

**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-0004853
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:	Marie Matthews
Support inspector(s):	Mary McCann
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	2

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:
01 December 2015 15:30	01 December 2015 21:00
02 December 2015 09:00	02 December 2015 17:30

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 centre which comprises of three houses and provides a residential service for a maximum of thirteen adults with a mild to severe learning disability on a full time basis located in the vicinity of Ballinasloe, County Galway. One house comprises two attached bungalows and accommodates four residents. A second house provides accommodation for eight residents; six in the house and two in an apartment linked to the house. The third house has three bedrooms and is currently vacant. The provider plans to use this house for emergency/crisis accommodation for two residents.

As part of this inspection inspectors met with residents, staff, the person in charge and two persons participating in management. Inspectors reviewed a variety of documents including residents' personal plans, medication documentation, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

Prior to the inspection the inspectors reviewed a number of questionnaires submitted by residents and their family which outlined residents and their family members' satisfaction with the service provided. Residents spoken with during the inspection were also positive in their commentary.

Inspectors found that residents were receiving a good quality service in line with their assessed needs and there was evidence of positive outcomes for residents availing of a residential or respite service in this centre.

Of the 18 outcomes inspected, 8 were found to be fully compliant with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Six outcomes were in substantial compliance and 4 outcomes had moderate non compliances.

The area identified as requiring improvement was:

- Inclusion of all charges in the contracts of care
- Ensuring residents were supported to identify and achieve personal goals in line with their wishes.
- Ensuring the risk register includes all of the risks identified
- Reviewing the centers' Statement of Purpose to comply with the regulations.

The non compliances identified and the provider's response are included in the action plan at the end of this 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:

There were systems in place to ensure residents were consulted about the running of the centre. Inspectors reviewed minutes of house meetings which took place every Sunday and saw that residents were actively involved in the day-to-day planning for the house, for example; the meals planned for the week, social activities and personal shopping planned. Each resident had their own bedroom which was tastefully decorated to the resident's tastes. Each room had lockers and wardrobes and sufficient space for their personal possessions and belongings. Bedrooms were personalised to each resident's taste. Residents had space for privacy in the centre. Bedrooms and bathing facilities had provision for privacy and storage of personal belongings to meet the needs of residents.

There were secure arrangements in place to protect residents' finances. Residents were supported by staff to manage their own finances and individual bank accounts had been set up for each resident. Some residents also had their own credit union accounts and were assisted to manage this by staff. Inspectors reviewed daily recording of resident's money and were satisfied that they were appropriately maintained with records of all transactions.

Inspectors reviewed the centres complaints Policy which was available in an accessible format for residents. The policy clearly stated the name of the person nominated to deal with complaints and the person who oversaw that all complaints were appropriately responded to.

There was a range of activities available and residents and inspectors saw evidence of various social outing which residents had attended. Inspectors saw that goals identified by residents had been realised which included going on trips, holidays and concerts.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

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

Findings:

There was a policy on communication with residents and inspectors found that the staff were aware of the different communication needs of residents. Some residents had been reviewed by the Speech and Language therapist and appropriate care plans were available to support these residents. Inspectors observed that the staff communicated with residents in line with their assessed needs. Residents that required specific communication supports had an individualised communication profile in their personal plan.

Residents were provided with information about the service in easy read formats and had access to radios, televisions and music systems. Those requiring assistance had a communication profile outlining their preferred way of communicating. A resident with specific communication needs had been recently admitted to the centre. Inspectors saw that he had been referred to a Speech and Language therapist and was awaiting an appointment. The provider gave inspectors an assurance that this appointment would be prioritised.

In discussion with the Person in Charge inspectors identified that better use of assistive technologies would enhance communication for all residents such as the use of Skype and other social media.

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:

Inspectors found that residents had developed links with their local community. Some had lived in centre for many years and had a presence in the community, for example, residents regularly went home and visited the nearby shops, the library and cafes. Families were encouraged to be actively engaged in the lives of the residents and visits were evident in the visitors book. Photographs of residents' family and friends were displayed throughout the centre.

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:

There was an admission policy available which set out the assessment process to ensure that the service could meet the needs of prospective residents. Referrals to the service were usually made by family or members of the multidisciplinary team that provided support in the community. The referral was followed by meetings of varied professional groups and family members to assess the eligibility of prospective residents' and where the service could offer the most appropriate placement.

Each resident had a service level agreement in place signed by their next of kin on their behalf which described the services provided and the fees that applied. Easy to read versions were available however the contract did not included details of any additional fees which might be incurred including private referrals to services such as dietetics or excursions and holidays.

Judgment:

Non Compliant - Moderate

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:

Residents had individual personal plans which outlined their assessed health, personal and social care and support needs. Plans were reviewed on an annual basis and more frequently where required. Residents had been supported to be actively involved in the assessment to identify their individual needs and choices.

Plans outlined the supports residents required and included an outline of the input of multi-disciplinary professionals where relevant. For example, residents had been supported to attend speech and language therapy, chiropody, occupational therapy, physiotherapy, psychiatry and psychology.

Residents had been supported to identify goals on an annual basis and were supported to achieve these goals. Progress on the achievement of goals was reviewed on a regular basis. Some goals identified were broad and therefore difficult to measure against and inspectors observed that there were no smaller steps identified to help ensure that the overall goal was achieved. For example one residents' goals was to spend more time with a family member but the personal plan didn't say how this was to be achieved or what support the resident needed to ensure this goal was achieved.

Multi disciplinary meetings took place as required and these meetings were attended by all relevant people with clearly documented minutes of discussions and actions agreed as contained in residents' personal files.

Judgment:

Non Compliant - Moderate

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 houses was in line with the description in the centres statement of purpose. This service is provided in three separate houses. Each house provided a comfortable, clean, spacious environment for residents to live in. One house comprises two attached bungalows which accommodates four residents. A second house provides accommodation for eight residents; six in the house and two in an apartment linked to the house. The third house has three bedrooms and is currently vacant. Each resident had their own bedroom some of which had en suite bathroom facilities. There were appropriate assisted toilets and showers provided. Thermostatic control valves had been fitted to sinks within the centre to prevent the risk of scalding. The external grounds were clean, well maintained with an adequate supply of waste disposal and recycling equipment at both settings. There were signs of dampness in the house which was unoccupied which required investigation and repair prior to use. The Person in charge stated that this house had been vacant for two months and repainting was planned before occupation.

Records were available to indicate that equipment in the centre had been serviced as required. Logs to the organisation's maintenance manager, by the person in charge, showed evidence of prompt actions by the person in charge in response to premises issues identified at any given time.

Inspectors observed that there were steps leading from two of the houses. Residents appeared to be able to manage these at the moment however there were no handrails provided to aid residents. As the mobility needs of the residents declines, consideration will need to be given to replacing steps with ramps.

Judgment:

Substantially 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:

Systems were in place to safeguard the health and safety of residents and staff working in the centre however inspectors identified that some additional work was required to achieve compliance with the regulations as the risk management policy or risk register

did not adequately describe the full range of risks in the centre. For example, there were residents identified as at risk of choking or of having seizures but these details were not included in the risk registers found in each house. Additionally, some residents used wheelchairs but the risk register did not identify the need for training for staff in secure clamping of wheelchairs during transit. Individual risk assessments were completed for residents and included clinical risks but these were not referenced in the centres risk register.

An emergency management policy was available with procedures to guide staff in the event of power outages, flooding and gas leaks. All accidents and incidents that occurred were recorded on an electronic system and there were reviewed monthly by management. There was evidence of learning from incidents which took place for example a sensory mat was put in place for one resident who sustained an injury as a result of a fall during a seizure and the resident was reviewed by a neurologist.

There were precautions in place against the risk of fire. Training records viewed confirmed that all staff had completed fire safety training. Fire extinguishers were provided in each house and were maintained. There was evidence of regular fire drills including night time drills. Each resident had a personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre. Personal evacuation plans were kept up to date and fire evacuation procedures displayed in each house were detailed and specific to the centre. All fire exits were observed to be unobstructed and there was emergency lighting provided throughout each house to illuminate the areas and assist residents to leave the centre safely in the event of a fire. Additional illuminated directional signage was required in two of the houses to clearly indicate and illuminate the escape routes. These were pointed out to the Person in Charge during the inspection. Staff spoken with indicated what they would do in the event of a fire, demonstrating knowledge of using the fire doors within the premises to contain a fire.

Inspectors observed a good standard of cleanliness throughout each house. Appropriate manual handling techniques were observed there was evidence that hoists and other assistive equipment was regularly serviced. All staff had completed manual handling training.

Judgment:

Non Compliant - Moderate

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:

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

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

Findings:

Appropriate measures were in place to protect service users being harmed or suffering abuse. A detailed policy was available for the prevention, detection and response to allegations of abuse. It included information on the different forms of abuse and the responsibility to report if any form of abuse was suspected as well as the procedure for managing an allegation of abuse. Staff were aware of the personnel in the statutory services that had to be informed. The person in charge confirmed that no allegations of abuse had been reported.

Staff interviewed confirmed that they were aware of the safe guarding policy, and could describe to inspectors the procedures in place for reporting and investigating allegations or suspicions of abuse. They had received training and information on this topic from the organisation's designated officer. Residents told the inspector they felt safe, could talk to staff and conveyed that they felt secure in the presence of staff. A procedure was also available on the provision of personal care to service users which included guidance on respecting residents' privacy and dignity.

Inspector observed that staff interacted with service users in a positive, friendly way that was respectful. There was a policy to guide staff on the delivery of personal and intimate care and a policy on responding to behaviour that presented challenges. Staff confirmed that there was access to a behaviour therapist employed by the organisation and the inspector saw that personal plans reflected this input and also that of other allied health professionals including staff from the Health Service Executive.

An organisational policy for the best practice management of behaviours that challenge was also in place. At the time of inspection no residents required positive behavioural support interventions. No incidents of challenging behaviour were recorded in the accident and incident records.

The organisation had a policy and procedures for the management of restraint and restrictive practice. There were no restrictive practices evident in the centre at the time of inspection.

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

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: A record of all incidents occurring in the centre was maintained and where necessary notified to the Chief Inspector. The inspector reviewed incidents and accidents documented in the centre and found that incidents requiring notification had been submitted to the Authority as per the regulations. Quarterly reports were also appropriately submitted within the required timeframes. There were no incidents to report in the second quarter April-June 2015 therefore no quarterly report was submitted. The person in charge and person participating in management demonstrated knowledge of their regulatory responsibility in regard to notifiable events .</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Residents took part in social activities according to their preferences and attended educational courses, employment schemes and day care services. There was evidence that residents attended local events and were active members of the community. Photographs of various events attended by residents were displayed and were recorded in residents' personal files although inspectors found some inconsistencies in the recording of activities. The events recorded included visits to restaurants, trips out, visits to the library, swimming, aqua aerobics and day to day activities such as shopping and cooking at home.</p>
<p>Judgment: Substantially Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible</i></p>

health.

Theme:

Health and Development

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

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

Findings:

Resident's health needs were met to a good standard and there were healthcare assessments completed for each resident. Residents had access to a General Practitioner (GP) services and out of hours GP service was provided by West Doc. There was evidence to show that appropriate treatment and therapies were in place to address health issues. Residents had received assessment from physiotherapy, occupational therapy and speech and language therapy (SALT), dietetics and recommendations were included in their care plans to meet their needs. Inspectors were told that access to some allied support services were shared between all of the Galway services and waiting times were longer for services such Occupational therapy, psychology and occupational therapy which resulted in delayed appointments with these services. Inspectors reviewed one residents file where the resident had been waiting on an appointment for a year and no alternative arrangements had been made to seek an alternative appointment privately. There was an appropriate transitional arrangements in place for one resident who had recently transferred from another service.

The residents' nutritional needs were met. Residents cooked meals in their homes with the assistance of staff or staff prepared meals where residents did not wish or did not have capacity to undertake this task. Residents told the inspector that doing the shopping and going out for meals in the evenings and at weekends was an important aspect of their social activity programme. Minutes of house meetings showed that food choices were regularly discussed with individual residents and changes were made to the menu to meet personal choices. Fridges were well stocked with a variety of nutritious and wholesome food. Residents brought a packed lunch prepared in the centre to day services or work with them every day.

There was evidence that regular weight checks that were completed to ensure staff were alerted to either weight loss or gain and could appropriately respond. Some residents were on food supplements and others were on weight reducing diets and residents described the actions they were taking to manage their weight which was assisting them. Modified consistency meals were well presented and staff interacted well with residents throughout allowing them time to enjoy their meal in an unhurried, dignified way, offering assistance as per SALT recommendations.

Judgment:

Substantially 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:

The inspectors found medication management was compliant in most areas. Medications were securely stored and signatures of the staff members administering the medication were clearly recorded. There were photographs of each resident available to verify their identity if required. All staff who administered medication to residents were suitably trained. A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines within the centre. The policy stated that all staff who were not nurses must complete medication management training.

Medications were securely stored in locked storage units. Residents requiring crushed or modified consistency medications were appropriately prescribed crushed medication. Some residents were able to manage their own medication and protocols were in place to support them.

Inspectors observed that medications were securely stored, and there were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff who spoke with inspectors knew the process they had to follow if they made an error. Medication management audits had been carried out by the person in charge and learning from audits completed was evident and plans were made to improve the storage of medication as a result..

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. The aims of the service and the facilities provided for residents were outlined. It described most of the information described in schedule 1. However, inconsistencies were identified between the stated number of residents accommodated given in the document which was at variance with the numbers applied for in the application to register. Omissions were also identified regarding the arrangements in place for dealing with emergencies and details of the arrangements for ensuring residents had access to education, training and employment.

Judgment:

Non Compliant - Moderate

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 was clear governance structures that ensured senior managers were available to support front line staff, reviewed the service regularly and made improvements where necessary.

Unannounced inspections of the service had been completed on behalf of the provider in February and November 2015 in accordance with regulation 23 (2) Governance and Management. This had included a review of areas such as challenging behaviour incidents, complaints, residents meetings, choices for residents, maintenance, training and health and safety. The inspector viewed copies of the reports on the quality and safety of care and support which highlighted areas for improvement. The inspectors saw that some of the improvements identified had been addressed and others were in progress.

The person in charge works full-time and is suitably qualified and experienced for the role. She was knowledgeable about her responsibilities under the regulations and standards and had good knowledge of the support needs of the residents. She retrieved

documents and other information required by inspectors to complete the inspection. She has a range of experience in the area of care and has qualifications in relevant subjects including human rights. Staff told the inspector that they were well supported by the person in charge and said that they valued her advice and encouragement.

There were day to day management arrangements in place to ensure the safety and quality of care and support to residents. Minutes of regular staff meetings and meetings between the provider and Person in Charge were available.

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:

There were suitable arrangements in place for the management of the designated centre in the absence of the PIC. The person in charge had not been absent from the centre for any period in excess of 28 days which is the notification period. She was aware of the requirement to notify the Authority of any planned absences.

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. The houses were suitably furnished and equipped to meet the needs of residents. Appropriate vehicles were available to transport residents. Staffing deployment was based on the assessed needs of residents. There were systems in place to identify staff training needs and a comprehensive training programme was available and accessible to staff.

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 provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults. A sample of four staff files were reviewed and with the exception of one item they contained the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. One staff file did not contain a full and satisfactory explanation of the gaps in employment history.

There was a yearly training schedule for staff available. In addition to mandatory training staff had completed training in dementia, communication, medication management as well as clinical areas such as diabetes management and the administration of emergency medication for epilepsy. Training records were available which detailed the dates for each training course and the staff who attended and certificates were kept on individual staff files.

There was a sufficient number of staff and an appropriate skill mix to meet the needs of residents and continuity of care was ensured by consistent group of staff who were experienced and adequately trained. Staff engaged with residents with warmth and respect and knew them well. They were observed to be patient and gave the residents opportunities to express themselves.

Those staff interviewed demonstrated good knowledge of the policies and procedures in place to guide practice and the legislation and standards and of the residents in their care.

Judgment: Substantially 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 centre was insured against accidents or injury to residents, staff and visitors. Inspectors found that records pertaining to the residents were securely stored and completed accurately and were kept up to date by staff. Appropriate records of all referrals/appointments and resident's notes were maintained. There were good systems in place to ensure the privacy and confidentiality of records and personal information.

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:

Marie Matthews
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-0004853
Date of Inspection:	01 December 2015
Date of response:	16 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 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 contract did not included details of any additional fees which might be incurred including private referrals to services such as dietetics or excursions and holidays.

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The contract has been amended to include details of allied health services as well as excursions and holidays. Contracts will be discussed and completed with individuals and their families at Individual Planning meetings scheduled to take place over the next two months.

Proposed Timescale: 08/04/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some goals identified were broad and therefore difficult to measure against and inspectors observed that there were no smaller steps identified to help ensure that the overall goal was achieved.

2. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

A refresher course has been arranged with the Quality Enhancement and Development Department for March 29th to support staff to better identify SMART goals and actions for personal plans. The Service Coordinator is also working one to one with key workers in the development of the 2016 plans to ensure that actions required are clear and measurable.

Proposed Timescale: 30/04/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There were steps leading from two of the houses which may impede access for residents with impaired mobility. .

3. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The Health and Safety Officer and Person in Charge have carried out a review of accessibility and no alterations are required at this time. Should there be changes in the needs of any of the individuals who access the service a further review will be carried out and any identified accessibility issues will be addressed.

Proposed Timescale: 16/02/2016

Theme: Effective Services

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

There were signs of dampness in the house which was unoccupied which required investigation and repair prior to use.

4. Action Required:

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

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

The facilities management team are investigating the area of dampness and the organisation is committed to carrying out any repair works required to the property.

Proposed Timescale: 30/04/2016

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:

The risk management policy or risk register did not adequately describe the full range of risks in the centre.

5. Action Required:

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

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

The risk register has been further developed in consultation with the Health and Safety Officer and has now been updated to include the full range of risks in the designated

centre.

Proposed Timescale: 16/02/2016

Theme: Effective Services

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

Additional illuminated directional signage was required in two of the houses to clearly indicate and illuminate the escape routes.

6. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Additional non-maintained directional signage has been installed in the corridor of one of the houses and brighter lighting has been added to the entrance hall of the apartment in the other house to clearly illuminate escape routes.

Proposed Timescale: 10/02/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

one quarterly notification had not been submitted as required.

7. Action Required:

Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

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

There were no incidents to report in the second quarter April-June 2015 therefore no quarterly report was submitted. As there was a quarterly report submitted in the first quarter of 2015 for Ballin Service it was not included on the nil return form submitted to the Authority in July 2015. This has been discussed with the inspector for clarification.

Proposed Timescale: 16/02/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

one residents had been waiting on an appointment for a year and no alternative arrangements had been made to seek an alternative appointment privately.

8. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

This individual is now receiving a service through the Brothers of Charity Psychology Department and will receive on-going input as required.

Proposed Timescale: 11/02/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The number of residents the centre could accommodate according to the Statement of Purpose was at variance with the numbers applied for in the application to register. Omissions were also identified regarding the arrangements in place for dealing with emergencies and details of the arrangements for ensuring residents had access to education, training and employment.

9. 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:

An amendment was made to Section A2 – Designated Centre details form submitted for Ballin Services on December 4th, 2015 rectifying the original error. Details of arrangements regarding education, training and employment have been included in an updated Statement of Purpose.

Proposed Timescale: 08/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

One staff file did not contain a full and satisfactory explanation of the gaps in employment history.

10. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Staff file has been updated and contains a full employment history.

Proposed Timescale: 16/02/2016