<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-0005275</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Galway</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Galway</td>
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<tr>
<td>Provider Nominee:</td>
<td>Anne Geraghty</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Lorraine Egan</td>
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<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>10</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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.
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**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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</thead>
<tbody>
<tr>
<td>15 March 2016 10:00</td>
<td>15 March 2016 19:00</td>
</tr>
<tr>
<td>16 March 2016 09:40</td>
<td>16 March 2016 17:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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</tbody>
</table>

**Summary of findings from this inspection**

The provider had applied to register this centre. A full 18 outcome inspection had been planned. However, due to the risks identified, the inspector instead focused on safeguarding as that had the greatest impact on some residents living in the centre.

As part of the inspection, the inspector met with residents, staff members, persons participating in the management of the centre and the person in charge. The inspector observed practices and reviewed documentation such as residents’ support plans and records of accidents and incidents which had taken place in the centre.

Interviews were carried out with the person in charge and a person participating in the management of the centre.

The provider must produce a document called the statement of purpose that explains the service they provide. As it was necessary to change the type of inspection, and focus on safeguarding in one house, the inspector was unable to fully assess if the service being provided was as described in the statement of purpose.

The centre comprised of two houses located within a short drive of amenities such as shops, restaurants, cinemas and outdoor parks and walking areas. Each house was spacious and provided adequate communal and private accommodation for the current needs of the residents as outlined to the inspector.
A service was provided for six adults in one house and seven adults in the other house. Each house provided support for five residents at any one time as some residents availed of part-time residential and respite support.

Residents living in this centre had been assessed as having a severe to profound intellectual disability and some had autism. Residents required support and supervision with activities of daily living. In addition to an intellectual disability, some residents had health, communication and behaviour support needs.

The inspection focused on one house due to the risk to residents living in that part of the centre. The inspector visited the other house and met with residents and staff. However, with the exception of reviewing incident forms, the inspector did not carry out an inspection in that house. This part of the centre will be inspected during the next inspection.

Overall, the inspector was not satisfied that the provider had put systems in place to ensure that the regulations were being adhered to. This resulted in poor experiences for some residents, the details of which are described in the report.

The inspector found that the lack of effective governance and management systems had resulted in:

- residents’ privacy and dignity not being promoted at all times and residents’ needs not being met at all times (outcome 1)
- inadequate measures to protect residents from the risk of abuse and respond to behaviour that is challenging (outcome 8)
- injuries not notified to the Health Information and Quality Authority (HIQA) as required (outcome 9)
- management systems which were not ensuring the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored (outcome 14).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being adhered to are included in the action plan at the end.
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 did not inspect all aspects of this outcome.

The inspector found some practices in the centre were breaching residents’ right to privacy. Residents’ personal details were discussed at staff meetings when a resident was present in the centre.

A resident had not been supported to access aspects of their day programme on some dates. The reasons documented were a staff shortage, the vehicle unavailable as it was in the garage and scheduled staff meetings taking place. Measures had not been implemented to respond to these issues and ensure the resident’s needs were prioritized.

**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:**
Safe Services

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

**Findings:**
Residents had not been protected from physical, emotional and institutional abuse due to the inadequacy of the response to the management of, and reaction to, incidents in the centre.

On reviewing incident report forms from 1 November 2013 to the date of the inspection, the inspector found there were a large number of incidents which detailed physical assaults between residents.

Although incidents were responded to on a case-by-case basis, and the provider had implemented a long term plan in 2015, the inspector was concerned that the number and nature of assaults had not been responded to in a timely manner.

Incident reports detailed hitting and invasion of personal space on a regular basis. The inadequate response of the provider to a resident’s complex needs had contributed to these incidents.

The incidents were not identified or investigated as abuse. The inspector was concerned that the nature of the incidents, and cumulative impact, had not been recognized as abuse. This resulted in residents not being adequately safeguarded and the abuse not being investigated in line with the centre's procedures or notified to HIQA as required by the regulations.

The reasons given by the person in charge and a senior person participating in management for not responding in a timely manner included the reluctance of a resident’s family to consider a change in a resident’s living situation. Another reason given was that a resident may be isolated if moving to another living situation.

The inspector found these reasons were not adequate considering the level of harm suffered.

The inspector reviewed the record of incidents which detailed unexplained bruising on some residents. Although a protocol had been implemented in response to unexplained bruising on one resident, this had not been implemented in a timely manner. In addition, the protocol had not been implemented for all residents.

The inspector therefore found that the measures in place for identifying abuse and protecting all residents from the risk of abuse were not adequate.

The inspector reviewed behaviour support plans for residents who were assessed as requiring support with behaviour that challenges.
Behaviour support plans, which outlined the proactive and reactive strategies used to respond to and de-escalate behaviour that challenges, were in place for some residents. However, one resident who required support with behaviours that challenge did not have a clear, comprehensive behaviour support plan.

The resident had received behaviour support, which included input by a psychologist and clinical nurse specialist. However, although there were a number of reports, there was no comprehensive support plan which outlined the proactive and reactive strategies which were used to support this resident.

This resulted in a risk that staff would not have the necessary information in an easily accessible format to ensure that this resident received the required support in a consistent manner.

In addition, this resident required specific support when using transport. There was no written documentation outlining the support required as part of supporting the resident with their behaviour that challenges.

Furthermore, it was not evident that all identified interventions had been tried. The inspector found there was no evidence that recommendations made by an occupational therapist in July 2014 had been tried.

The person in charge and a person participating in management told the inspector they believed these items had been trialled in the resident’s day centre. However, this was not documented and it was not clear why these recommendations had not been tried in the residential centre.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Safe Services

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

**Findings:**
A written report outlining any injury to a resident had not been notified to the Authority at the end of each quarter as required. The person in charge and persons participating in management outlined the centre and organisational systems in place and the reasons for these injuries not being notified to HIQA.
This included an organizational agreement that any incident rated on the system below a specific level would not be notified. However, the inspector found that injuries sustained by residents, which required notifying, had not been notified as these injuries were rated below the required level on the organization’s system.

The inspector was concerned that these injuries had not been notified to HIQA as the nature and frequency of some of these injuries would have highlighted the level of risk in the centre, particularly in 2014, had they been notified.

The provider nominee who attended the feedback meeting told the inspector this was being reviewed to ensure all injuries were notified to HIQA as required.

**Judgment:**
Non Compliant - Moderate

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**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 inspector did not inspect all aspects of this outcome.

As outlined in outcomes 1, 8 and 9 the management systems in the centre had not ensured the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The inspector found that some incidents which had occurred in the centre were not documented as reviewed by a line manager, in line with the centre’s procedures, and some documented responses were not in line with what the person in charge stated would be an expected or appropriate response by staff.

Furthermore the risk-rating attributed to an incident, in which a resident’s prescribed antihistamine medicine was omitted, was not reflective of the omission. The incident was rated as a ‘level 1’ which was identified as a ‘near miss’ on the organization’s system.
A significant incident which had resulted in a resident sustaining physical harm was documented. While the response and measures implemented following the incident were appropriate, a comprehensive investigation had not taken place.

The inspector was therefore not assured that all required measures to mitigate the risk of this incident reoccurring had been identified and further control measures implemented if required.

The person in charge of the centre held a senior management role in the organization. The person in charge outlined their role as one of senior management with responsibility for the oversight of a range of services at a strategic management level.

The person in charge had knowledge of the centre in regard to their senior management role as outlined to the inspector. However, the day-to-day management role was shared with two other managers, one frontline and the frontline manager's direct line manager. The person in charge was not directly managing the centre.

The findings on the day of the inspection raised concern that the person in charge did not hold an operational role in the centre with sufficient oversight to ensure the effective delivery of care and support to residents and to identify and respond to areas of concern in a timely and appropriate manner.

The inspector was therefore not satisfied that the person identified as person in charge of the centre had the necessary oversight and skills to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

**Judgment:**
Non Compliant - Major

**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:**

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of Inspection:</td>
<td>15 March 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22 April 2016</td>
</tr>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents' privacy and dignity was not respected in relation to his or her personal information.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
The team will ensure that all team meetings are held when residents are not present in the house, but rather when they are out being supported to engage in planned activities.

**Proposed Timescale:** 08/04/2016

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Access for a resident to facilities for occupation and recreation had been impinged by staff meetings, staff shortages and lack of transport.

2. **Action Required:**
Under Regulation 13 (2) (a) you are required to: Provide access for residents to facilities for occupation and recreation.

**Please state the actions you have taken or are planning to take:**
The importance of each resident engaging in social and occupational activities has been discussed with the team. It has been stated that every effort must be made to ensure that individual residents engage in their timetabled activities.

If an individual’s timetabled activity cannot be carried out, for any reason, an alternative planned activity that the individual would enjoy or engage in, must be offered and clearly documented.

It has been agreed that resident’s activities will not be affected by scheduled Team Meetings.

**Proposed Timescale:** 08/04/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have a documented up-to-date behaviour support plan for a resident to ensure all behaviour that is challenging was supported effectively and in line with the resident’s assessed needs.
3. **Action Required:**  
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**  
The behaviour support plan in respect of the individual highlighted has been amended to reflect both the pro and reactive strategies employed, in a behaviour support protocol similar to other residents. This format makes the strategies used clearer and more accessible for staff supporting the individual.

**Proposed Timescale:** 22/04/2016  
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Every effort to identify and alleviate the cause of residents' behaviour was not made and all alternative measures to support a resident with behaviour that is challenging had not been tried.

4. **Action Required:**  
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**  
The need to ensure follow through with regard to all recommendations made by the respective members of the multi-disciplinary team has been noted. It has been agreed that all reports will be discussed at the team meeting following their receipt, which will include staff from residential services and representation from the day services. The Team will develop actions from the recommendations and will identify agreed timeframes for implementing recommendations and set regular reviews, ensuring documented evaluation of the effectiveness of the recommendations made.

**Proposed Timescale:** 22/04/2016  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Residents were not protected from all forms of abuse.

5. **Action Required:**  
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.
Please state the actions you have taken or are planning to take:
An external service review was undertaken of one house within this designated centre in 2015. Based on the recommendations an Action Plan was drawn up and is in place for this house for 2016. We are also undertaking reliable Personal Outcomes interviews to establish ongoing compatibility of all residents within this house.

We are currently in the process of reviewing the Accident/Incident reporting system in order to improve the quality of information being recorded and to give greater clarity in identifying trends in terms of both severity of injury sustained and severity of incidents.

To augment this we are instituting regular formalised Accident/Incident review meetings involving the person in charge, persons involved in management, and the wider multi-disciplinary team, in order to identify issues, such as peer to peer assault, that should be then progressed through the safeguarding and protection process.

Proposed Timescale: 06/05/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Incidents of abuse were not investigated and appropriate action was not taken in a timely manner where a resident was harmed and suffered abuse.

6. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
There were a number of incidents of peer to peer assault within one house of the designated centre. In an effort to mitigate against these incidents additional hours of staff support was put in place, with regular review of the individuals concerned by the staff, multi-disciplinary and psychiatric teams. As a result of these incidents a plan was drawn up in September 2014 which was finally implemented in April of 2015, with very positive effects. The delay in progressing the various stages of the plan was as a result of the required consultation with the various stakeholders, and the time required in making the necessary adaptations. Since the implementation of the plan, the number of incidents has decreased substantially, with consequent benefits for all service users concerned.

To augment this we are instituting regular formalised Accident/Incident review meetings involving the person in charge, persons involved in management, and the wider multi-disciplinary team, in order to identify issues, such as peer to peer assault, that should be progressed through the safeguarding and protection process. A safeguarding interim plan will be developed to ensure protection of the resident while a long-term solution is being progressed.
Proposed Timescale: 22/04/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A written report outlining any injury to a resident had not been notified to the Authority.

7. Action Required:
Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

Please state the actions you have taken or are planning to take:
Prior to this inspection the understanding of the Person in Charge was that injuries required to be reported under legislation were:
• through the 3 day notification process when a serious injury requiring medical intervention had been sustained by an individual resident
• through the quarterly notification process when a minor injury requiring the application of First Aid had been sustained by an individual resident.

Following this inspection all injuries that require no medical or first aid intervention will also be included through the quarterly notification process.

Proposed Timescale: 30/04/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge did not demonstrate that they had the necessary oversight and skills to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

8. Action Required:
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

Please state the actions you have taken or are planning to take:
1. As discussed with the inspector, we have been actively negotiating a change of roster for a number of persons involved in management including the ppim of the house
concerned. We are approaching the end of this process and would anticipate that this change will be affected within 3 months. The change will both increase the number of days that the local ppim will be at work over the course of the month, and increase the level of contact with the person in charge, improving the governance and oversight associated with both roles. 31/06/2016

2. We are in the process of commencing a system of support and supervision within this designated centre for all staff including the ppim. This will help to both improve performance of staff while increasing both governance and oversight. 31/07/2016

3. More regular visits by the PIC to the centre. 1/04/2016

Proposed Timescale: 31/07/2016
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management systems in the designated centre had not ensured that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored.

9. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
1. We have been actively negotiating a change of roster for a number of persons involved in management including the ppim of the house concerned. We are approaching the end of this process and would anticipate that this change will be affected within 3 months. The change will both increase the number of days that the local ppim will be at work over the course of the month, and increase the level of contact with the person in charge, improving the governance and oversight associated with both roles. 31/06/2016

2. We are in the process of commencing a system of support and supervision within this designated centre for all staff including the ppim. This will help to both improve performance of staff while increasing both governance and oversight. 31/07/2016

3. The Action plan resulting from the external Service Review has been commenced with positive effect, overseen by the PIC and involving the Quality Department and the Multi-disciplinary Team. Regular local team meetings are held every 8 weeks and are supported by local and line management. 31/05/2016

4. A key worker group was commenced in January 2016 with a view to focussing on personal outcomes and activities that meet residents needs. 31/01/2016
5. We have developed a template to analyse data from AIRS Reports looking at patterns or trends to inform staff team re: preventive response to accidents and incidents. 30/04/2016

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