged and staff ensured that residents were able to access appointments with professional staff. Some residents had specific protocols in place to ensure their safety and the safety of staff. These interventions were supported by multidisciplinary assessment and shared decision making and were regularly reviewed.

Staff were very well informed and could describe daily routines, specialist interventions and choices made regarding family involvement and visitors. They were noted to provide a high standard of support while respecting residents' choices and preferences. Staff were observed to explain and consult with residents before undertaking any personal care or activity with them and the inspector found that good effective support was provided by an experienced and skilled staff team.

The inspector was told by staff that there were a number of options available to residents in relation to day care and social activities. Some residents had full time day care and some had arrangements that included support at home and one to one input from staff. A detailed programme was facilitated daily where residents remained at home and this included the provision of physical and psychological interventions on a one to one basis to maintain well being.

There was information in personal plans that described how goals were achieved, deterrents to achievement and other aspirations that residents would like to take place.

Regular meetings and annual reviews with key workers, family members and other professionals were arranged to review progress. Daily records maintained by staff outlined day to day life and how residents spent their day. There was evidence of progress made towards achieving goals and some examples showed where residents quality of life had improved and trips to do shopping and attend events had become more frequent and less problematic as behaviour difficulties had reduced.

Residents' feedback conveyed that they were involved with varied community activities and said they enjoyed meeting people and being involved. Transport was available to ensure residents could attend the activities of their choice. Staff were well informed about events in the local neighbourhood, in the nearby town and in Galway city. The views expressed by residents indicated that they were fully involved in the way they lived their lives and that staff helped them to achieve the goals they identified.

There was good emphasis on supporting residents to achieve and maintain their maximum level of independence. This was demonstrated by reports from staff and recorded information that conveyed that the routines of the service were adapted to meet the changing needs of residents and changes of mind about what they wanted to do at a particular time.

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 designated centre is made up of two houses and each house had been chosen to meet the specific needs of residents for private, communal and outdoor space. For example, one house had an interconnecting flat to meet the specific needs of a resident who had a high level of independence in many aspects of life and did not need constant supervision. The other house was appropriate to accommodate residents' specific one to one needs where high levels of supervision were required.

Both houses were comfortable, well decorated and appropriately furnished. One house was a large modern two storey design and could accommodate five residents in single rooms. The other house was a bungalow design and accommodated two residents. All

residents had their own rooms which were personalised with photographs, personal effects and residents' programmes of activity. The colour schemes were attractive and well coordinated which contributed positively to the environment. Bedrooms met the minimum size requirement and there was good provision of communal spaces and adequate bathroom and toilet facilities. Each house had a kitchen that was domestic in style and had appropriate cooking facilities, storage space and were large enough to facilitate residents preparing or cooking meals where this was a goal to enhance their independence. Dining spaces were attractively organised with sufficient space for residents to eat together in comfort.

There was staff office space, laundry and storage spaces. There was garden space that was secure and seating was available. There was parking space available at both houses.

All areas had good lighting and ventilation. Suitable arrangements were in place for the disposal of waste.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the system for risk assessment and risk management promoted the health and safety of service users, staff and visitors appropriately. There was an organisation health and safety statement and a local policy for this centre which had been introduced in November 2015. These documents had been read by staff including senior staff who had particular responsibilities for health and safety management. The arrangements managing fire safety, security, infection control, emergency situations, self harm, aggression and challenging behaviour were among the areas described. There were procedures in place to address clinical risk areas such as resident moving and handling needs and first aid situations. The inspector found that there were procedures available to guide staff in an emergency situation and an emergency plan was completed in October 2015. The contact numbers for senior staff including the person in charge, area manager and provider nominee were available should staff need to contact them outside of regular working hours.

The procedures were supported by a risk register that had been completed by the person in charge on 17 June 2015. This outlined specific risks in relation to the centre

and included hazards associated with inadequate communication, deficits in occupational therapy services, not adhering to procedures and poor personal planning that could lead to risk. These areas were being addressed and the occupational therapy hours had been extended to address this risk. Hazards identified as posing a risk to particular residents were identified in their personal plans and the controls to minimise the risk of harm or injury were described. Residents identified as being at risk of self harm, presenting a hazard to others through aggressive behaviour or who were choking risks had risk assessments and associated care plans based on informed assessments of their behaviour, emotional or health care needs in place. Staff had completed training on managing challenging behaviour or had refresher training on this topic during 2014 and 2015.

Procedures for incident reporting and risk escalation were in place. There were detailed accounts of all events that took place and the actions taken by staff to alleviate and manage the situations were recorded. Where specific behaviour issues arose there were behaviour support plans in place to guide and inform staff actions in such situations. All incidents were reviewed in the context of circumstances that prevailed at the time and to identify preventative measures for the future.

There were appropriate fire precautions in place that included the provision of fire safety equipment such as extinguishers, fire alarms and a programme of fire safety training and fire drills. A fire record was in use and this contained information on the range of checks undertaken to ensure the fire safety arrangements were maintained in working order. Staff on duty confirmed that they attended training and could clearly describe the fire safety measures and the ways they checked that these were effective. Fire drill exercises were scheduled regularly and these were noted to have taken place in June and October 2015. Residents were included in the fire exercises and the time taken to reach the assembly point was recorded with any learning from the exercise. Training records confirmed that all staff had attended formal training sessions between 2013 and 2015. Staff confirmed that the training covered the actions to take should a resident's clothing catch fire. A series of fire drills had been conducted in the early morning and late evening in one house and evacuation had been completed expediently with no corrective actions identified.

A drill during the night or when the least number of staff were available had not yet been completed in the larger house.

Fire prevention and safety equipment was available, recorded and was regularly serviced. The fire alarm was serviced quarterly and fire extinguishers annually. Service records confirmed when this work was completed. Staff checked fire exits daily to ensure they were unobstructed. The record of these checks was up to date and complete when reviewed.

The houses were maintained in good condition. All areas were found to be clean, comfortable and appropriately heated. Chemicals such as cleaning materials were stored securely. Infection control practices in relation to hand hygiene were in place and observed by staff. There was a range of policies to guide staff in infection control practice.

Some minor matters were noted to require attention to prevent accidents. The large

patio doors leading to the conservatory required identification so the doors were more visible and signage was required in the small group home to identify a fire exit.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Residents were protected from abuse, or the risk of abuse and staff had good awareness on how to ensure their human rights were respected and upheld. There were policies and procedures in place to safeguard residents against abuse and there was evidence the staff team had a good understanding of the procedures in place to prevent and identify abuse. The organisation's procedures were supplemented by the Health Service Executive procedures on the protection of vulnerable people. The safeguards included ensuring that all staff had training and information on adult protection and the provision of intimate care and that the procedures for recruitment included appropriate vetting of staff working with vulnerable people. Staff were aware of the role of the confidential recipient and aware of how to make contact should they have information to disclose.

All staff the inspector interviewed could describe how they would report a suspicion, allegation or incident of abuse. They were clear about protection for the resident, who to report to and what actions they were expected to take in accordance with the procedures. The inspector noted that staff had a high level of awareness of what could constitute an incident of abuse including neglect or omissions in care practice. Staff were aware of the duty to report to the designated person in the Health Service Executive and to notify the Authority of any allegations or instances of abuse. Records confirmed that training was up to date and had taken place during 2014/2015. Risk assessments were carried out in relation to individual residents who were particularly vulnerable to abuse. An Garda Síochána vetting was in place for all staff.

There was a good system for the deployment of staff and where residents required high levels of supervision there were appropriate numbers and skill mix of staff available. The inspector observed staff interacted with residents in a respectful and friendly manner.

There was a high level of engagement during contacts and staff were observed to address requests for support expediently. Residents told the inspector that they felt well cared for and safe by the staff team.

There was a policy and procedures to guide staff when providing personal and intimate care. Residents were assessed to determine the level of support they required and this was made available taking in to account any goals for promoting independence in this area. The inspector found that, when support was required from staff, an intimate care plan was developed and these plans were reviewed periodically by the key workers and the person in charge.

There was evidence of efforts made to identify, understand and alleviate the underlying causes of behaviour that was challenging or required restrictions to ensure residents' well being. Staff had completed training on managing challenging behaviour or had refresher training on this topic during 2014 and 2015. Specific training was in place for staff working with high levels of challenging behaviour and this was noted to be updated every 18 months. Where specific behaviour issues arose there were behaviour support plans in place to guide and inform staff actions in such situations. All incidents were reviewed in the context of circumstances that prevailed at the time and to identify preventative measures for the future.

There was evidence that the staff team and allied health professionals including behaviour therapists and psychologists were involved in designing behaviour support plans and reviewing incidents of behaviour that challenged. There was careful monitoring by staff to ensure best outcomes for residents and the inspector saw that changes to care practice and routines were put in place in accordance with planned programmes so that all possible solutions were explored before restrictive practices were introduced. The inspector reviewed the written records of two incidents of challenging behaviour along with the daily notes and other written records for those dates and there was a clear account of the events and actions taken by staff to support the residents. As previously mentioned, the person in charge monitored incident reports to ensure that behaviour support plans were being followed appropriately. This protected residents' welfare and rights.

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:

All the required notifications were supplied as required. The person in charge and staff team were aware of the time lines for notifications.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Residents' could access day care, skills training and social care programmes and they were provided with opportunities to socialise with their peers and friends.

Some residents attended day services and activities in the area. Staff had alternatives options in place for residents who did not attend formal day care settings. There was a high level of one to one input from staff who followed the established programmes designed to meet residents specific needs. Some residents were able to direct their daily activity and lifestyles taking in to account therapeutic programmes they had to follow while others had programmes that were planned by staff who encouraged and supported their participation. Activity was varied and included walks, domestic chores and shopping, therapeutic massages, music and one to one staff input. Residents' records described their day care arrangements and the inspector noted that there was good communication between day services, the centre and families that ensured that programmes were understood by all involved and carried out as planned.

Transport was available in both houses during the day, evening and at weekends to ensure that residents could attend social events.

Feedback from residents, relatives questionnaires and staff to the inspector indicated that residents enjoyed their current living arrangements and that they took part varied activities both inside and outside the centre. The inspector saw that residents were welcomed by staff when they returned from day care, were offered drinks and snacks and were able to relax before the evening meal. The inspector saw that residents also enjoyed a range of activities in the community such as going to the cinema, eating out and visits to towns/places of interest in the surrounding countryside.

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:

Health care needs were assessed and met to a high standard and where input from medical services and allied health professionals was required this was available. Staff described good working relationship with the local general practitioners. Access to services such as physiotherapy, speech and language therapy, occupational therapy, dental, chiropody and dietetics was available through referral to the HSE and through the organisation's own staff. Staff supported residents to access community health services as/when required. There were annual health checks and the inspector found from records that recommendations made in relation to managing weight, cholesterol or conditions such as osteoporosis were followed by staff. For example residents were on low fat diets where required and there were regular weight checks maintained. Fluctuations in weight was noted, monitored and referred for specialist advice where needed. Risks related to osteoporosis were described and included the increased risk of fractures. A care plan was in place to inform staff to take precautions in line with evidenced based practice. A record of appointments and health reviews was kept in personal plans. This helped to ensure that health care needs were met.

The majority of residents had maximum or high support needs. The inspector found that there were evidence based assessments in place to determine care needs and vulnerability to complications. Health promotion initiatives were in place. The inspector saw that residents were encouraged to follow healthy diets. Fruit and vegetables were part of the daily menu. Weight management and exercise programmes were encouraged. The inspector discussed food and nutrition with staff and was satisfied that arrangements were in place to ensure food was of a high nutritional standard and met residents choices and needs. Snacks and drinks were readily available outside of meal times and were offered to residents by staff at regular intervals.

There was good attention to other aspects of health care such as oral hygiene, hearing and mental health problems with appointments and reviews with varied specialists documented in care records and personal plans. Triggers for mental ill health and inappropriate behaviour were described. This showed that residents' individual needs were understood by staff and this enabled residents to be supported consistently by the staff team.

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:

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to residents. All residents required support with medication and staff on duty displayed a good working knowledge of the medications prescribed daily. There were no medications prescribed for use on an "as required" basis. The inspector found that staff had a good understanding of appropriate medication management principles, adherence to safety/professional guidelines and regulatory requirements. There was a good system in place for medication reviews. Staff reported that general practitioners and specialists such as psychiatrists reviewed medication during regular appointments and they recorded progress and responses in daily records when changes in medication were made.

The inspector reviewed the medication arrangements and found that medications were stored securely and there were no medications that required strict control measures (MDA's) in use at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff the inspector talked to knew the process they had to follow if they made an error.

Medication was mainly supplied in blister packs. The medication could be clearly identified and there was a photograph on each pack. The inspector found that medication administration charts contained the required information.

The medication storage arrangements required review in the large house as the cupboard was in an area that was very warm, in close proximity to the laundry equipment and a radiator which could cause fluctuations in temperature levels that could damage medication.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose (SOP) was submitted prior to inspection and was reviewed by the inspector. It described the information described in schedule 1. The aims of the service and the facilities to be provided for residents were outlined.

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:

There was a clearly defined management structure that identified the lines of authority and accountability for the operation and management of the service. The arrangements reflected the information set out in the statement of purpose. There were good governance structures that ensured senior managers were available to support front line staff, reviewed the service regularly and made improvements where necessary.

The person in charge (pic) was suitably qualified, skilled and experienced to meet the requirements of the role. The inspector found that the pic was knowledgeable about the requirements of the regulations and standards and had good knowledge of the support needs and person centred plans for residents. She knew all residents well and was

aware of complex support needs, behaviour that challenged and the objectives for individual residents.

She facilitated the inspection in a competent way and provided all the information and documents required to complete the inspection. The pic was employed full-time. She has a range of experience in the area of care and has qualifications in relevant subjects including human rights. She was supported in her role by an area manager who reports to the provider representative. He visits the centre regularly and was known to residents and the staff team. Staff told the inspector that they were well supported by the person in charge and said that they valued her advice and encouragement.

The provider and pic had systems in place to review the safety and quality of care and support to residents. There was evidence that a range of audits were carried out and there were regular reviews of residents support needs that were subject to fluctuations. Unannounced visits to the centre had been undertaken on behalf of the provider in accordance with regulation 23 (2) Governance and Management. The inspector viewed copies of the reports on the quality and safety of care and support which contained recommendations. Areas that required improvements or change were described and these were being implemented which strengthened compliance with the regulations. An annual review had been completed on 9 October 2015 and this had covered a range of areas such as challenging behaviour incidents, complaints, residents meetings, choices for residents, maintenance, training and health and safety. Improvements identified were being addressed and included better risk assessments for restrictions in place in the kitchen area and the organisation of night time fire drills.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge and the provider nominee were aware of the time lines and absences of the person in charge that had to be notified to the Authority.

There were staff available who could take charge and who were familiar with the regulations and standards.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

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

Findings:

The centre was appropriately resourced to meet the needs of residents and the aims and objectives described in the statement of purpose. Staffing resources and skill mix were based on the assessed needs of residents and the person in charge confirmed that the current staff complement would remain and was due to be supplemented by an additional nurse. There were systems in place to identify staff training needs and a comprehensive training programme was available and accessible to staff.

The houses were suitably equipped and furnished to meet the needs of residents. Transport vehicles were available for the centre and were available during the day.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

There was a sufficient number of staff and an appropriate skill mix to meet the needs of residents and continuity of care was provided by a small, consistent group of staff who

were experienced and adequately trained. Absences and staff shortfalls were filled by regular locum staff who were familiar with residents. There was adequate supervision for staff on a day to day basis.

In addition to the person in charge the staff team comprised of nurses some at team leader level and support workers who had qualifications in social care.

The inspector reviewed training records and found that all staff had received training in the statutory topics of adult protection and fire safety. Moving and handling training, behaviour support and managing challenging behaviour also received high priority with staff trained to varied levels depending on residents' support needs. Support staff had received training in the safe administration of medication and personal outcomes training.

The inspector observed the interactions between staff and residents and found that staff engaged with residents with warmth and respect and knew them well. They made efforts to ensure that residents were given opportunities to express themselves and exercise choices. Staff who were interviewed presented as competent, demonstrated good knowledge of the policies and procedures in place to guide practice and the legislation and standards. They conveyed positive and well informed attitudes to the care of people with disabilities and describe how they respected and promoted residents rights.

The inspector viewed a sample of four staff files at the organisation's regional office in Galway. The records were maintained on computer and arranged in such a way as to make retrieval of required documents easily accessible. There had been a review completed to ensure all the required documents were available. All the information and documents specified in Schedule 2 of the regulations were available including explanations for gaps in the employment histories for some staff. Appropriate evidence of garda vetting was available.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspector found that the records required by Schedule 3 and 4 of the Regulations were in place and maintained to a good standard as described throughout this report. Resident's files were found to be complete, well organised and were kept up to date by staff. There was a record of all referrals/appointments and resident's notes were updated following appointments with the outcome and any changes to be made. Daily records completed by staff were up to date and informative about the daily lives of residents, fire records and accident and incident records were up to date. There were good systems in place to ensure the privacy and confidentiality of records and personal information. The person in charge and staff were aware of the requirement to retain records in accordance with the regulations and there was adequate storage space for documentation to be stored securely.

A directory of residents was maintained.

All the policies and procedures required by the regulations were available and had dates when they were introduced and when due for review. Some policies such as moving and handling required review as the scheduled dates for review had expired. There was confirmation that staff had read the policies and could convey a good understanding of policies that the inspector discussed with them. Essential documents such as the resident's guide and fire procedures had been produced in easy read versions and with appropriate symbols to enhance understanding.

Judgment:

Non Compliant - Moderate

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:

Geraldine Jolley
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 report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0004999
Date of Inspection:	12 November 2015 & 13 November 2015
Date of response:	12 February 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 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:

The glass doors leading to the conservatory required identification to prevent accidents.

Signage to a fire exit in the smaller house was required.

1. Action Required:

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

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

1. Transfers placed on glass conservatory door to ensure it is fully visible to everyone.
2. Signage to fire exit now in place

Proposed Timescale: Completed

1. Completed by 31/12/15
2. Completed by 23/12/15

Proposed Timescale: 31/12/2015

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:

The storage arrangements in one house required review as the storage area was excessively warm.

2. Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The dryer will be re-located away from the drugs press and radiator will be turned off in this area.

Proposed Timescale: 01/02/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the required policies and procedures required review as the scheduled dates for review had expired. The procedures included the guidance for staff on moving and handling which was dated 2004.

3. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Policies will be reviewed within three year intervals.

Proposed Timescale: Manual Handling Policy will be reviewed by 31/3/16

Falls Prevention Procedure will be reviewed by 31/3/16

Proposed Timescale: 31/03/2016