<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-0005327</td>
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<tr>
<td>Centre county:</td>
<td>Galway</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Anne Geraghty</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>12</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</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: 22 February 2016 10:00  22 February 2016 18:30
      23 February 2016 09:30  23 February 2016 16:15

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

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication                               |
| Outcome 03: Family and personal relationships and links with the community |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs                            |
| Outcome 06: Safe and suitable premises                  |
| Outcome 07: Health and Safety and Risk Management       |
| Outcome 08: Safeguarding and Safety                     |
| Outcome 09: Notification of Incidents                   |
| Outcome 10: General Welfare and Development             |
| Outcome 11. Healthcare Needs                            |
| Outcome 12. Medication Management                       |
| Outcome 13: Statement of Purpose                        |
| Outcome 14: Governance and Management                   |
| Outcome 15: Absence of the person in charge             |
| Outcome 16: Use of Resources                            |
| Outcome 17: Workforce                                   |
| Outcome 18: Records and documentation                   |

Summary of findings from this inspection
This was the first inspection of this centre in its present configuration by the Health Information and Quality Authority (the Authority), the purpose of which was to inform a registration decision.

The centre comprised of two large houses and a self-contained apartment in rural settings which provided residential accommodation for fourteen male and female adults. The residents gave their consent for the inspector to enter their home and review their documentation.
As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as health and social care files, medication records, staff files and health and safety documentation. The inspector also read questionnaires completed by residents and family members which indicated a high level of satisfaction with the service.

During the inspection the inspector found a high level of compliance with the Regulations, with twelve of the outcomes reviewed being assessed as compliant and three as substantially compliant. Three outcomes were judged as moderately non-compliant.

Good practice was found throughout the inspection, including in the areas of:
- health care
- family and personal relationships
- safe and suitable premises
- notification of incidents
- general welfare and development
- rights, dignity and consultation
- absence of the person in charge
- use of resources
- workforce social care records
- documentation
- governance and management.

Areas of substantial compliance, where some improvement was required, included, communication, statement of purpose and service contract.

Medication management, risk assessment and bed rail assessment were judged as moderately non-compliant.

The inspector found that residents were supported to achieve independence and community participation according to their wishes. There were adequate staffing levels to meet the needs of residents living in the centre and to ensure that person centered care was delivered. There were comprehensive assessments and personal plans for each resident and residents had good access to General Practitioners (GP) and health care support services.

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

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

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that residents were involved in the running of the centre and had control over how they lived their lives there. Their rights, privacy and dignity were respected and they had access to an effective complaints process.

There were weekly residents’ meetings held in each house during which residents could make plans and discuss issues of importance to them. Staff recorded minutes of the meetings, which showed that staff also used these meetings to share information with residents. At recent meetings residents and staff had discussed food, activities, outings and the forthcoming HIQA inspection was explained. Residents also communicated their views through ongoing discussion with key workers and other staff. Residents confirmed that they could discuss their wishes with staff. Some residents had complex communication needs and staff advocated for these residents.

Residents also had access to an advocacy service and contact details for this service were readily available. Three of the residents were involved in an advocacy committee. The organisation also had a charter of rights. Each resident had a copy of the organisations charter.

Each week each resident has a ‘personal day’ when he/she did not go out to any service but spent one to one time with a care worker. On these days residents decided how the day would be spent and chose to do things like going for a massage, shopping or out for a pint.

Residents were involved in household activities such as shopping, laundry, recycling and
food preparation as suited to their abilities with the required support from staff.

Residents’ belongings were respected and safeguarded. There was ample storage and wardrobe space in each bedroom, in which residents could store personal belongings.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms which were well furnished, had ample storage space and keys were available to lock their bedroom doors if they wished to. These rooms were decorated in accordance with residents’ wishes and their personal belongings were displayed. Ample communal space was available in both houses should residents wish to receive visitors in private.

An intimate personal plan had been developed for each resident to ensure privacy was respected, to promote maximum independence and to protect the resident from any risk during the delivery of intimate care.

Residents’ civil and religious rights were respected. All residents were registered to vote and were supported by staff to attend the polling station if they chose to do so. At the time of inspection all residents in this service were Roman Catholic and staff supported residents to visit local churches whenever they wished and to attend weekend Mass which most residents liked to do. The person in charge also arranges to have Mass celebrated in the centre for some special occasions such as Christmas and birthdays. She has also recently arranged for the local priest to come to the centre to say Mass once a month.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| 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 good systems in place to assist and support residents to communicate although some improvement was required to one communication passport. |

Each resident had a communication profile documented in his/her personal plan which identified the most appropriate communication techniques for him/her. Objects of reference and pictures were in use to communicate with some residents and the best
communication techniques for each individual were specified in the plans. The majority of communication plans viewed by the inspector were clear and informative. However, there was one plan in which sufficient information was not recorded. This plan was written in a different format to other plans viewed. While it contained detailed information regarding how the resident communicated his/her wishes and feelings, it did not include any information about the best methods for others to communicate with this resident.

There was a good system to support residents in the event of a hospital admission and for ensuring that information about the resident would be well communicated to hospital staff. When a resident was admitted to hospital the person in charge allocated a staff member to accompany the resident on the transfer and at all times throughout the hospital stay, including at night. In addition the resident’s profile and medical information were also brought to inform hospital staff.

The management team had taken a decision to minimise the amount of signage in the centre to create a more homely and domestic atmosphere. Signage displayed was limited to essential information and information which was beneficial to residents such as fire safety procedures, safeguarding information and guidance on the complaints process. There were picture boards in each house, which changed daily, with names and pictures of the staff on duty each day and night and there were weekly menus with colour food pictures in the kitchen.

All residents had access to televisions, radio, postal service, telephone, computers and magazines.

Judgment:
Substantially Compliant

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

Theme:
Individualised Supports and Care

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

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

There was an open visiting policy and family and friends could visit at any time. Some residents also visited and went out with family members throughout the year. Staff and residents confirmed that residents received visits from friends and family. Families of
residents also came to the centre for other occasions such as birthday parties and Masses.

Families were invited to attend and participate in annual support meetings for the review of residents’ personal plans and establishing goals for the coming year. Records indicated that families were kept informed and updated of relevant issues.

All residents had opportunity to interact with the wider community to participate in social events, sport and leisure activities. Residents frequently visited local shops and amenities, attended Mass and went for walks in the local area.

**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 service had been developed and there was a suitable system in place to guide admissions to the centre. Some improvement to the service contract was required.

Contracts for the provision of service had been agreed with each resident or their representative. The inspector reviewed some contracts and found that, while they were generally informative, they did not accurately reflect all aspects of the service provided, such as some additional costs that residents may incur. An updated service agreement contract had been developed and the person in charge said that a copy of the revised agreement contract was being supplied to each resident or their representative for their agreement in the near future.

There was a policy to guide the admission process although there had been no recent admissions to the centre. The person in charge explained that the admission process would be managed in line with the policy. She was fully aware of the need to manage any admissions having regard to the needs and safety of the individual and the needs of the other residents in the centre.

**Judgment:**
Substantially Compliant

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

#### Theme:
Effective Services

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

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

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

Each resident had a personal plan outlining the things that they liked to do. The inspector reviewed a sample of personal plans. The plans set out each resident's individual needs, goals and choices and how they could be achieved. Individual goals were set out and all the goals identified had been achieved. For example, individual goals such as holidays, outings, shopping trips and a cooking project had been achieved for residents. Some of the goals identified related to ongoing health care and these had been achieved. However, the provider and person in charge told the inspector that goals relating to ongoing health care would not, in future plans, be identified as goals as these were already being addressed in health care plans.

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

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

#### Judgment:
Compliant
Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The design and layout of the centre suited the needs of residents. The two houses and separate apartment in the centre were well maintained both internally and externally and were clean, warm, suitably furnished and comfortable.

The centre comprised of two communal house's and a self-contained two-bedroomed apartment all of which were well maintained both internally and externally. The houses and apartment were clean, warm, well furnished and comfortable. Each housing unit had its own communal space, sanitary facilities, kitchen, dining area and utility room.

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. Some bedrooms had en suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities.

The inspector found the kitchens to be well equipped and clean. There were plentiful supplies of foods available and adequate storage space for fresh, frozen and non-perishable foods. There was a staff office in each house.

There were well equipped utility rooms in each house with laundry facilities, where residents could participate in their own laundry. Residents had access to washing machines, tumble driers and outdoor clothes lines.

There were suitable arrangements for the disposal of general waste. Residents segregated waste into recycling bins in their dwellings and before removal to main bins which were stored externally. This was removed by contract with a private company. There was no clinical waste being generated.

Residents had good access to the outdoors. There were well maintained gardens and patios, with garden furniture, adjoining all houses. The houses were situated in rural areas, but residents could access a range of amenities in adjacent villages. There were coastal walks nearby.

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

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

A range of personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures.

Although the provider and person in charge had identified precautions to control potential risks and accidents in the centre, the inspector noted that assessment and controls had not been recorded in relation to some risks. Although the centre was generally safe, the inspector found that there was a safety risk which had not been identified and for which control measures had not been introduced. This was discussed with the provider and person in charge on inspection and they committed to addressing the risk immediately.

The provider had measures in place to ensure residents, staff and visitors to the centre were safeguarded in the event of a fire. Service records showed that all fire safety equipment had been suitably serviced. The fire alarm system and emergency lighting were serviced quarterly and fire extinguishers were serviced annually. In addition, staff also carried out safety checks such as daily checking of escape routes and monthly checks of fire extinguishers and emergency lighting. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

Training records indicated that all staff had received formal fire safety training. Staff who spoke with the inspector confirmed this and were knowledgeable regarding the procedures to be followed in the event of fire.
Regular fire drills were carried out, including at least one annual fire drill during sleeping hours. Records of fire drills were maintained which included information such as the total time taken to evacuate the centre. Records indicated that all evacuations had been undertaken in a timely manner during fire drills. Individual evacuation plans had been developed for each resident.

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

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

**Judgment:**
Non Compliant - Moderate

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**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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

No incidents, allegations or suspicions of abuse had occurred in the centre. All residents told the inspector that they were very well supported by staff and felt safe living in the centre.

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

The inspector observed staff interacting with residents in a respectful and friendly manner.

There was one resident using bed rails while in bed for safety and there was no other form of physical or chemical restraint in use. While an assessment had been undertaken, this assessment had not sufficiently explored other alternatives before the introduction of bed rails.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 09: Notification of Incidents</th>
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<tr>
<td>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</td>
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</table>

**Theme:**
Safe Services

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

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

**Judgment:**
Compliant

<table>
<thead>
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<th>Outcome 10. General Welfare and Development</th>
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<tr>
<td>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.</td>
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**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The inspector found that residents were supported to participate in education and training to assist them to achieve their potential. Residents had opportunities for new experiences and to develop further skills in both their resource service and in the centre.

Each resident was supported to attend a variety of activities, social events, and training in line with their own personal interests. Some residents attended classes including art, computer skills, music, photography and swimming. One resident who was particularly interested in cameras had additional fortnightly photography classes taking place in the centre.

None of the residents were involved in employment outside the centre but were otherwise involved in the local community. They utilised facilities in the neighbouring villages such as pharmacies, restaurants, coffee shops and churches. They also attended local social events such as football matches, festival days, tea dances and race meetings. Staff accompanied residents for walks, picnics and beach visits when the weather was suitable.

Staff discussed ways in which life skills, such as shopping, cooking and laundry, were being developed to support residents to live as independently as possible. Some residents were responsible for household jobs, including filling and emptying the dishwasher, watering the plants, sweeping and answering the door. One resident prepared his own packed lunch daily.

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 GPs. 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 and psychiatry 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 and treated by dentists, opticians and chiropodists were also made.

The inspector noted that residents' nutritional needs were well monitored and staff stated that none of the residents were experiencing significant nutritional issues. There were plans in place to support any resident identified as being overweight, which included care planning and support from staff to maintain a healthy eating and exercise routine. These plans were being successfully managed and the residents involved were achieving consistent weight loss. Residents chose what they wanted to eat and did their own shopping but were supported and encouraged by staff to eat healthy balanced diets and partake in regular exercise.

The kitchens in the centre were well stocked with healthy foods, drinks and snacks. Some residents had special dietary needs, including coeliac disease and diabetes and suitable foods were prepared for these residents.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

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

**Findings:**
The inspector found that overall there were systems in place for safe medication management however, improvement was required in relation to administration of medication.

The inspector reviewed a sample of prescription/administration charts and noted that the information required to guide staff on safe medication administration was recorded. Names of medications, times and routes of administration, medication required to be administered crushed and signatures of the staff members administering the medication were clearly recorded. There were photographs of each resident available to verify identity if required. Personal administration plans had been developed for each resident.

However, the medicines listed on the administration/prescription sheets from which staff
administered medication had not been individually verified by the GP, and consequently staff administered medication which had not been suitably prescribed.

There were appropriate systems in place for the ordering and storage of medication. Medication for each resident was supplied in individual monitored dosage sealed packs which were prepared and delivered weekly by the pharmacist. There were secure arrangements in place for storage of medication. At the time of inspection there were no residents prescribed medication requiring strict controls and there was no medication that required refrigerated storage. There was a secure system for the return of unused and out of date medication to the pharmacist.

There was a robust medication auditing system in place in the centre. Members of the organisational management team carried out medication audits every two years. In addition, team leaders or a nurse on duty carried out documented monthly medication audits in each house for which a high level of compliance was found. There was a system for recording medication errors although there had been no medication errors for several years.

Training records indicated that staff had received medication management training and there was a medication policy to guide staff. It was the practice in this centre for medication to be administered by nurses and staff who were trained in the safe administration of medication who were employed in both houses.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found that the statement of purpose described the services provided in the designated centre and met the majority of the requirements of the Regulations. However, some required information, such as specific therapeutic techniques and the arrangements for residents to access education, training and employment were not included.

The person in charge reviewed the statement of purpose annually.
Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

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

The 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 team leaders in each house who had responsibility for supervision of staff and for the day to day management of the service. The person in charge delegated a range of responsibilities to the team leaders. The person in charge generally communicated with the team leaders daily and called to the centre at least once each week. The person in charge was responsible for the management of two designated centres but there was no evidence that this impacted on her role in the management of this centre.

Both the person in charge and the team leaders 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 training and experience. There were arrangements in place to cover the absence of the person in charge and there was an on call out of hour’s rota system in place to support staff. Person in charge met monthly with a sector manager who represented and reported outcomes to the provider nominee.

There were systems in place for monitoring the quality and safety of care. 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 audit the quality of service and compliance with legislation. 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. An annual internal audit was also undertaken in the centre by the person in charge, which formed the provider’s annual review. The provider explained that the format of the annual review had been considered and was being revised to more comprehensively reflect the improvement in the service for the previous year.

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.

The planning compliance documentation submitted through the application to register the service did not confirm that all aspects of the development were in compliance with planning requirements. However, further documentation from a consultant was supplied by the provider shortly after the inspection which confirmed that the building was built in substantial compliance with planning requirements.

**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 suitable arrangements to cover the absence of the person in charge during planned absence.

**Judgment:**
### 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 houses were adequately furnished and equipped and there were resources to facilitate residents’ occupational and social requirements. Suitable transport was provided for both houses and assistive equipment was available to support the needs of residents.

**Judgment:**
Compliant

### Outcome 17: Workforce

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

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector found that there were appropriate staff numbers and skill mix to meet the needs of residents at the time of inspection and that staff had been suitably recruited. Feedback from residents and relatives indicated that there were enough staff and that residents were very well cared for by staff.

Staff were present to support residents at all times both in the centre and when they wanted to do things in the local community such as going shopping, attending social events, visiting the hairdresser or barber, going for walks or going to Mass. There was
one staff on active duty at night time in each house.

Separate staff supported the residents while in their resource centres.

The inspector reviewed a sample of staff files on a separate day and found that staff had been recruited, selected and vetted in accordance with the requirements of the Regulations. The files viewed contained the required information as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references, employment histories and photographic identification.

The organisation had identified fire safety, client protection, behaviour that is challenging and personal outcomes/key workers as mandatory training which all staff had attended. In addition, there was a range of additional training that staff had attended including medication administration, first aid, epilepsy care and food safety.

**Judgment:**
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 required by the Regulations were maintained in the centre.

During the course of the inspections a range of documents, such as the residents guide, medical records, accident and incident records and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made readily available to the inspector. Records were neat, clear, 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
Health Information and Quality Authority
Regulation Directorate

Action Plan

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>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005327</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>22 &amp; 23 February 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16 March 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 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was insufficient information recorded in one resident's communication plan.

1. Action Required:
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Remaining communication passport will be completed in the same format as the other ones in the Designated Centre. Referral will be completed and forwarded to Speech and Language Therapist.

Proposed Timescale: 21/03/2016

Outcome 04: Admissions and Contract for the Provision of Services
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The service contracts did not accurately reflect all aspects of the service provided, such as some additional costs that residents may incur.

2. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
Individual Service Agreements will be reissued to each service user and their representatives as individual renewal dates arise. The Individual Service Agreement will include information of additional costs that the service users may incur.

Proposed Timescale: 30/06/2016

Outcome 07: Health and Safety and Risk Management
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One risk specific to the centre had not been assessed or control measures introduced.

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

Please state the actions you have taken or are planning to take:
Risk has been identified on the risk register on March 1st 2016. Following discussion with maintenance department a fence will be put along the perimeter of the site to
address the slope in garden. Also a picket fence will be added the fence surrounding the treatment plant.

Proposed Timescale: 20/05/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An assessment for the use of bed rails was not undertaken in line with the national policy and had not sufficiently explored other alternatives before the introduction of bed rails.

4. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
Bedrail assessments will be completed on a more suitable format. Recording of evidence of requirement of Bedrails will be completed in the next three months, May 31st 2016. New assessments will be completed in line with National Policy.

Proposed Timescale: 02/06/2016

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 centre did not have appropriate and suitable practices relating to the prescribing and administration of medicines.

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

Please state the actions you have taken or are planning to take:
The GP for this designated centre, uses a computerised system for the prescribing and recording for safe medication management. This allows the GP to print out a Cardex from the prescription. As with the prescription the GP makes one signature. Subsequent to the inspection the Person in Charge and representatives of the provider
met with the GP who has written to the Health Products Regulatory Authority (HPRA) to seek confirmation that this practice is in compliance with safe medication management. We are awaiting response from the HPRA and will inform the inspectorate immediately on receipt of this information. As soon as a response is received from the HPRA or an update to the Authority by 30/06/16

**Proposed Timescale:** 30/06/2016

<table>
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<tr>
<th><strong>Outcome 13: Statement of Purpose</strong></th>
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**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not meet some of the requirements of Schedule 1 of the Regulations.

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

**Please state the actions you have taken or are planning to take:**
The Statement of Purpose will be updated to include the required changes and will be submitted to the inspectorate.

**Proposed Timescale:** 21/03/2016