

**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 Ireland
Centre ID:	OSV-0004467
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 July 2016 09:00 To: 05 July 2016 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This inspection was carried out to monitor compliance with the specific outcomes. The previous inspection of this centre took place over two days, 28 and 29 November 2014. As part of this inspection the inspector reviewed the actions the provider had undertaken since the previous inspection. Of the 29 actions required, 24 had been addressed in line with the provider's response and five had not been satisfactorily addressed and remained non-compliant on this inspection.

How we gathered our evidence

As part of the inspection, inspectors met with 10 residents. All residents indicated that they were satisfied with the service provided. Residents chatted freely with the inspector, each other and staff. The inspector was given a guided tour of the premises by both residents and the person in charge. Residents' bedrooms were individually decorated with personal photographs, achievements and music posters.

Residents stated that they were supported to attend music concerts, visit family and friends and to use the facilities of the local towns. Three of the residents stated they had jobs in the local community which were facilitated from their respective day service.

Inspectors also spoke with three staff members, including the person in charge. Inspectors observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed. In each outcome inspectors focused on the actions taken by the provider to achieve compliance with the failings identified during the previous inspection.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was being provided as described in that document. The centre comprised of two modern houses that accommodated twelve residents who have mild to moderate intellectual disabilities with six residents living in each house. Both houses were conveniently located for access to local shops and services. One house was located in a town setting and the other was in a nearby village within walking distance of shops and services. Both houses were very spacious, clean, well furnished and provided excellent personal and communal space for residents.

Overall judgment of our findings

The inspector found that residents received a good quality of service in the centre, although there were several areas for improvement identified. The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being adhered to, with good practices identified in all outcomes inspected.

The inspector found examples of compliance with the regulations in the following areas:

- The complaints process was user friendly with all complaints addressed in a timely manner (outcome 1)
- Admissions, all contracts contained relevant information in regards to the service provided and fees to be charged including details of additional charges (outcome 4)
- The premises was well maintained both internally and externally (outcome 6)
- Medications were administered in line with best practice (outcome 12)

The inspector found improvement was required in the following areas:

- Personal plans were not fully reviewed on an annual basis (outcome 5)
- The provider failed to ensure that the premises had addressed all risk in regards to fire precautions (outcome 7)
- The healthcare needs of the residents were not fully documented (outcome 11)
- Six monthly audits were not carried out by the provider (outcome 14)
- The complement of staff did not reflect the assessed needs of residents (outcome 16)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the day of inspection, Inspectors found that residents were consulted about how the centre is planned and run. Residents independence was actively promoted and their rights and dignity was respected.

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 large ensuite bedrooms which were well furnished, had ample storage space and residents could lock their doors if they wished. These rooms were decorated with personal photographs of family and friends, music posters, individual achievements and art.

An intimate personal care plan had been developed for each resident to ensure privacy and respect. Each plan reflected the assessed needs of individual residents, with clear guidance for staff in attending to personal care such as preferences, pace and level of independence.

A centre specific complaints procedure was written in a legible format, including pictures, and was designed to be clear and accessible to both residents and their families. The inspector reviewed the complaints log which detailed all complaints received. It showed clear timelines in regards to responding to complaints and the actions taken. Of the complaints reviewed, two recent complaints remained open with the person in charge explaining that the complaints had been brought to the attention of senior management.

All residents interviewed stated that they were supported by staff to complain if they needed to. Residents indicated that they would complain to the person in charge if they were unhappy with the service. The person in charge was also listed as one of the nominated persons to deal with complaints.

Two staff were interviewed on the day of inspection. Both staff had a good understanding of the complaints procedure and could identify the person in charge as the nominated person to deal with complaints.

The inspector reviewed residents finances within the centre. All balances checked were as documented with good control measures in place to protect residents from financial abuse. All balances were checked daily by staff on duty, all receipts were referenced and individually documented for each resident. The person in charge carried out monthly audits of both receipts and bank statements.

On the day of inspection, advocacy was facilitated through the day service for each resident. The person in charge stated that in future, advocacy was also going to be provided in the residential service. All residents meeting were going to have advocacy added to the agenda and be held on a weekly basis.

Weekly residents' meetings were taking place. Minutes of these meetings were documented and clearly showed residents actively involved in the running of the centre with meal choices, activities, holidays and social outings all being discussed.

However, the inspector noted that although residents were being consulted in the running of the centre, the freedom to exercise choice and control of one's life was limited due to inadequate staffing arrangements within the centre. This was detailed in the last inspection report and will be discussed under outcome 16.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors reviewed all contracts for the provision of services. All contracts viewed were signed. The necessary amendments required as per the previous inspection were

implemented with new contracts now including the services to be provided and the fees to be charged.

There had been no recent long term admissions to the centre and there were no immediate plans to admit any new residents, however, there was an admissions policy to guide the process if required.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the well being and welfare of residents was maintained to a good standard within the centre. However, improvements were noted in regards to the review of personal plans.

All residents in the designated centre had a personal plan in place on the day of inspection. The entire sample reviewed reflected the assessed needs of the residents and contained details such as personal goals, family and friends, social interests, healthcare needs, intimate care plans, personal development and risk assessments plans. The actions from the previous inspection report were satisfactorily implemented. The changing needs of residents were addressed with individuals facilitated to attend the age action day centre if requested.

In general the goals of each resident were reviewed on a six monthly basis; some of the goals identified were employment, attending social events, participating in weight management classes, mindfulness courses and holidays. Family involvement was highlighted throughout this process with evidence of correspondence and photographs of achievement present in all the plans reviewed.

However, the inspector noted that not all aspects of each personal plan were assessed on a yearly basis as stated in the regulations. In some cases money management plans,

intimate care plans, personal emergency egress plans (Peeps) and personal goals had not been reviewed since 2014. Two service agreements were also due to be reviewed in January 2016. These were not reviewed as planned, the person in charge stated that this would be resolved as soon as possible.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection the inspector found that the premises was in a good state of repair and met the assessed needs of residents.

The actions from the previous report were addressed with minor renovations carried out in both premises. The designated centre consisted of two large modern bungalows. One was located in a large town with the other within walking distance of a neighbouring village. Both houses had large spacious bedrooms for residents, each of which had an en suite.

There was substantial storage space for each resident with large wardrobes and lockers available to use. Large reception rooms were available in both houses which were comfortably furnished to suit the needs of residents. There was a staff room in both houses which was also utilized as an office. Both kitchens were open plan with dining facilities attached. On the day of inspection, both houses were warm, clean, bright and well ventilated. Laundry facilities were also made available to residents.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that there were measures in place to address emergencies, risk and any incidents within the centre. However, improvements were required in regards to fire precautions and in the recording of control measures for some of the risks identified on inspection.

The person in charge maintained an accident/incident log within the centre. A number of minor matters were documented with learning achieved from all. One of the matters identified was addressed by risk assessing the incident. Appropriate control measures of staff supervision and awareness of the residents' mood were implemented by staff to reduce the likelihood of any future incidents occurring.

The centre had policies and procedures in place relating to risk management. The risk register for the centre was reviewed by the inspector. It contained detailed risk assessments in regards to various identified risks such as lone working, infection control and risk of burns and scalds. All risks were rated and the necessary control measures documented.

There was good evidence of staff learning from risk. An incident where a resident fell was risk assessed in a timely manner. All control measures to address the future risk of falling were implemented with a falls assessment carried out by the organisation's physiotherapist. All recommendations from this assessment were addressed with specialized orthopaedic insoles for the resident's shoes and an orthopaedic armchair being sourced. The risk assessment also detailed the importance of keeping pathways well lit and clear of clutter.

Risk assessments were also effectively used within the centre to promote independence. Residents were encouraged where appropriate to walk to local shops, services, day centres and employment. These assessments were rated and control measures implemented such as road safety training, stay safe training, high visibility jackets, mobile phones and the procedure of day centre staff contacting the resident at an agreed time to see if they had returned home safely.

The centre also had risk assessments in place to facilitate residents to remain at home by themselves without the presence of staff. These risk assessments were rated and control measures were implemented to address the identified risk, examples of these were the use of assistive technology, fire drills, stay safe training and the use of mobile phones.

However the inspector noted that some of the control measures that were outlined by the person in charge were not documented such as;

- The maximum number of residents that can stay independently at any one time
- The mix of residents that can stay together
- The maximum length of time that the residents can stay independently at any one time
- Arrangements to contact the house when staff are absent

The inspector found that there were some good practices in place for the detection and prevention of fire. Service records indicated that the emergency lighting, fire fighting equipment and fire alarm system were serviced at regular intervals. Staff carried out weekly checks of the fire alarm, emergency lighting and fire escapes. There was an emergency evacuation plan in place for the centre. Each resident's file viewed had a Personal Emergency Egress plan in place. Staff interviewed could clearly demonstrate the evacuation procedure for the house. There was also emergency accommodation listed in the event of the centre being closed due to loss of power or flooding. However, the inspector noted that the centre did not have sufficient arrangements in place to the containment of fire.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the designated centre had adequate measures in place for the prevention, detection and response to alleged abuse. There was a policy in place for the provision of behavioural support. All staff had been trained in the management of behaviours that challenge.

There were measures in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse. Training records indicated that all staff had attended training on safeguarding. Staff who spoke with the inspector were very clear on what actions they would take in the event of suspected or

alleged abuse with all staff stating that they would make the person safe and contact the designated person who deals with any allegations of alleged abuse. There was also information available to residents on what constituted abuse and bullying and how they should respond to it. The inspector observed staff interacting with residents in a respectful and friendly manner.

The person in charge stated that there was only one restrictive practice occurring within the designated centre. This restrictive practice was in place since 2013 but was rarely used. However, the inspector noted that there was no risk assessment or behavioural support plan in place to guide staff in relation to alleviating the cause of the challenging behaviour. The person in charge indicated that a referral had been sent to the human rights committee and the behavioural support team and that she was awaiting their response. The person in charge also stated that a risk assessment in regards to the challenging behaviour would be carried out.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the residents were facilitated to engage in meaningful activities such as supported employment, community events, education and training.

Each resident attended a separate day service from Monday to Friday. The person in charge stated some aspects of personal development were delivered through the day service in conjunction with the Vocational Educational Committee such as gardening, art and music.

Some of the residents had jobs in a local cafe and one resident worked in a local garden centre. The skills that this resident developed in the garden centre were on display on the inspection day, the resident had made up window boxes consisting of flowers and shrubs for each of the front windows of the houses. The resident stated that they were very happy working in the garden centre and that they were very proud of the window boxes. The inspector found that there was a good range of activities on offer for residents. Personal plans and residents' rooms were embellished with photographs of

social outings, certificates of achievement and holidays.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspectors found that overall the healthcare needs of residents were being met. Each resident had access to allied health professionals and were regularly reviewed by the General Practitioner (GP). However, the inspector did note that improvements were required in certain aspects of the care delivered to residents.

The inspector did not observe any mealtimes on the day of inspection. However, the residents stated that they were happy with the variety and quantity of food available within the centre. Residents discussed meal choices at their weekly meetings and often helped with the grocery shopping.

The sample of files reviewed by the inspector indicated that residents were reviewed at least annually by their GP. Residents were facilitated to visit their GP in times of illness with all medical interventions required at time documented. Residents were also reviewed by allied health professionals as and when required. One resident was reviewed following a fall by both the physiotherapist and occupational therapist with all prescribed plans implemented and followed by staff. The inspector found that residents had good access to dentists, chiropodists and opticians.

However, the inspector found that one resident who was a diet controlled diabetic was not referred to the dietician for review. The resident also had no documentation in place to guide staff in relation to diet, blood sugar monitoring, responding to hypoglycaemia or hyperglycaemia, or the general care of individuals with diabetes. The person in charge did state that blood sugar monitoring was carried out every second day.

On the day of inspection, records indicated that some of the residents had medical conditions such as epilepsy, diabetes and hypothyroidism. These residents had access to specialized healthcare professionals and were reviewed as needed. However, the inspector found that there were no care plans in place to guide staff in relation to caring for residents with these conditions in the designated centre.

Judgment:

Non Compliant - Moderate

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors reviewed documentation and work practices in regards to medication management within the designated centre. An organisational policy was in place which accounted for the appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

All relevant staff had been trained in the safe administration of medication, including the administration of buccal midazolam. Four medication administration recording sheets were reviewed, and also their associated prescription sheets, all of which were in accordance with medications prescribed. Monthly audits were taking place, carried out by the person in charge and staff interviewed had a good knowledge of best practice in regards to the safe administration of medication. Medications were stored appropriately in a locked press, with the keys to the press being held by the senior staff on duty.

Four prescription sheets were viewed, each contained the times for medication to be administered and had been signed by the GP.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

In the areas inspected, the inspector found that the service was being provided as described in that document.

The actions from the previous inspection were implemented with the statement of purpose now stating how admissions to the designated centre were managed.

On the day of inspection, the inspector noted that a documented complaint indicated that the centre was also offering a respite service. The respite service was not detailed on the designated centre's statement of purpose. This was brought to the attention of the person in charge and the provider nominee who stated that respite was offered in the event of an emergency in the past. They informed the inspector that this was no longer the case and no emergency or planned respite would be offered in the future.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the person in charge was supported by the organisation to carry out her role. The organisation had clear management structures in place. The person in charge had detailed knowledge of personal plans, the needs of residents and had a good understanding of the regulations. She spoke warmly to residents who in turn spoke freely and were relaxed when interacting with her.

The person in charge stated that she was supported by the area manager to carry out her role and received regular supervision. Residents were able to identify the person in charge and indicated that they could go to her if they had any concerns or issues. The person in charge was in a full time position, having 14.6 hours protected time to carry out her role as the person in charge. She also carried out the actions from the previous inspection within agreed timelines and as specified. The staff team received regular supervision, with team meetings also taking place every three months.

The annual review had taken place which highlighted issues around staffing levels and the need for staff training in areas such as risk assessments, personal plans and health and safety. The person in charge had responded to these training needs with scheduled training in place on the day of inspection. However, six monthly unannounced audits had not taken place in the designated centre as detailed in the regulations.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the centre was significantly under resourced in terms of staffing levels. These findings were also detailed in the previous inspection report.

The actions from the previous inspection report were partially addressed. Extra staffing was introduced within the centre with one house receiving an extra 12.5 hours weekly. Six and a half hours of this allocation were used on Saturdays, with the other six hours being divided equally over two weekday evenings. The person in charge stated that the weekday allocation of hours was tailored to meet the needs of residents who wished to attend various community events such as concerts, plays and mass. However, the inspector found that this staffing arrangement failed to fulfil residents' freedom to exercise choice and control over their individual lives.

The inspector found that the staff present on the day of inspection were knowledgeable, respectful and caring towards the residents. On the morning of inspection one staff was on duty in each house, caring for six residents each. The needs of residents varied, with some residents in one house requiring full assistance with hygiene needs while others required partial or limited assistance. The staff on duty also cleaned the house prior to finishing their shift. Staff interviewed stated that they had limited time to interact with residents in a meaningful way as the morning routine was solely task orientated.

Inadequate staffing levels were also highlighted in the lack of activities carried out by residents. Staff stated that they were unable to facilitate residents to use local shops and services due to the individual needs of residents. This was also reflected in the complaints log with residents actively complaining that they are unable to attend mass

or access the community when they want due to insufficient staffing levels.

Judgment:

Non Compliant - Major

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that staff in the centre had received adequate training and supervision to carry out their roles. The staff interview by the inspector were helpful and knowledgeable of residents needs. The staff rota was reviewed and found to be accurate.

The centre had a detailed training matrix in place which highlighted the training needs of staff, it also outlined what training staff had undertaken and which staff were due refresher training. This was in line with the training needs detailed in the centre's statement of purpose.

On the day of inspection three staff were interviewed. Each staff demonstrated a clear understanding in regards to safeguarding, administration of medication and the complaints process within the centre. The person in charge stated that extra staff training was to be implemented in the coming months to cover areas such as risk management, key worker and personal planning. Staff received regular supervision on a three monthly basis. Staff interviewed by the inspector said that they felt supported in their roles. There were no volunteers working in the designated centre on the day of inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that overall the records and documentation was maintained to a good standard.

The sample of documents reviewed by the inspector were concise and well organised. Training records were readily available for all staff employed in the designated centre and were clearly detailed. All the schedule five policies were in place within the centre and had been reviewed within the three year timeframe as detailed in the regulations. The directory of residents was also reviewed and found to be accurate. There was a residents guide available in an accessible format for residents, it was found to be in accordance with the regulations.

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:

Ivan Cormican
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 Ireland
Centre ID:	OSV-0004467
Date of Inspection:	05 July 2016
Date of response:	08 August 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 05: Social Care Needs

Theme: Effective Services

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

The provider failed to ensure that all aspects of the personal plan were reviewed on an annual basis.

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 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The Manager/Person in Charge has met with keyworkers and staff to ensure that all parts of plans are reviewed and this will be done on an ongoing basis.

Proposed Timescale: 30/08/2016

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 provider failed to document all control measures implemented in the designated centre for the on-going review of risk.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Control measures on risk assessments are being reviewed and updated.

Proposed Timescale: 30/08/2016

Theme: Effective Services

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

The provider failed to ensure that the designated centre had adequate arrangements in place in regards to the containment of fire.

3. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

1. An application will be made to the landlord to install fire doors throughout the house. 30/08/2016
2. If the landlord agrees to install fire doors, we will request that this is done immediately. 31/10/2016
3. If the landlord does not agree to install fire doors, we will apply to our external funding body for the additional capital funding required. 30/09/2016

4. On receipt of the additional capital funding, we will immediately carryout the work.
31/12/2016

Proposed Timescale: 31/12/2016

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:

The provider failed to ensure that all residents were reviewed by allied health professionals.

4. 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:

One person has been referred to a dietician for review.

Proposed Timescale: 30/08/2016

Theme: Health and Development

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

The provider failed to ensure that documentation was in place to guide staff in relation to the medical needs of residents.

5. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Specific protocols are being written up for people with epilepsy, diabetes and hypothyroidism.

Proposed Timescale: 30/08/2016

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 provider failed to carry out announced visits in the designated centre.

6. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Unannounced visits are planned.

Proposed Timescale: 30/08/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The provider failed to ensure that the centre was adequately resourced in terms of staffing needs.

7. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

We have re-structured and redeployed some additional staff hours into this designated centre since previous inspections. We are also actively engaged in recruiting additional volunteers to enhance the quality of life for the people supported in these houses. We continue to escalate this resourcing issue to our external funders via Service Level Arrangement monitoring meetings and regular ongoing correspondence.

Proposed Timescale: 28/02/2017